NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

December 3-4, 2025

HILTON GARDEN INN
7830 S LAS VEGAS BLVD
LAS VEGAS, NV

Zoom
https://zoom.us/j/5886256671
Meeting ID: 5886256671

Please do not remove the book from the meeting room.

4HHH

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW8013586
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01747		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07032

Physical Address: 2451 HAMPTON RD

City: HENDERSON State: NV Zip: 89052-7086

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)614-8292 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)614-8848 Contact Email: rxm.07032@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JENNIFER ENGLEHAUPT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15287

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JENNIFER ENGLEHAUPT	NV Pharmacist Registration #: 15287
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-30001111291

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JENNIFER ENGLEHAUPT Pharmacist Registration #: 15287

Pharmacy Name: WALGREENS #07032

Initial each statement below to indicate you have read and agree with the following:

J.E. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.E. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.E. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.E. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.E. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

JENNIFER ENGLEHAUPT

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 08 / 2025

Date

FILED
MAR 27 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #7032, Pharmacy License No. PH01747,

JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and

CATHY QUACH, RPH, Certificate of Registration No. 16344,

Respondents.

Case No. 24-083-PH-S
24-083-RPH-A-S
24-083-RPH-B-S

NOTICE OF CORRECTION TO CAPTION

PLEASE TAKE NOTICE the caption in this matter is hereby corrected to reflect that Walgreens Pharmacy #7032 holds pharmacy license no. PH01747, not pharmacy license no. PH01628 as previously indicated.

Gregory L. Zunino
Senior General Counsel
The Nevada State Board of Pharmacy

Dated: 3/27/25

FILED
MAR 0 5 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #7032, Pharmacy License No. PH01747, JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and CATHY QUACH, RPH, Certificate of Registration No. 16344, Respondents.	Case No. 24-083-PH-S 24-083-RPH-A-S 24-083-RPH-B-S STIPULATION AND ORDER (RESPONDENT ENGLEHAUPT ONLY)

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through the Board's Senior General Counsel, Gregory L. Zunino, Esq., and Respondent Jennifer Englehaupt, RPH ("Respondent"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that she understand the terms of this Stipulation and Proposed Order ("Stipulation"), and she has executed it knowingly and voluntarily.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative

procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waive the right to hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that the Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count Two of the Accusation. The parties agree that Count One of the Accusation is inapplicable to Respondent.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **Five Hundred and 00/100 Dollars ($500.00)** for the violation alleged in Count Two of the Accusation. This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-083-RPH-A-S. Failure by Respondent to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent

to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in the finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 5, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

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

12. If the Board rejects any part or all of this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

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

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

AGREED:

Signed this 3 day of March 2025.

Jennifer Englehaupt, RPH
Certificate of Registration No. 15287

Signed this 3rd day of March 2025.

Gregory L. Zuning
Senior General Counsel
The Nevada State Board of Pharmacy

Signed this 3rd day of March 2025.

Approved at to Form:

William J. Stilling, Esq.
Counsel for Respondent Jennifer Englehaupt

DECISION AND ORDER

As to Respondent Jennifer Englehaupt, RPH, Certificate of Registration No. 15287, in Case No. 24-083-RPH-A-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 5th day of March 2025.

Helen Park, President
Nevada State Board of Pharmacy

FILED
FEB - 3 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #7032,
Pharmacy License No. PH01747,

JENNIFER ENGLEHAUPT, RPH,
Certificate of Registration No. 15287, and

CATHY QUACH, RPH,
Certificate of Registration No. 16344,

Respondents.

Case Nos. 24-083-PH-S
24-083-RPH-A-S
24-083-RPH-B-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Walgreens Pharmacy #7032 (Walgreens) because the Board has licensed Walgreens to operate a pharmacy at 2541 Hampton Road in Henderson, Nevada.

2. The Board has jurisdiction over Respondent Jennifer Englehaupt (RPH Englehaupt) because the Board has registered RPH Englehaupt to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Cathy Quach (RPH Quach) because the Board has registered RPH Quach to practice pharmacy in Nevada.

FACTUAL ALLEGATIONS

4. Walgreens owns and operates a pharmacy at 2541 Hampton Road in Henderson, Nevada. Walgreens is the holder of Pharmacy License No. PH01747, originally issued by the Board in 2002.

5. RPH Englehaupt is the holder of Certificate of Registration No. 15287, originally issued by the Board in 2001.

6. RPH Quach is the holder of Certificate of Registration No. 16344, originally issued by the Board in 2004.

7. In 2023 and 2024, Walgreens employed RPH Englehaupt and RPH Quach at its pharmacy on Hampton Road in Henderson, Nevada.

8. In November 2023, Walgreens sold patient P.L. a prescription for amlodipine besylate, written by P.L.'s practitioner for 5mg tablets. The pharmacist on duty correctly filled the prescription according to the prescribing practitioner's instructions.

9. On or about January 31, 2024, patient P.L. returned to Walgreens to purchase a refill of the prescription for amlodipine besylate tablets. Pharmacy technician Daniel W. Walters, Jr. (PT Walters), mistakenly refilled the prescription with 10mg tablets instead of 5mg tablets.

10. PT Walters refilled patient P.L.'s prescription with tablets poured from a bottle containing 10mg tablets that had been returned to stock. PT Walters poured the tablets into an amber vial bearing a label indicating that the vial contained patient P.L.'s prescription for 5mg tablets.

11. On or about January 31, 2024, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

12. Having verified patient P.L.'s prescription, RPH Quach caused 10mg tablets to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions for patient P.L. to take 5mg tablets.

13. Having verified patient P.L.'s prescription, RPH Quach caused patient P.L.'s prescription for amlodipine besylate to be dispensed in a container with an incorrect label.

14. Patient P.L. purchased the tablets from Walgreens and took one tablet per day, as instructed by her prescribing practitioner, for 35 days until she discovered that the dose was too high.

15. With assistance from her practitioner, patient P.L. discovered that she had received an incorrect dose only after she had suffered from joint pain, fatigue, shortness of breath, hypertension, and pitting edema in both legs.

16. After receiving a complaint from patient P.L., Board Investigator Dena McClish investigated the incident as detailed above. During the investigation, Investigator McClish discovered that PT Walters had not signed the pharmacy logbook on January 31, 2024.

17. In an effort to reconcile the logbook discrepancy noted above, Investigator McClish requested payroll records for the pharmacy technicians who were on duty on January 31, 2024.

18. Walgreens' payroll records for January 31, 2024, revealed that seven technicians, including PT Walter and one technician in training, had worked at the pharmacy on that day.

19. The pharmacy logbook, by contrast, showed that only three pharmacy technicians had worked at the pharmacy on January 31, 2024. The other four technicians on duty on January 31, 2024, did not sign into the pharmacy logbook.

20. When questioned about the logbook discrepancy, PT Walters stated that he was unaware of any requirement to sign into the pharmacy logbook. On information and belief, other technicians were also unaware of any requirement to sign into the pharmacy logbook.

21. In January 2024, RPH Englehaupt was employed as Walgreens' managing pharmacist. As the managing pharmacist, RPH Englehaupt had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. *See* NRS 639.220; NAC 639.245.

APPLICABLE LAW

22. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

23. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. "[E]ach pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy." NRS 639.220.

25. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252.

26. A managing pharmacist is responsible for training pharmaceutical technicians to ensure their continuing competence. NAC 639.254.

27. A pharmacy must maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. NAC 639.245. The record must be readily retrievable and retained for 2 years. *Id.*

28. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

29. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE

Failure by Pharmacist to Follow Practitioner's Instructions
(RPH Quach and Walgreens)

30. On or about January 31, 2024, as alleged above, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

31. As the pharmacist who verified patient P.L.'s refilled prescription for amlodipine besylate tablets, RPH Quach was responsible for the acts and/or omissions of PT Walters.

32. RPH Quach knew or should have known that PT Walters incorrectly prepared the refill with 10mg tablets instead of 5mg tablets.

33. RPH Quach caused the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions.

34. RPH Quach caused patient P.L.'s prescription to be dispensed to patient P.L. in an incorrectly labeled container.

35. By causing the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions, and/or by causing the prescription to be dispensed in an incorrectly labeled container, RPH Quach performed her duties in an incompetent, unskillful or negligent manner.

36. RPH Quach is subject to discipline for having engaged in unprofessional conduct as described above. NRS 639.210(4); NAC 639.945(1)(d) and (i).

37. As the owner/operator of the pharmacy at which RPH Quach was employed, Walgreens is liable for RPH Quach's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

COUNT TWO
Failure to Maintain Pharmacy Logbook
(RPH Englehaupt and Walgreens)

38. Pursuant to NAC 639.245, Walgreens had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024. Walgreens maintained a pharmacy logbook for this purpose.

39. Pursuant to NRS 639.220, RPH Englehaupt had a duty as Walgreens' managing pharmacist to ensure that the pharmacy logbook was accurate and complete.

40. In January 2024, as alleged above, RPH Englehaupt was the managing pharmacist responsible for training pharmaceutical technicians and pharmaceutical technicians in training regarding their duty to sign into the pharmacy logbook.

41. RPH Englehaupt knew or should have known that certain pharmaceutical technicians and/or pharmaceutical technicians in training were unaware of any requirement to sign into the pharmacy logbook.

42. By failing to properly train pharmacy personnel regarding their duty to sign into the pharmacy logbook, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

43. By failing to ensure that the pharmacy logbook contained an accurate and complete record of the pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

44. As the owner/operator of the pharmacy at which RPH Englehaupt was employed, Walgreens is liable for RPH Englehaupt's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Jennifer Englehaupt and Cathy Quach and the pharmacy license of Respondent Walgreens Pharmacy #7032.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
JAN 15 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CATHY QUACH, RPH,** **Certificate of Registration No. 16344,** **JENNIFER ENGLEHAUPT, RPH,** **Certificate of Registration No. 15287, and** **WALGREENS PHARMACY #7032,** **Pharmacy License No. PH01747,** **Respondents.**	**CASE NOS. 17-121-RPH-A-S** **17-121-RPH-A-S** **17-121-PH-S** **STIPULATION AND ORDER** **(Respondents Quach and Walgreens Pharmacy #7032)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent CATHY QUACH, RPH (Quach), Certificate of Registration No. 16344, and Respondent WALGREENS PHARMACY #7032, Pharmacy License No. PH01747 (collectively "Respondents"), by and through their counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about November 15, 2019, Board Staff properly served each Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about December 20, 2019, Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which

may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 10, 11, 16 and 17 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. The Second Cause of Action against Respondent Jennifer Englehaupt, R.Ph., Certificate of Registration No. 15287, Paragraph VIII of the Accusation, is hereby dismissed pursuant to NRS 622A.320(4). Englehaupt is not a party to this Stipulation.

8. Respondents do not contest the remaining allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Prescription Rx #1070713 for Metolazone 2.5 mg 30 tablets was processed at Respondent Walgreens Pharmacy #7032;

B. The patient was given a partial fill of 10 tablets properly labeled Sandoz, and a separate fill of the remaining 20 that were Mylan brand tablets; the manufacturer name "Sandoz" and the quantity of tablets were lined out and the name "Mylan" and the quantity of 20 tablets were hand written on the second label. Both labels identified the tablet as "Oval Purple Tablet" when in fact the Mylan tablet is a "Small Round White Tablet" in violation of NRS 585.410;

C. Respondent Quach violated NAC 639.945(1)(d) and (i) when she verified the data entered on Prescription Rx #1070713 as accurate when it was not and failed to identify the misbranding error; and

D. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred and where Quach was employed, Respondent Walgreens Pharmacy ##7032 is responsible for any violations of law by Quach pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

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

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Quach admitting to the allegations in the Accusation, the Board and Respondent Quach stipulate to the following penalties. Respondent Cathy Quach, R.Ph., Certificate of Registration No. 16344, shall:

A. Pay a fine of Two-Hundred and Fifty Dollars ($250.00) for the alleged violations;

B. Pay Two-Hundred Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Walgreens Pharmacy ##7032 admitting to the allegations in the Accusation, the Board and Respondent Walgreens Pharmacy ##7032 stipulate

to the following penalties. Respondent Walgreens Pharmacy ##7032, Pharmacy License No. PH01747, shall:

A. Pay a fine of Three-Thousand Dollars ($3000.00) for the alleged violations; and

B. Pay Two-Hundred and Fifty Dollars ($250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

12. Any failure by either Respondent Quach or Respondent Walgreens Pharmacy ##7032 to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 15, 2020, in Las Vegas, Nevada. Respondents and their authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

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

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

16. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this order.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this order.

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

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

AGREED:

Signed this ___ day of January, 2020

CATHY QUACH, RPH,
Certificate of Registration No. 16344

Signed this ___ day of January, 2020

Signed this 15TH day of January, 2020

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

Signed this ___ day of January, 2020

WALGREENS PHARMACY #7032,
Pharmacy License No. PH01747

APPROVED AS TO FORM AND CONTENT this 15th day of January, 2020.

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

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

AGREED:

Signed this 15th day of January, 2020

CATHY QUACH, RPH,
Certificate of Registration No. 16344

Signed this 15th day of January, 2020

Signed this 15th day of January, 2020

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

Signed this ___ day of January, 2020

WALGREENS PHARMACY #7032,
Pharmacy License No. PH01747

APPROVED AS TO FORM AND CONTENT this 15th day of January, 2020

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Cathy Quach, R.Ph., Certificate of Registration No. 16344, and Respondent Walgreens Pharmacy ##7032, Pharmacy License No. PH01747, in Case No. 17-121 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 15th day of January, 2020.

Helen Park, President
Nevada State Board of Pharmacy

FILED
NOV 15 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CATHY QUACH, RPH Certificate of Registration No. 16344, JENNIFER ENGLEHAUPT, RPH Certificate of Registration No. 15287, and WALGREENS PHARMACY #7032 Certificate of Registration No. PH01747, Respondents.	CASE NOS. 17-121-RPH-A-S 17-121-RPH-B-S 17-121-PH-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondents Cathy Quach (Quach), Certificate of Registration No. 16344, and Jennifer Englehaupt (Englehaupt), Certificate of Registration No. 15287, were pharmacists registered by the Board, respondent Walgreens Pharmacy #7032, Certificate of Registration No. PH01747, was a pharmacy registered by the Board, and Quach and Englehaupt were employed by Walgreens Pharmacy #7032.

FACTUAL ALLEGATIONS

II.

On October 20, 2017, an electronic prescription was sent to Walgreens Pharmacy #7032 for patient D.C. The prescription was for Metolazone 2.5 mg 30 tablets.

III.

The prescription was processed on October 21, 2017, and the computer system designated the prescription as Rx #1070713.

IV.

The patient was given a partial fill of 10 tablets properly labeled Sandoz, and a separate fill of the remaining 20 that were Mylan brand tablets; the manufacturer name "Sandoz" and the quantity of tablets were lined out and the name "Mylan" and the quantity of 20 tablets were hand written on the second label. Both labels identified the tablet as "Oval Purple Tablet" when in fact the Mylan tablet is a "Small Round White Tablet".

V.

Quach was the verifying pharmacist for Prescription Rx #1070713. She failed to detect the misbranding error on the second label when she verified data entry, verified the final product as accurate, and filled the prescription.

VI.

Walgreen's Retail computer patient counseling field documents that patient consultation was completed. Englehaupt was the counseling pharmacist of record. Englehaupt documented that counseling was declined on October 23, 2017, by D.C. The Metolazone 2.5mg was a new prescription requiring mandatory counseling.

FIRST CAUSE OF ACTION
Unprofessional Conduct, Failure to Verify the Dispensed Medication
(Respondent Quach)

VII.

A drug shall be deemed to be misbranded if its labeling is false or misleading in any particular. NRS 585.410. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i). Quach violated NAC 639.945(1)(d) and

(i) when she verified the data entered on Prescription Rx #1070713 as accurate when it was not and failed to identify the misbranding error. Quach is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION
Failure to Adequately Counsel
(Respondent Englehaupt)

VIII.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused."

By marking that counseling was completed, and, to the extent any counseling actually occurred, by failing to discuss the medication sufficiently to detect the misbranding, Englehaupt violated NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #7032)

IX.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the

pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #7032 is responsible for any violations of law by Quach and Englehaupt pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 15th day of November, 2019.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243.

FILED
MAR 27 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #7032,
Pharmacy License No. PH01747,

JENNIFER ENGLEHAUPT, RPH,
Certificate of Registration No. 15287, and

CATHY QUACH, RPH,
Certificate of Registration No. 16344,

Respondents.

Case No. 24-083-PH-S
24-083-RPH-A-S
24-083-RPH-B-S

NOTICE OF CORRECTION TO CAPTION

PLEASE TAKE NOTICE the caption in this matter is hereby corrected to reflect that Walgreens Pharmacy #7032 holds pharmacy license no. PH01747, not pharmacy license no. PH01628 as previously indicated.

Gregory L. Zunino
Senior General Counsel
The Nevada State Board of Pharmacy

Dated: 3/27/25

FILED
MAR 0 5 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #7032, Pharmacy License No. PH01747, JENNIFER ENGLEHAUPT, RPH, Certificate of Registration No. 15287, and CATHY QUACH, RPH, Certificate of Registration No. 16344, Respondents.	Case No. 24-083-PH-S 24-083-RPH-A-S 24-083-RPH-B-S STIPULATION AND ORDER (RESPONDENT WALGREENS ONLY)

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through the Board's Senior General Counsel, Gregory L. Zunino, Esq., and Respondent Walgreens Pharmacy #7032 ("Respondent"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent acknowledges that its authorized representatives understand the terms of this Stipulation and Proposed Order ("Stipulation"), and they have executed it knowingly and voluntarily.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter

233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waive the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that the Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in Count One and Count Two of the Accusation.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of One Thousand and 00/100 Dollars ($1,000.00) for each of the violations alleged in Count One and Count Two of the accusation for a total fine of **Two Thousand and 00/100 Dollars ($2,000.00).** This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check,* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-083-PH-S. Failure by Respondent to comply with the terms stated herein may result in issuance by the

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

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 5, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

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

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

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

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

AGREED:

Signed this 25th **day of February 2025.**

WALGREENS PHARMACY #7032

By: _____

Name: John L. Colaizzi

Title: GVP, Head of Enterprise Pharmacy Practice

Signed this 5th **day of March 2025.**

_____

Gregory L. Zunino
Senior General Counsel
The Nevada State Board of Pharmacy

Signed this 3rd day of March 2025.

APPROVED AS TO FORM:

William J. Stilling, Esq.
Counsel for Respondent Walgreens #7032

DECISION AND ORDER

As to Respondent Walgreens Pharmacy #7032, in Case No. 24-083-PH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 5th day of March 2025.

Helen Park, President
Nevada State Board of Pharmacy

FILED
FEB - 3 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7032,** **Pharmacy License No. PH01747,** **JENNIFER ENGLEHAUPT, RPH,** **Certificate of Registration No. 15287, and** **CATHY QUACH, RPH,** **Certificate of Registration No. 16344,** **Respondents.**	**Case Nos. 24-083-PH-S** **24-083-RPH-A-S** **24-083-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Walgreens Pharmacy #7032 (Walgreens) because the Board has licensed Walgreens to operate a pharmacy at 2541 Hampton Road in Henderson, Nevada.

2. The Board has jurisdiction over Respondent Jennifer Englehaupt (RPH Englehaupt) because the Board has registered RPH Englehaupt to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Cathy Quach (RPH Quach) because the Board has registered RPH Quach to practice pharmacy in Nevada.

FACTUAL ALLEGATIONS

4. Walgreens owns and operates a pharmacy at 2541 Hampton Road in Henderson, Nevada. Walgreens is the holder of Pharmacy License No. PH01747, originally issued by the Board in 2002.

5. RPH Englehaupt is the holder of Certificate of Registration No. 15287, originally issued by the Board in 2001.

6. RPH Quach is the holder of Certificate of Registration No. 16344, originally issued by the Board in 2004.

7. In 2023 and 2024, Walgreens employed RPH Englehaupt and RPH Quach at its pharmacy on Hampton Road in Henderson, Nevada.

8. In November 2023, Walgreens sold patient P.L. a prescription for amlodipine besylate, written by P.L.'s practitioner for 5mg tablets. The pharmacist on duty correctly filled the prescription according to the prescribing practitioner's instructions.

9. On or about January 31, 2024, patient P.L. returned to Walgreens to purchase a refill of the prescription for amlodipine besylate tablets. Pharmacy technician Daniel W. Walters, Jr. (PT Walters), mistakenly refilled the prescription with 10mg tablets instead of 5mg tablets.

10. PT Walters refilled patient P.L.'s prescription with tablets poured from a bottle containing 10mg tablets that had been returned to stock. PT Walters poured the tablets into an amber vial bearing a label indicating that the vial contained patient P.L.'s prescription for 5mg tablets.

11. On or about January 31, 2024, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

12. Having verified patient P.L.'s prescription, RPH Quach caused 10mg tablets to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions for patient P.L. to take 5mg tablets.

13. Having verified patient P.L.'s prescription, RPH Quach caused patient P.L.'s prescription for amlodipine besylate to be dispensed in a container with an incorrect label.

14. Patient P.L. purchased the tablets from Walgreens and took one tablet per day, as instructed by her prescribing practitioner, for 35 days until she discovered that the dose was too high.

15. With assistance from her practitioner, patient P.L. discovered that she had received an incorrect dose only after she had suffered from joint pain, fatigue, shortness of breath, hypertension, and pitting edema in both legs.

16. After receiving a complaint from patient P.L., Board Investigator Dena McClish investigated the incident as detailed above. During the investigation, Investigator McClish discovered that PT Walters had not signed the pharmacy logbook on January 31, 2024.

17. In an effort to reconcile the logbook discrepancy noted above, Investigator McClish requested payroll records for the pharmacy technicians who were on duty on January 31, 2024.

18. Walgreens' payroll records for January 31, 2024, revealed that seven technicians, including PT Walter and one technician in training, had worked at the pharmacy on that day.

19. The pharmacy logbook, by contrast, showed that only three pharmacy technicians had worked at the pharmacy on January 31, 2024. The other four technicians on duty on January 31, 2024, did not sign into the pharmacy logbook.

20. When questioned about the logbook discrepancy, PT Walters stated that he was unaware of any requirement to sign into the pharmacy logbook. On information and belief, other technicians were also unaware of any requirement to sign into the pharmacy logbook.

21. In January 2024, RPH Englehaupt was employed as Walgreens' managing pharmacist. As the managing pharmacist, RPH Englehaupt had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. *See* NRS 639.220; NAC 639.245.

APPLICABLE LAW

22. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

23. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. NAC 639.945(1)(d). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

24. "[E]ach pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy." NRS 639.220.

25. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252.

26. A managing pharmacist is responsible for training pharmaceutical technicians to ensure their continuing competence. NAC 639.254.

27. A pharmacy must maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. NAC 639.245. The record must be readily retrievable and retained for 2 years. *Id.*

28. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

29. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE

Failure by Pharmacist to Follow Practitioner's Instructions
(RPH Quach and Walgreens)

30. On or about January 31, 2024, as alleged above, RPH Quach verified patient P.L.'s refilled prescription for amlodipine besylate tablets. RPH Quach failed to notice that the amber vial contained 10mg tablets instead of 5mg tablets as indicated on the label.

31. As the pharmacist who verified patient P.L.'s refilled prescription for amlodipine besylate tablets, RPH Quach was responsible for the acts and/or omissions of PT Walters.

32. RPH Quach knew or should have known that PT Walters incorrectly prepared the refill with 10mg tablets instead of 5mg tablets.

33. RPH Quach caused the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions.

34. RPH Quach caused patient P.L.'s prescription to be dispensed to patient P.L. in an incorrectly labeled container.

35. By causing the incorrect dose to be dispensed to patient P.L. in contravention of the prescribing practitioner's instructions, and/or by causing the prescription to be dispensed in an incorrectly labeled container, RPH Quach performed her duties in an incompetent, unskillful or negligent manner.

36. RPH Quach is subject to discipline for having engaged in unprofessional conduct as described above. NRS 639.210(4); NAC 639.945(1)(d) and (i).

37. As the owner/operator of the pharmacy at which RPH Quach was employed, Walgreens is liable for RPH Quach's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

COUNT TWO
Failure to Maintain Pharmacy Logbook
(RPH Englehaupt and Walgreens)

38. Pursuant to NAC 639.245, Walgreens had a duty to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024. Walgreens maintained a pharmacy logbook for this purpose.

39. Pursuant to NRS 639.220, RPH Englehaupt had a duty as Walgreens' managing pharmacist to ensure that the pharmacy logbook was accurate and complete.

40. In January 2024, as alleged above, RPH Englehaupt was the managing pharmacist responsible for training pharmaceutical technicians and pharmaceutical technicians in training regarding their duty to sign into the pharmacy logbook.

41. RPH Englehaupt knew or should have known that certain pharmaceutical technicians and/or pharmaceutical technicians in training were unaware of any requirement to sign into the pharmacy logbook.

42. By failing to properly train pharmacy personnel regarding their duty to sign into the pharmacy logbook, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

43. By failing to ensure that the pharmacy logbook contained an accurate and complete record of the pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024, RPH Englehaupt performed her duties in an incompetent, unskillful or negligent manner.

44. As the owner/operator of the pharmacy at which RPH Englehaupt was employed, Walgreens is liable for RPH Englehaupt's conduct as described above. Accordingly, the Board may discipline Walgreens pursuant to NRS 639.230(5) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondents Jennifer Englehaupt and Cathy Quach and the pharmacy license of Respondent Walgreens Pharmacy #7032.

DATED this 3 day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

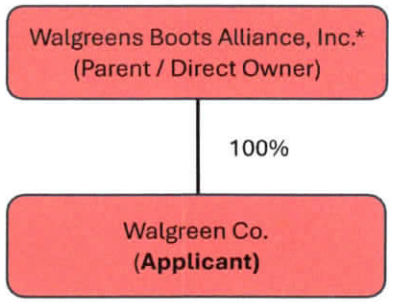
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

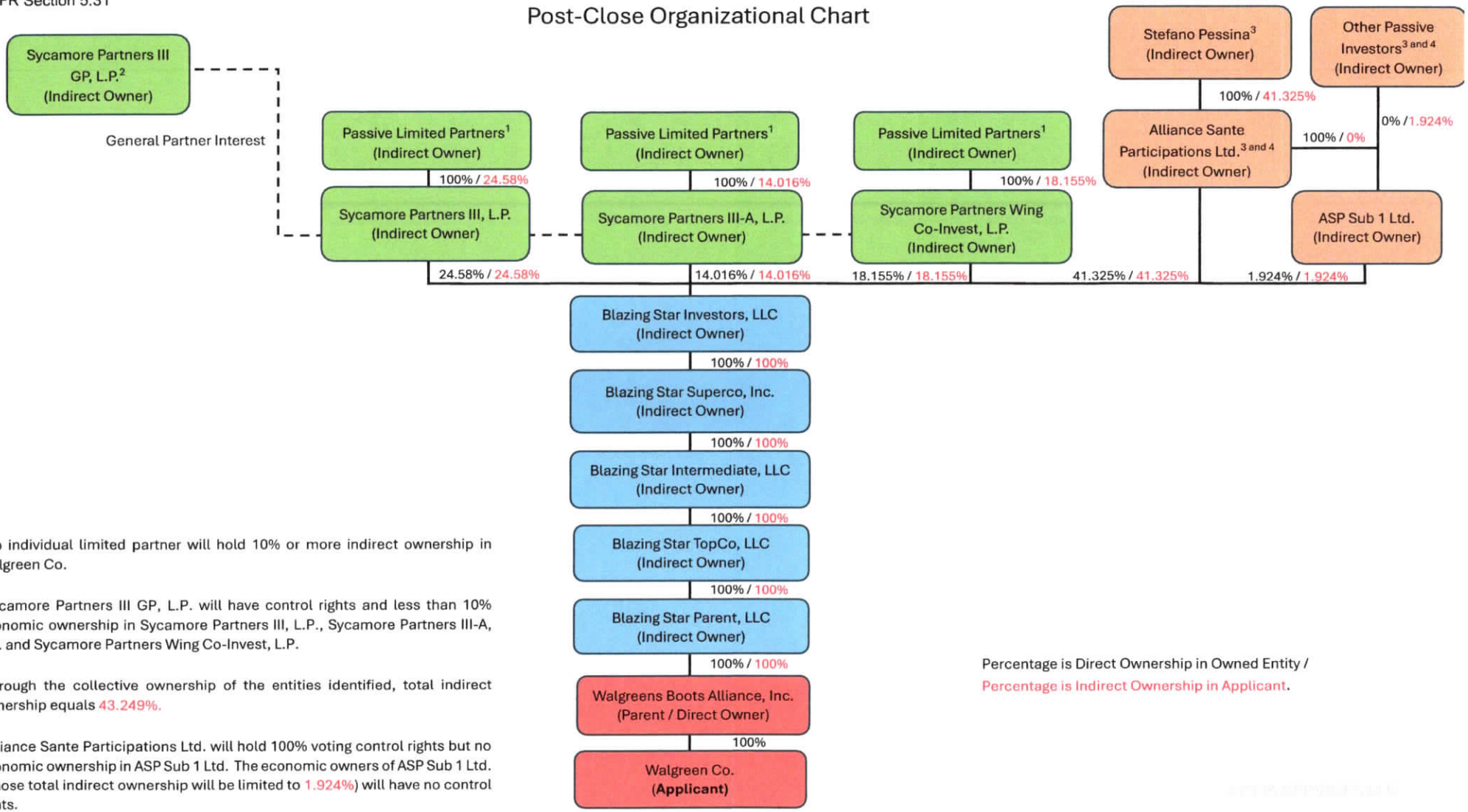
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

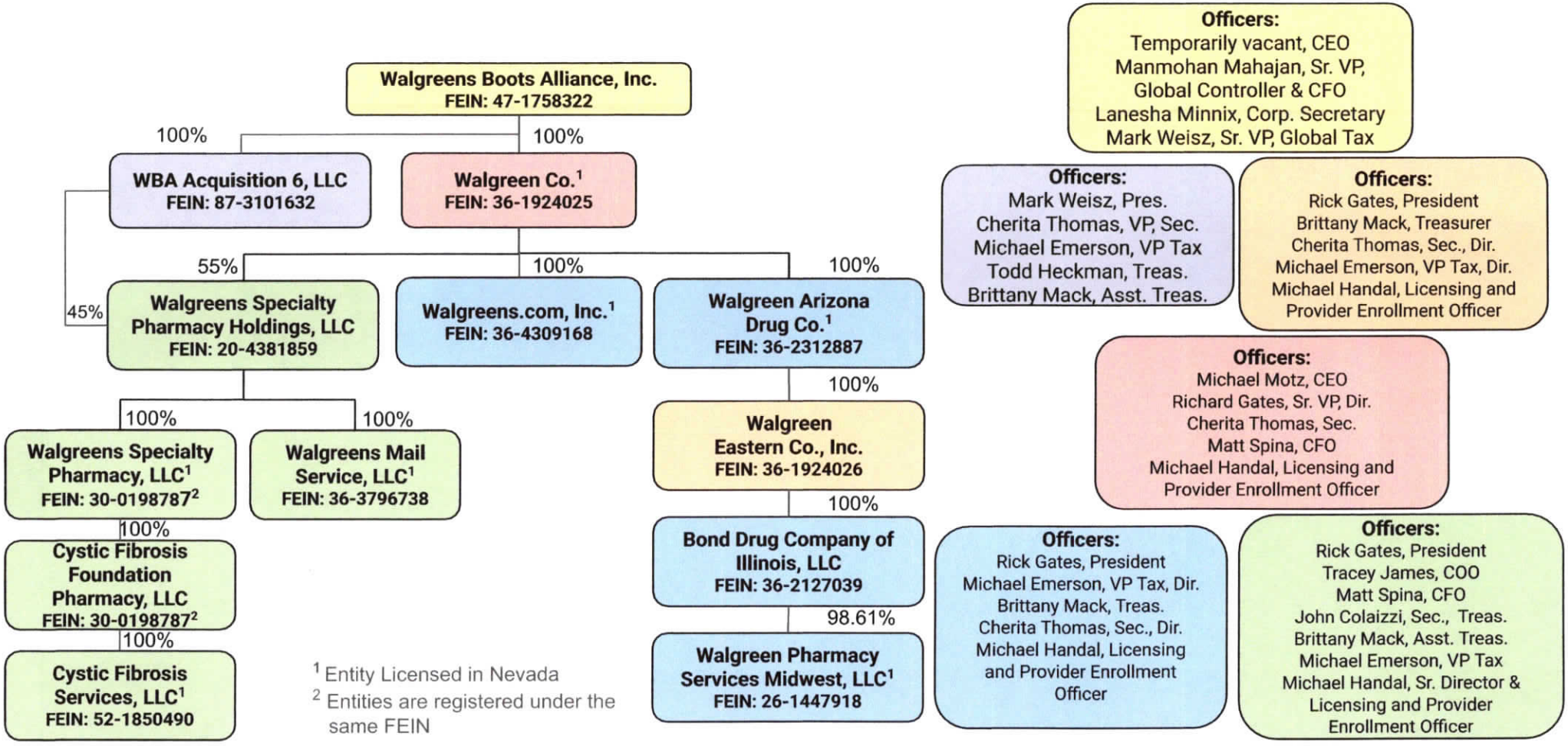
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE



NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01919	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW8813405 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07164

Physical Address: 101 E LAKE MEAD PKWY

City: HENDERSON State: NV Zip: 89015-5532

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)566-9706 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)566-1762 Contact Email: rxm.07164@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ELISCIA GIAMPAPA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17013

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ELISCIA GIAMPAPA	NV Pharmacist Registration #: 17013
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 - Ch. #803-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ELISCIA GIAMPAPA Pharmacist Registration #: 17013

Pharmacy Name: WALGREENS #07164

Initial each statement below to indicate you have read and agree with the following:

E.G. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

E.G. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

E.G. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

E.G. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

E.G. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

ELISCIA GIAMPAPA

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 14 / 2025

Date

FILED
OCT 12 2016
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-024-RPH-A-S**
	)	**16-024-RPH-B-S**
Petitioner,	)	**16-024-PH-S**
v.	)	
	)	
MICHAEL LESSER, RPH,	)	**STIPULATION AND ORDER**
Certificate of Registration No. 15213	)	**(All Respondents)**
	)	
STEPHAN CHO, RPH,	)	
Certificate of Registration No. 18193	)	
	)	
WALGREENS PHARMACY #07164,	)	
Certificate of Registration No. PH01919	)	
	)	
Respondents.	/	

S. PAUL EDWARDS, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents MICHAEL LESSER, RPH, Certificate of Registration No. 15213 (Mr. Lesser); STEPHAN CHO, RPH, Certificate of Registration No. 18193 (Mr. Cho); and WALGREENS PHARMACY #07164, Certificate of Registration No. PH01919 (Walgreens), (collectively Respondents), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over these parties and this matter.

2. The Board properly served a *Notice of Intended Action and Accusation* (Accusation) on the Respondents, and each of them, on or about September 6, 2016.

3. Respondents did not file a written answer in this matter, however, they have been in contact with Board Staff by and through their counsel, Mr. Stilling.

4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter and have either obtained the advice of counsel, or hereby waive that right to seek the advice of counsel by signing this Stipulation below.

5. Respondents, and each of them, are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any one, or all, of them have failed to comply with the provisions of Paragraph 9 below, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents admit, to the best of their knowledge and belief, that the factual allegations in the Accusation are true and accurate, including, but not limited to, as follows:

a. PRESCRIPTION NO. 1428538

i. In July 2015, patient J.C.'s pediatrician prescribed a quantity of thirty (30) montelukast 4 mg. chewable tablets with instructions to take one tablet by mouth every day.

ii. The prescription included authorization for six refills.

iii. The pediatrician's office electronically transmitted the prescription to Walgreens, which assigned prescription number 1428538 and filled the prescription.

iv. On February 24, 2016, approximately seven (7) months later, Walgreens processed an automatic refill of Prescription No. 1428538.

v. Walgreens' system generated a prescription label that contained the correct drug, strength, and dosing instructions as prescribed.

vi. The prescription label was applied to a stock bottle of montelukast chewable tablets.

vii. After purchasing the medication, the patient's mother discovered that the tablets were square rather than the rectangular tablets she was accustomed to for her son's montelukast 4 mg. chewable tablets.

viii. Under the prescription label applied by Walgreens, the label on the stock bottle read montelukast 5 mg. chewable tablets.

ix. After the error was reported to Walgreens, it verified that it had dispensed the incorrect strength of medication.

x. J.C. and his twin brother each ingested two (2) tablets of the erred medication with no reported adverse effects.[1]

xi. Pharmacy records indicate that an Automatic Refill of Prescription No. 1428538 entered Walgreens' pharmacy computer system queue on February 24, 2016.

xii. Respondent Mr. Lesser filled the prescription and performed product verification for the medication.

xiii. He failed to detect that the bottle contained montelukast 5 mg. chewable tablets rather than the montelukast 4 mg. chewable tablets as prescribed.

xiv. In a written statement, Mr. Lesser explained that bottles of the 4 mg. and 5 mg. montelukast chewable tablets are stored next to each other on the pharmacy's fast rack. The manufacturer uses the same size stock bottle for both strengths.

b. PRESCRIPTION NO. 1516165

i. In March 2016, J.C.'s pediatrician wrote a new prescription for J.C. for thirty (30) montelukast 4 mg. chewable tablets with instructions to take one tablet by mouth every day.

ii. The prescription included authorization for six refills.

[1] J.C. and his twin brother are both prescribed montelukast 4 mg. chewable tablets. The parents take the tablets from one brother's montelukast 4 mg. medication bottle at a time for administration to each brother.

iii. J.C.'s parents tendered the prescription to Walgreens, which processed the first fill of the prescription (Prescription No. 1516165) and dispensed it on March 22, 2016.

iv. After purchasing the medication, J.C.'s mother opened the medication bottle and again discovered that the tablets were square rather than rectangular.

v. Walgreens had again dispensed montelukast 5 mg. chewable tablets rather than the montelukast 4 mg. chewable tablets as prescribed.

vi. Pharmacy records indicate that pharmaceutical technician Nicole Cramer (Ms. Cramer) performed the data entry of Prescription No. 1516165. Ms. Cramer entered the correct drug, strength, and dosing instructions.

vii. Pharmacy records indicate that the error occurred when Ms. Cramer filled the prescription with the incorrect 5 mg. dosage.

viii. Pharmacy security video shows Ms. Cramer manually entering the NDC when the stock bottle failed to scan. It is unknown from where Ms. Cramer obtained the NDC that she entered.

ix. Pharmacist Stephan Cho performed the product verification of Prescription No. 1516165.

x. Mr. Cho failed to detect the error when verifying the final product.

xi. According to pharmacy records, [redacted] accepted counseling, which Mr. Cho provided.

xii. Mr. Cho did not detect the medication error during counseling.

8. Respondents further admit that the evidence here supports the conclusions that:

a. By dispensing montelukast 5 mg. chewable tablets rather than the montelukast 4 mg. chewable tablets that were prescribed, Mr. Lesser acted unskillfully in failing to strictly follow the instructions of C.J.'s prescriber when filling, labeling and dispensing prescription number 1428538. Those actions fall within the definition of unprofessional conduct,

as described at NAC 639.945(1)(d) and (i). That conduct is subject to discipline pursuant to NRS 639.255.

b. By dispensing montelukast 5 mg. chewable tablets rather than the montelukast 4 mg. chewable tablets that were prescribed, Mr. Cho acted unskillfully in failing to strictly follow the instructions of C.J.'s prescriber when filling, labeling and dispensing prescription number 1516165. Those actions fall within the definition of unprofessional conduct, as described at NAC 639.945(1)(d) and (i). That conduct is subject to discipline pursuant to NRS 639.255.

c. As the owner of the pharmacy in which the errors described above occurred, Walgreens is responsible for those errors. NAC 639.945(2).

9. Based upon the Accusation and the foregoing admissions, the Board and Respondents stipulate to the following penalties:

Prescription No. 1428535

Mr. Lesser shall: (i) pay a total fine of one thousand dollars ($1,000.00) associated with the violations indicated above; and (ii) complete two (2) continuing education credits (CEUs) on the topic of error prevention and/or correct product verification. Those CEUs shall be in addition to the CEU's Mr. Lesser is ordinarily required to complete to maintain his license.

Walgreens shall pay an administrative fee of four hundred and ninety five dollars ($495.00), and meaningfully investigate the cause of the repeat errors at issue in the instant action. Within 30 days of the Board's acceptance of this Order, Walgreens will report to Board Staff the cause of the errors and its proposed plan to prevent this error from occurring in the future. Within 30 days of Board Staff's approval of Walgreens plan, Walgreens shall implement that plan in all Nevada stores, and report back to the Board that all pharmacists and pharmacy personnel have been trained on the new policy and procedure.

Prescription No. 1516165

Mr. Cho shall: (i) pay a total fine of one thousand dollars ($1,000.00) associated with the violations indicated above; and (ii) complete two (2) continuing education credits (CEUs) on the

topic of error prevention and/or correct product verification. Those CEUs shall be in addition to the CEU's Mr. Cho is ordinarily required to complete to maintain his license.

Walgreens shall pay a second administrative fee of four hundred and ninety five dollars ($495.00), and complete the process described above for identifying the cause and implementing a remedy for the repeat errors at issue in this action.

10. The Board recognizes the facts in this Stipulation reflect the first time that Respondent Lesser and Respondent Cho has had to appear before the Board for any errors in practice. Nonetheless, the Board reminds and cautions each Respondent that checking prescriptions for accuracy is an essential part of pharmacy practice and that any lapse in concentration can result in an error and potential harm. Accordingly, Respondents each need to take steps to prevent the type of error described in this Stipulation from occurring in the future.

11. Board Counsel will present this Stipulation to the Board Members for approval at the Board's regularly scheduled meeting on October 12, 2016, in Las Vegas, Nevada. Respondents, including a representative of Walgreens, will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

13. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's December 2016 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Mr. Lesser and Mr. Cho shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order.

15. Respondent Walgreens shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order;

16. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Respondent's respective registrations, until all terms have been complied with.

Respondents MICHAEL LESSER, RPH, Certificate of Registration No. 15213, STEPHAN CHO, RPH, Certificate of Registration No. 18193, and WALGREENS PHARMACY #07164, Certificate of Registration No. PH01919, have each fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and each freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 12th day of October, 2016

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 12th day of October, 2016

Michael Lesser, R.Ph.
Certificate of Registration No. 15213

Signed this 12th day of October, 2016

Stephan Cho, R.Ph.
Certificate of Registration No. 18193

Signed this ___ day of October, 2016

Authorized Representative of Walgreens
#07164
Certificate of Registration No. PH01919

15. Respondent Walgreens shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order;

16. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Respondent's respective registrations, until all terms have been complied with.

Respondents MICHAEL LESSER, RPH, Certificate of Registration No. 15213, STEPHAN CHO, RPH, Certificate of Registration No. 18193, and WALGREENS PHARMACY #07164, Certificate of Registration No. PH01919, have each fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and each freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED;

Signed this ___ day of October, 2016

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of October, 2016

Michael Lesser, R.Ph.
Certificate of Registration No. 15213

Signed this ___ day of October, 2016

Stephen Cho, R.Ph.
Certificate of Registration No. 18193

Signed this ___ day of October, 2016

Authorized Representative of Walgreens
#07164
Certificate of Registration No. PH01919

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents MICHAEL LESSER, RPH, Certificate of Registration No. 15213, STEPHAN CHO, RPH, Certificate of Registration No. 18193, and WALGREENS PHARMACY #07164, Certificate of Registration No. PH01919, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

October 12 2016
Dated

Leo Basch, President
Nevada State Board of Pharmacy

FILED
SEP - 6 2016
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-024-RPH-A-S**
	)	**16-024-RPH-B-S**
Petitioner,	)	**16-024-PH-S**
v.	)	
	)	
MICHAEL LESSER, RPH,	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. 15213	)	**AND ACCUSATION**
	)	
STEPHAN CHO, RPH,	)	
Certificate of Registration No. 18193	)	
	)	
WALGREENS PHARMACY #07164,	)	
Certificate of Registration No. PH01919	)	
	)	
Respondents.	/	

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

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because, at the time of the alleged events, Respondent Michael Lesser (Mr. Lesser), Certificate of Registration No. 15213, was a pharmacist licensed by the Board, Respondent Stephan Cho (Mr. Cho), Certificate of Registration No. 18193, was a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #07164 (Walgreens), Certificate of Registration No. PH01919, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

This case involves two prescriptions for four-year-old patient J.C.

III.

On or about March 31, 2016, Gina Christensen (Ms. Christensen) filed a complaint with

the Board Office on behalf of her four-year-old son J.C. In the complaint, Ms. Christensen alleges that Walgreens filled and dispensed two prescriptions within a two month period for J.C. In both cases, the Respondents dispensed the wrong strength of the medication.

1. **PRESCRIPTION NO. 1428538 – MONTELUKAST (SINGULAIR®) 4 MG. TABLETS**

IV.

On July 23, 2015, patient J.C.'s pediatrician prescribed a quantity of thirty (30) montelukast 4 mg. chewable tablets with instructions to take one tablet by mouth every day. The prescription included authorization for six refills. The pediatrician's office electronically transmitted the prescription to Walgreens, which assigned prescription number 1428538 and filled the prescription.

V.

On February 24, 2016, approximately seven (7) months later, Walgreens processed an automatic refill of Prescription No. 1428538.

VI.

Walgreens' system generated a prescription label that contained the correct drug, strength, and dosing instructions as prescribed. The prescription label was applied to a stock bottle of montelukast chewable tablets.

VII.

When Ms. Christensen opened the medication bottle, she noticed that the tablets were square rather than the rectangular tablets she was accustomed to for her son's montelukast **4 mg.** chewable tablets.

VIII.

Ms. Christensen peeled back the prescription label from the stock bottle of the montelukast tablets. The label read montelukast **5 mg.** chewable tablets.

IX.

Ms. Christensen contacted Walgreens and reported the error. Walgreens verified the

strength on the written prescription as **4 mg.**, and verified that Walgreens dispensed the incorrect strength of **5 mg.** tablets.

X.

J.C. and his twin brother each ingested two (2) tablets of the erred medication with no reported adverse effects.[1]

XI.

Pharmacy records indicate that an Automatic Refill of Prescription No. 1428538 entered Walgreens' pharmacy computer system queue on February 24, 2016.

XII.

Mr. Lesser filled the prescription and performed the final verification of the product.[2] He failed to detect that the bottle contained montelukast **5 mg.** chewable tablets rather than the montelukast **4 mg.** chewable tablets as prescribed.

XIII.

In a written statement, Mr. Lesser indicates that bottles of the 4 mg. and 5 mg. montelukast chewable tablets are stored next to each other on the pharmacy's fast rack. The manufacturer uses the same size stock bottle for both strengths.

XIV.

Mr. Lesser thinks that he may have retrieved a return-to-stock bottle that contained the 5 mg. strength and was not able to scan the National Drug Code (NDC). If he had been able to scan the 5 mg. NDC code from the bottle, the pharmacy system's scale would have alerted him to the error in the strength.

XV.

Mr. Lesser assumes that he manually entered the NDC from either a 4 mg. strength bottle or the leaflet which reflected the correct strength.

[1] J.C. and his twin brother are both prescribed montelukast 4 mg. chewable tablets. The parents take the tablets from one brother's montelukast 4 mg. medication bottle at a time for administration to each brother.

[2] Walgreens' Audit/Board of Pharmacy Inspection Report documents pharmaceutical technician K.M. Nasife filled the prescription. Technician Nasife failed to log off of the system at the end of her shift. Mr. Lesser was the only one on duty during the filling process of this prescription.

2. PRESCRIPTION NO. 1516165 – MONTELUKAST (SINGULAIR®) 4 MG. TABLETS

XVI.

On March 15, 2016, J.C.'s pediatrician wrote a new prescription for J.C. for thirty (30) montelukast 4 mg. chewable tablets with instructions to take one tablet by mouth every day. The prescription included authorization for six refills.

XVII.

The prescription was tendered to Walgreens, which processed the first fill of the prescription (Prescription No. 1516165) and dispensed it on March 22, 2016.

XVIII.

Ms. Christensen opened the medication bottle and again discovered that the tablets were square rather than rectangular. Walgreens again dispensed montelukast **5 mg.** chewable tablets rather than the montelukast **4 mg.** chewable tablets as prescribed.

XIX.

Pharmacy records indicate that pharmaceutical technician Nicole Cramer (Ms. Cramer) performed the data entry of Prescription No. 1516165. Ms. Cramer entered the correct drug, strength, and dosing instructions.

XX.

Pharmacist M.R. performed data entry verification remotely at Walgreens' Central Facility in Orlando, Florida.

XXI.

Pharmacy records indicate that the error occurred when Ms. Cramer filled the prescription with the incorrect 5 mg. dosage. Pharmacy security video shows Ms. Cramer manually entering the NDC when the stock bottle failed to scan. It is unknown where Ms. Cramer obtained the NDC that she scanned. Ms. Cramer has no recollection of the incident.

XXII.

Pharmacist Stephan Cho performed the product verification of Prescription No. 1516165.

Mr. Cho failed to detect the error when verifying the final product.

XXIII.

According to pharmacy records, Ms. Christensen accepted counseling, which Mr. Cho provided. Mr. Cho did not detect the medication error during counseling.

FIRST CAUSE OF ACTION
(Prescription No. 1428538 – Montelukast (Singulair®) 4 mg. tablets)
(Michael Lesser)

XXIV.

NAC 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i). Mr. Lesser acted unprofessionally per NAC 639.945(1)(d) and/or (i) by filling, verifying, and dispensing montelukast **5 mg.** chewable tablets rather than the montelukast **4 mg.** chewable tablets that were prescribed.

SECOND CAUSE OF ACTION
(Prescription No. 1428538 – Montelukast (Singulair®) 4 mg. tablets)
(Walgreens Pharmacy #07164)

XXV.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". Respondent Mr. Lesser is Walgreens' employee. As such, Walgreens is responsible for each of the violations alleged herein.

XXVI.

The violations alleged above, including in each cause of action, are grounds for discipline against the licenses of Michael Lesser and/or Walgreens #07164 pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

THIRD CAUSE OF ACTION
(Prescription No. 1516165 – Montelukast (Singulair®) 5 mg. tablets)
(Stephan Cho)

XXVII.

NAC 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i). Mr. Cho acted unprofessionally per NAC 639.945(1)(d) and/or (i) by filling, verifying, and dispensing montelukast **5 mg.** chewable tablets rather than the montelukast **4 mg.** chewable tablets that were prescribed.

FOURTH CAUSE OF ACTION
(Prescription No. 1516165 – Montelukast (Singulair®) 5 mg. tablets)
(Walgreens #07164)

XXVIII.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". Respondent Mr. Cho is Walgreens' employee. As such, Walgreens is responsible for each of the violations alleged herein.

XXIX.

The violations alleged above, including in each cause of action, are grounds for discipline against the licenses of Stephan Cho and/or Walgreens #07164 pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 2nd day of September, 2016.

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

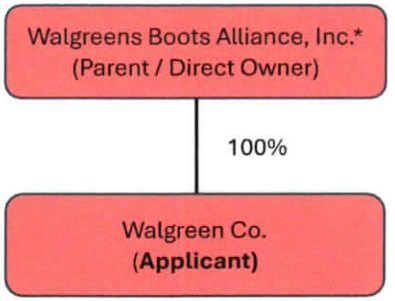
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

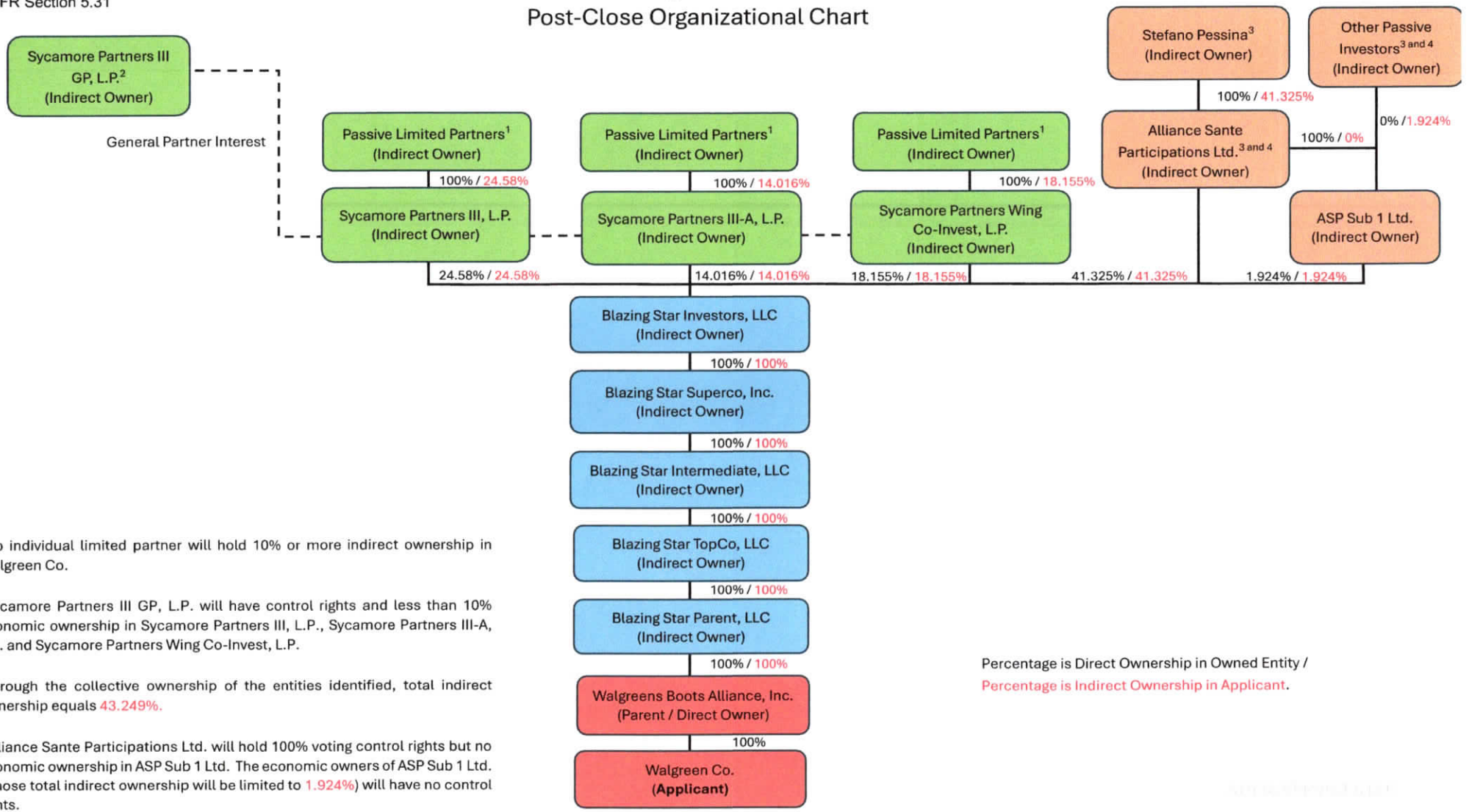
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

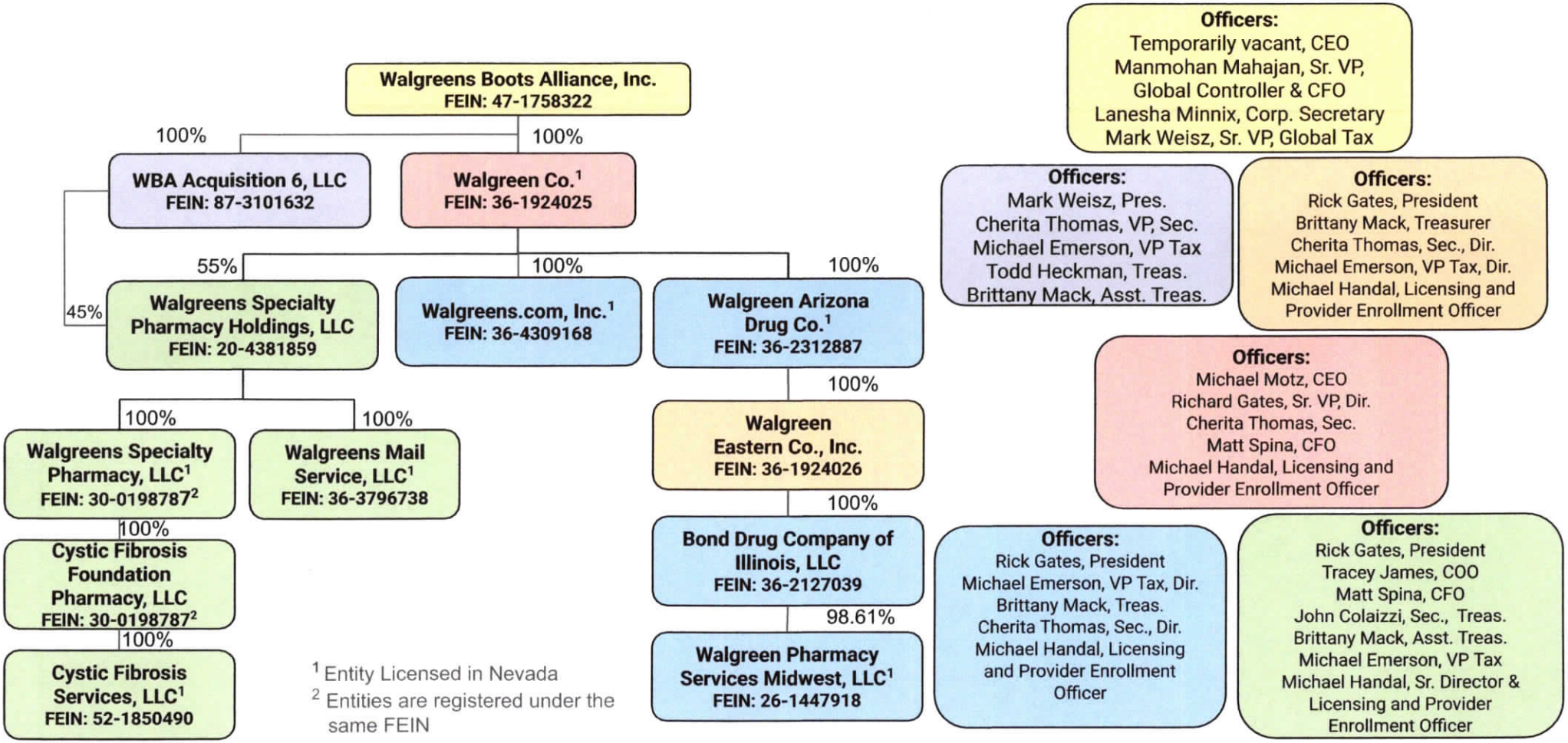
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4JJJ

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02121	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW9717616 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02598

Physical Address: 7685 S Rainbow Blvd

City: Las Vegas State: NV Zip: 89139

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)614-3094 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)614-3189 Contact Email: rxm.02598@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): AUBRION NOLAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23270

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: AUBRION NOLAN	NV Pharmacist Registration #: 23270
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP05-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: AUBRION NOLAN Pharmacist Registration #: 23270

Pharmacy Name: WALGREENS #02598

Initial each statement below to indicate you have read and agree with the following:

A.U. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

A.U. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

A.U. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

A.U. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

A.U. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

AUBRION NOLAN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

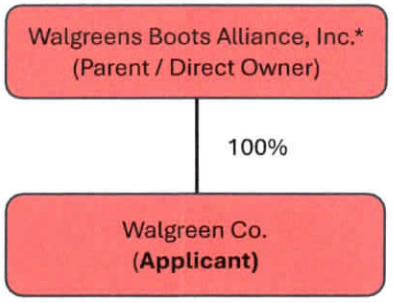
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

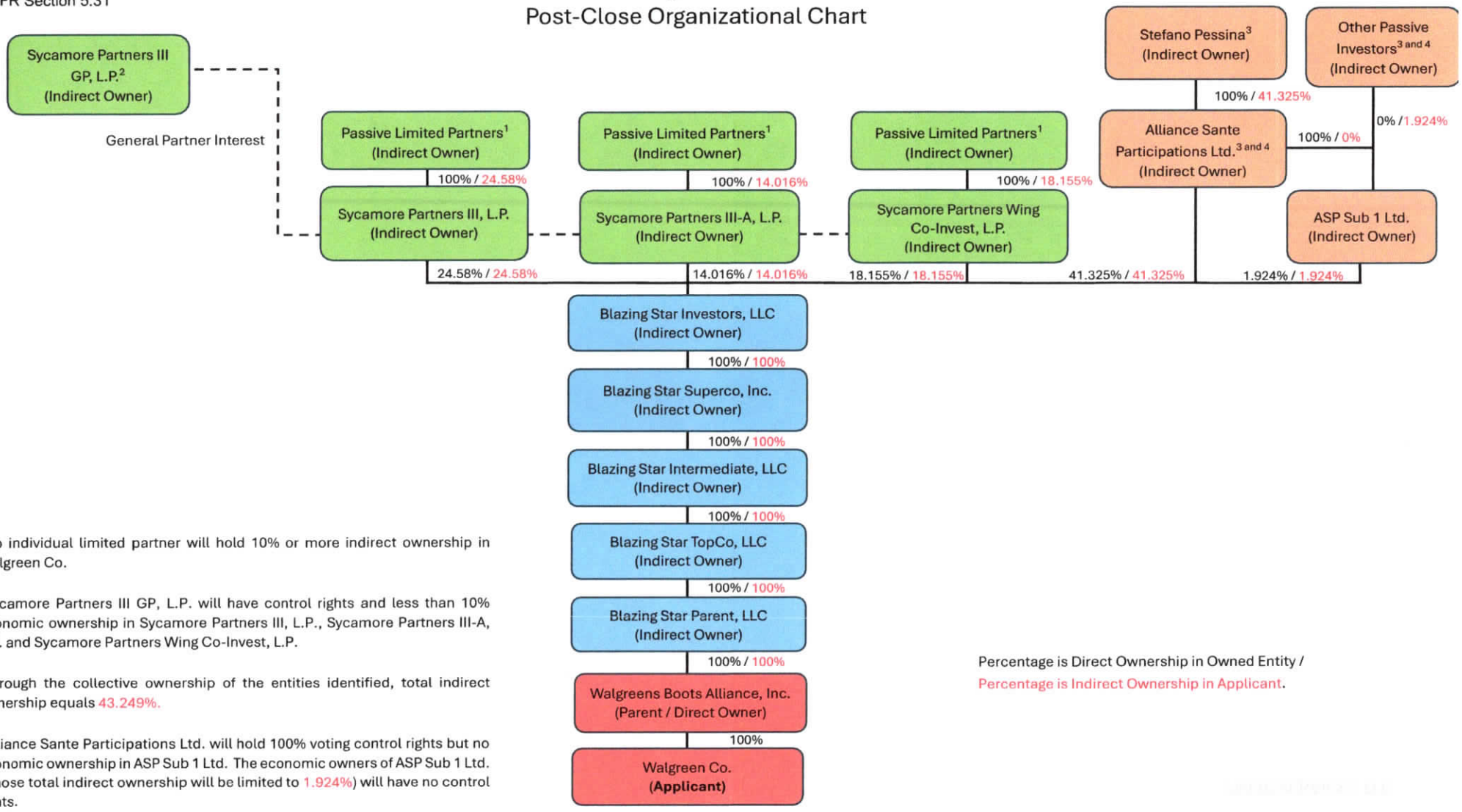
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

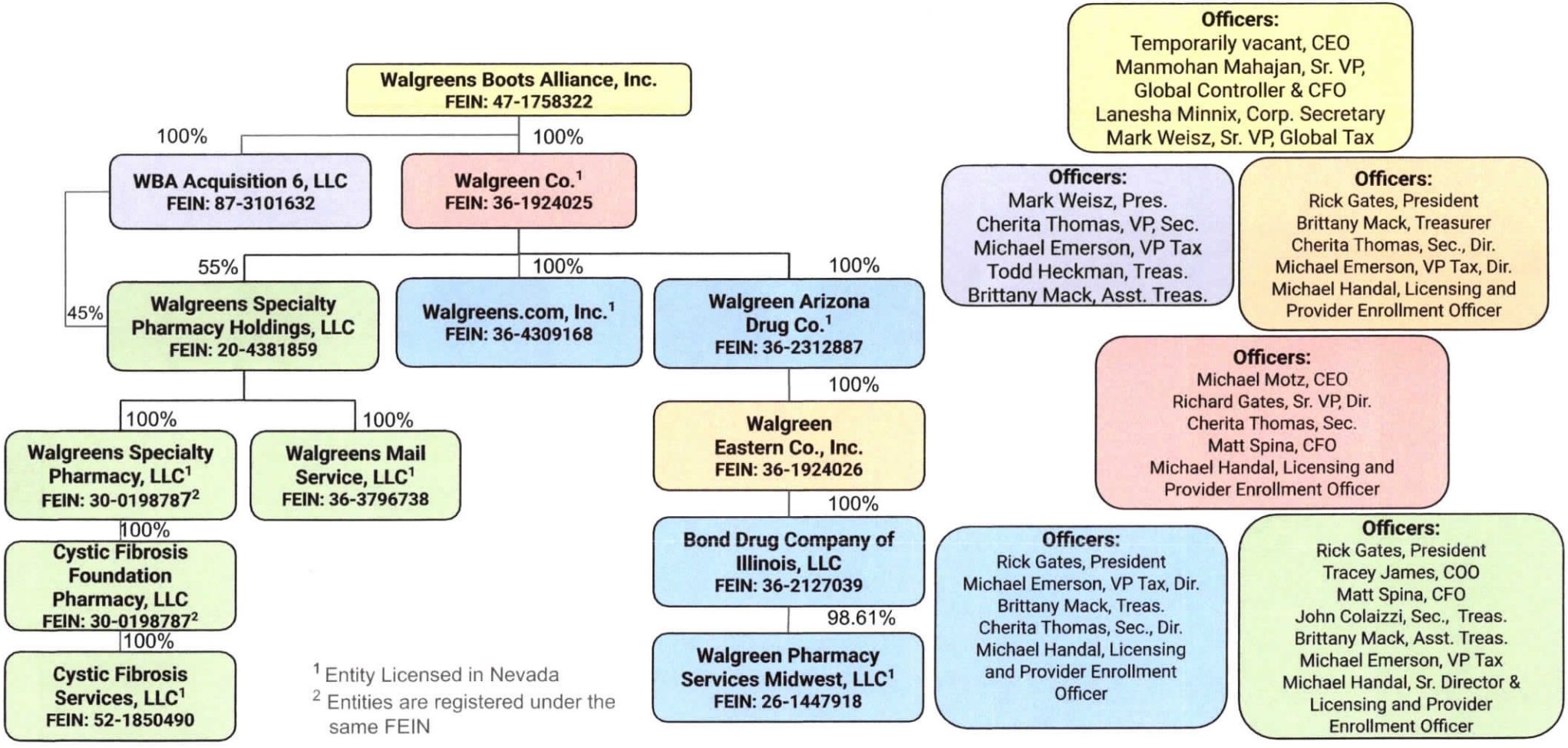
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4KKK

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01063	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW4986622 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03841

Physical Address: 6101 W LAKE MEAD BLVD

City: Las Vegas State: NV Zip: 89108-2660

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)648-2732 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)648-2509 Contact Email: rxm.03841@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): HYOJIN LOZANO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21185

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: HYOJIN LOZANO	NV Pharmacist Registration #: 21185
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $300 ck JPB-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: HYOJIN LOZANO Pharmacist Registration #: 21185

Pharmacy Name: WALGREENS #03841

Initial each statement below to indicate you have read and agree with the following:

H.Y. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

H.Y. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

H.Y. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

H.Y. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

H.Y. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

HYOJIN LOZANO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 07 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STEPHEN C. LESSARD, R.Ph.
Certificate of Registration No. 13632,

WALGREENS PHARMACY #03841,
Certificate of Registration No. PH1063,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 98-006A-RPH-S

Case No. 98-006B-PH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 29, 1998, in Las Vegas. The Board was represented by Louis Ling, Deputy Attorney General, Respondent Stephen C. Lessard appeared and represented himself, and Respondent Walgreens Pharmacy #03841 appeared and was represented by George Flaherty. Based on Respondents' admissions and testimony and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Staff presented the testimony of Gayle Angulo and John Angulo and introduced seven exhibits which were accepted into evidence. Respondent Lessard and Walgreens Pharmacy #03841 (Walgreens) testified. Based upon the admissions and testimony at hearing, the following are found to be the facts of this case.

2. On the evening of January 20, 1998, the Angulos took their five-month-old son to University Medical Center's children's hospital. The infant was diagnosed to

have pneumonia and was administered a steroid and an antibiotic. The Angulos were told to see their regular pediatrician as soon as they could. The Angulos left UMC with their son at 4:00 a.m. on January 21, 1998.

3. Later the morning of January 21, 1998, the Angulos took their five-month-old son to Dr. Naiman. Dr. Naiman confirmed the diagnosis as pneumonia and wrote for the infant two prescriptions, one for albuterol for breathing treatments with a nebulizer, and the other for Prelone syrup 15 mg./5ml. The directions for use written by Dr. Naiman were "7.5 mg. po BID" for three days.

4. The Angulos delivered both prescriptions to Walgreens at about 11:00 a.m. on January 21, 1998 by dropping them off at the drive-through window. They were told to return later that afternoon to pick up the prescriptions.

5. Another pharmacist originally entered the Prelone syrup prescription into the pharmacy's computer correctly so that the directions for use read "Take 1/2 teaspoon (2.5 ml.) by mouth twice daily." Although the prescription as written by Dr. Naiman clearly states "7.5 mg. po BID," Mr. Lessard changed the prescription in the pharmacy's computer so that the directions for use read "Take one and 1/2 teaspoons (7.5 ml.) by mouth twice daily" without consulting Dr. Naiman. Mr. Lessard filled the Prelone syrup prescription according to his incorrect directions.

6. Because someone needed to stay home with the infant and to wait for the delivery of the nebulizer, Mrs. Angulo stayed home while Mr. Angulo went to Walgreens in the afternoon of January 21, 1998 to pick up the prescriptions. Because Mr. Angulo was unsure of what kind of saline to purchase for the proper use of the Albuterol, a male pharmacist assisted Mr. Angulo in finding the saline. The pharmacist explained to Mr. Angulo the proper way to use the nebulizer. At no time did any pharmacist at Walgreens counsel Mr. Angulo regarding the Prelone syrup prescription.

7. The evening of January 21, 1998, Mrs. Angulo administered a 1/2 teaspoon dose to her son based upon what she had remembered the directions for use to be that Dr. Naiman had orally told her.

8. The morning of January 22, 1998, Mrs. Angulo reviewed the directions for use on the Prelone syrup prescription and noticed that the directions said to administer one and one-half teaspoon, so Mrs. Angulo administered one dose to her son at the one and one-half teaspoon amount. The infant threw up the medication.

9. The same morning of January 22, 1998, Mrs. Angulo took her son to another appointment with Dr. Naiman. At this appointment, it was discovered that the directions for use on the Prelone syrup prescription were incorrect and that the dosage was three times that ordered by Dr. Naiman.

10. At hearing, Mr. Lessard and Mr. Flaherty argued that Mr. Lessard had changed the Prelone syrup prescription's directions for use based upon Mr. Lessard's professional judgment and that he did not need to contact the physician in the exercise of that judgment. Mr. Lessard also claimed that he had counseled Mrs. Angulo regarding the proper use of the Prelone syrup. We find the claims raised by Mr. Lessard and Mr. Flaherty not to be credible because they seem at odds with the other credible testimony and evidence in this matter. The timing of the events related by the Angulos was borne out consistently by Walgreens' documents and by documents produced by the Angulos. Walgreens' own counseling log cannot be used to prove that any Angulo was counseled regarding the Prelone syrup, and if the log proves anything it is that the Prelone syrup was picked up by Mr. Angulo, just as the Angulos had testified. Finally, if Mr. Lessard had any reason to question the directions for use (which he must have had, since he changed the directions from the correct directions to incorrect directions), Mr. Lessard should have contacted Dr. Naiman, which Mr. Lessard failed to do.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens is a pharmacy registered with the Board and Respondent Lessard is a pharmacist licensed by the Board.

2. In dispensing the Prelone syrup prescription incorrectly by labeling the prescription with incorrect directions for use, Mr. Lessard violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

3. In employing Mr. Lessard, who incorrectly dispensed the Prelone syrup prescription, Walgreens violated NRS 639.210(4) and 639.945(1)(d) and (i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Lessard shall pay a fine of $150.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Walgreens shall pay to the Board its costs of $203.50 and its administrative costs of $100.00, for a total of $303.50 in cash, money order, or cashier's or certified check made payable to "Nevada State Board of Pharmacy" that must be received by the Board office within 30 days of the effective date of this Order.

3. The failure by any Respondent to comply with any term in this order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of the Respondent's license.

Signed and effective this 28th day of August, 1998.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

STEPHEN C. LESSARD, R.PH, Certificate of Registration No. 13632,

Case No. 98-006A-RPH-S

WALGREENS PHARMACY #03841, Certificate of Registration No. PH1063;

Case No. 98-006B-PH-S

Respondents.

/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Stephen C. Lessard, is a registered pharmacist with the Board (Certificate of Registration Number 13632).

B. Respondent Walgreens Pharmacy (Walgreens #03841) is a registered pharmacy with the Board (Certificate of Registration Number PH1063), located at 6101 West Lake Mead Boulevard, Las Vegas, Nevada.

II.

On or about January 21, 1998 Ms. A took her 5 month old son to the doctor. The physician prescribed Prelone syrup, 7.5 mg. and advised Ms. A to give the baby 1/2 teaspoon of Prelone syrup 2 times per day for three days.

III.

Ms. A took her prescription for Prelone syrup 7.5 mg. to Walgreens #03841 to be filled after she left the physician's office. When she got home she glanced at the directions on the bottle of Prelone syrup, noticed it said "1/2" and gave the baby 1/2 teaspoonful. The following morning when she went to administer the medication to the baby she looked more closely at the directions for use. It read, "...one and 1/2 teaspoonfuls by mouth twice daily." Ms. A then administered her son's medication according to the directions on the lable. Upon giving her son the first teaspoonful, he immediately threw up.

IV.

Ms. A took her son to the doctor for a scheduled appointment and related to him that the baby threw up the first teaspoonful of the Prelone syrup. The doctor informed her that his instructions were to take only 1/2 teaspoon of the medication.

FIRST CAUSE OF ACTION

V.

In incorrectly labeling and dispensing a prescription drug, Respondent Lessard violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Walgreens #03841 violated NRS 639.210(4) and NAC 639.945 (1) (d) and (i) and (2).

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

Signed this 29th day of June, 1998.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NO. 13-004-RPH-S**
Petitioner,	)	**CASE NO. 13-004-PH-S**
v.	)	
	)	**FINDINGS OF FACT,**
EMAN HELMI GOBRAN, RPH	)	**CONCLUSIONS OF LAW**
Certificate of Registration No. 15284	)	**AND ORDER**
	)	
WALGREENS PHARMACY #03841	)	
Certificate of Registration No. PH01063	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on Wednesday, July 24, 2013, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Respondents Eman Helmi Gobran, Certificate of Registration No. 15284 and Walgreens Pharmacy #03841, Certificate of Registration No. PH01063 (collectively Respondents), appeared with their counsel, William J. Stilling of the law firm Parsons Behle & Latimer. Based on the evidence, the testimony presented and the public records in the Board's possession and control, the Board issues the following Findings of Fact, Conclusions of Law and Order.

I. FINDINGS OF FACT

1. On January 8, 2013, four-month-old PT was treated at the University Medical Center Quick Care (UMC) in Las Vegas, Nevada.

2. The treating physician at UMC wrote a prescription for PT for brand name acetaminophen 160mg/5ml liquid, with directions to take 2.5 mls every 4-6 hours as needed for fever greater than 101°.

3. PT's mother tendered the prescription to Walgreens Pharmacy #03841 on January 9, 2013. Walgreen's filled the prescription, and PT's mother picked up the medication the same day.

4. PT's mother administered the medication to PT approximately every three hours for four days.

5. PT returned to UMC on January 12, 2013, for a follow-up visit concerning the same condition, where he was seen by Dr. Kami Larsen.

6. PT's mother informed Dr. Larsen of PT's January 8, 2013 visit to UMC, and of his prescription for acetaminophen.

7. PT's mother further reported that PT's fever was not coming down and that he was sleeping more than usual.

8. PT's mother showed the prescription bottle filled by Walgreens #03841 to Dr. Larsen.

9. Dr. Larsen observed that the prescription had been filled with acetaminophen with codeine elixir.

10. Dr. Larsen reviewed the prescribing physician's paperwork and noted that the physician had prescribed brand name acetaminophen 160mg/5ml liquid (plain), not the acetaminophen elixir containing codeine that Walgreens #03841 dispensed.

11. Dr. Larsen contacted Walgreens #03841. Pharmacist Cuong Ung, the pharmacist on duty, took Dr. Larsen's call and confirmed that the prescription was filled with the wrong medication.

12. Pharmaceutical Technician in Training Alexis Hernandez scanned and input the original prescription data into the computer system.

13. Respondent Ms. Gobran was the verifying pharmacist.

14. During verification of PT's prescription, Respondent Ms. Gobran did not detect that the prescription had been filled with the wrong medication.

15. During verification of PT's prescription, Respondent Ms. Gobran also overrode, without appropriately responding to, a Drug Utilization Review (DUR) warning: "PEDIATRICS

0-3 YEARS INDICATES USING CAUTION WITH ACETAMINOPHEN/CODEINE 120-12MG SOL."

16. Additionally, the label on the medication dispensed to PT did not contain the complete directions as prescribed by the physician. The label on the erred prescription omitted the instruction to give the medication for fever greater than 101°.

II. CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes on matters of law as follows:

17. The Board has jurisdiction over this matter because at the time of the conduct set forth above, Respondent Ms. Gobran was a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #03841 was a pharmacy licensed by the Board.

18. By failing to strictly follow the instructions of the prescriber and dispensing acetaminophen with codeine elixir, instead of the prescribed acetaminophen elixir, Respondent Ms. Gobran violated NAC 639.945(1)(b), (d) and (i), and is guilty of unprofessional conduct, which is grounds for discipline pursuant to NRS 639.255.

19. By failing to act appropriately on a DUR warning, Respondent Ms. Gobran violated NAC 639.945(1)(i), which is grounds for discipline pursuant to NRS 639.255.

20. By failing to detect that the medication dispensed for patient P.T. was mislabeled to exclude a portion of the physician's instructions, Respondent Ms. Gobran violated NAC 639.945(1)(d) and (i), which is grounds for discipline pursuant to NRS 639.255.

21. Pursuant to NAC 639.945(2), by owning and operating the pharmacy in which the violations set forth above occurred, respondent Walgreens Pharmacy #03841 is guilty of unprofessional conduct as defined in NAC 639.945(1)(b) and (d), which is grounds for action against its license pursuant to NRS 639.255.

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Based on the foregoing, **THE BOARD HEREBY ORDERS**:

22. Respondent Ms. Gobran shall:

a. Pay a fine of $1,000.00 in association with her dispensing of the wrong medication to patient P.T.;

b. Complete one (1) hour of continuing education (CE) related to the topic of error prevention, in addition to the regularly required CE courses Ms. Gobran must attend; and

c. Complete Walgreens's internal training regarding the proper response to a DUR warning.

Ms. Gobran shall report to Board Staff within 10 days of completing these CE requirements.

23. Respondent Walgreens #03841 shall:

a. Pay an administrative fee of $295.00 in association with this matter; and

b. Complete its internal DUR training with all pharmacists and pharmaceutical technicians working in its Nevada-licensed pharmacies.

Walgreens #03841 shall complete said training and report to Board Staff within 60 days of this Order.

24. Respondent Ms. Gobran shall pay the fine set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

25. Respondent Walgreens #03841 shall pay the administrative fee set forth herein by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

26. If circumstances so merit, Board Staff has the discretion and authority to establish a payment plan under which Respondents may pay the fee or fine set forth herein through installments without further action or vote by the Board.

27. Any failure by either Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of Respondents'

registrations/licenses until all terms have been complied with. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 2 day of August 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
	CASE NO. 13-004-RPH-S
Petitioner,	**CASE NO. 13-004-PH-S**
v.	
	NOTICE OF INTENDED ACTION
EMAN HELMI GOBRAN, RPH	**AND ACCUSATION**
Certificate of Registration No. 15284	
WALGREENS PHARMACY #03841	
Certificate of Registration No. PH01063	
Respondents /	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Eman Gobran is a pharmacist licensed by the Board, and Respondent Walgreens Pharmacy #03841, located at 6101 West Lake Mead Boulevard, Las Vegas, Nevada, is a pharmacy licensed by the Board.

II.

On or about January 8, 2013, four month old PT (PT) was treated at the University Medical Center (UMC) Quick Care, and prescribed brand name acetaminophen 160mg/5ml liquid with directions to take 2.5 mls every 4-6 hours as needed for fever greater than 101°. PT's mother presented the prescription to Walgreens Pharmacy #03841 on January 9, 2013, where it was filled and picked up the same day.

III.

On or about January 12, 2013, PT was seen again at the UMC Quick Care for a follow-up visit. Dr. Kami Larsen examined him. PT's mother informed Dr. Larsen that her son was seen on January 8, 2013, and was given a prescription for cough and fever. PT's mother administered the medication to him every four hours for three days. PT's mother reported that his fever was not coming down and all he did was sleep.

IV.

When asked, PT's mother showed the prescription bottle filled by Walgreens #03841 to Dr. Larsen. Dr. Larsen observed that the prescription had been filled with acetaminophen with codeine elixir. Dr. Larsen reviewed the prescribing physician's paperwork and noted that the physician had prescribed brand name acetaminophen 160mg/5ml liquid (plain) not the acetaminophen elixir containing codeine that Walgreens dispensed. Dr. Larsen contacted Walgreens #03841. Pharmacist Cuong Ung, the pharmacist on duty, confirmed that the prescription was filled incorrectly.

V.

Pharmaceutical Technician in Training Alexis Hernandez scanned and input the original prescription data into the computer system. Respondent Eman Gobran was the verifying pharmacist.

VI.

During verification of PT's prescription, Respondent Gobran entered an override for a Drug Utilization Review (DUR) warning: "PEDIATRICS 0-3 YEARS INDICATES USING CAUTION WITH ACETAMINOPHEN/CODEINE 120-12MG SOL." When interviewed by the Board Investigator, Respondent Gobran maintained that she did not know how or why she did not catch the error at the time of verifying the information input into the computer, nor could she explain why she overrode the DUR warning. She admitted that the label on the misfilled medication did not contain the complete directions as prescribed by the physician to give 2.5 mls. every 4 to 6 hours for fever higher than 101°. The label on the erred prescription (acetaminophen with codeine elixir), which was dispensed and administered, stated "Give "P" 2.5 mls by mouth every 4 to 6 hours as needed."

FIRST CAUSE OF ACTION

VII.

In failing to strictly follow the instructions of patient PT's physician by verifying and dispensing acetaminophen elixir containing codeine rather than acetaminophen 160mg/5ml liquid, Eman Gobran violated Nevada Revised Statute (NRS) 639.210(4) and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VIII.

In failing to act upon the DUR warning, Eman Gobran violated NRS 639.210(4) and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

By mislabeling the misfilled medication to give 2.5 mls by mouth every 4 to 6 hours as needed rather than the prescribed instructions to give 2.5 mls every 4 to 6 hours for fever higher than 101°, Emma Gobran violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

FOURTH CAUSE OF ACTION

X.

In owning and operating the pharmacy in which the alleged violations occurred, Walgreens Pharmacy #03841 violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(d) and/or (i) and/or (2).

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

Signed this 11th day of June, 2013.

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

NOTICE TO RESPONDENT

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

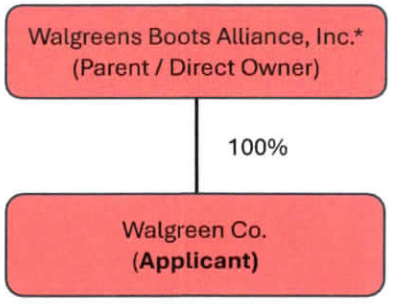
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

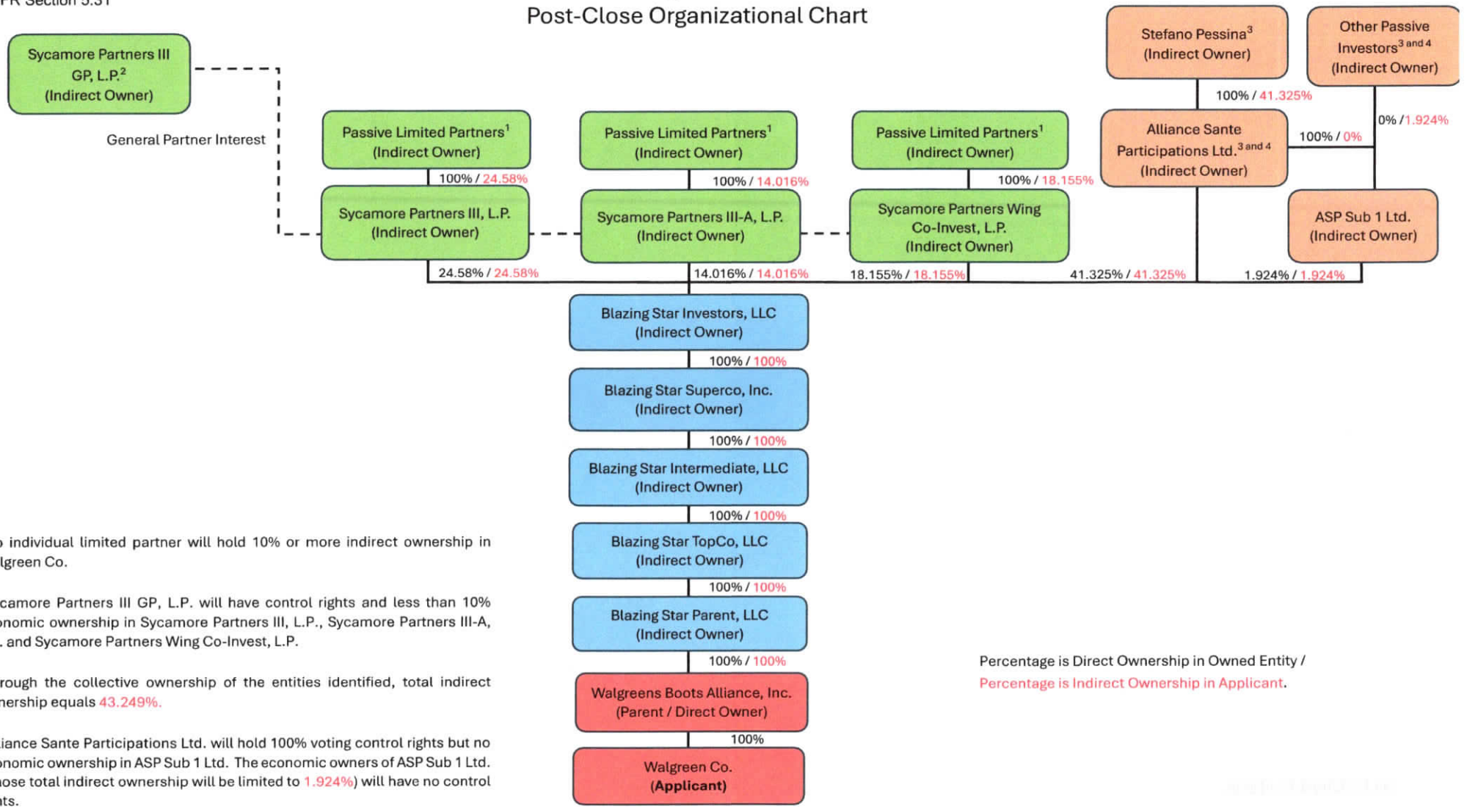
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

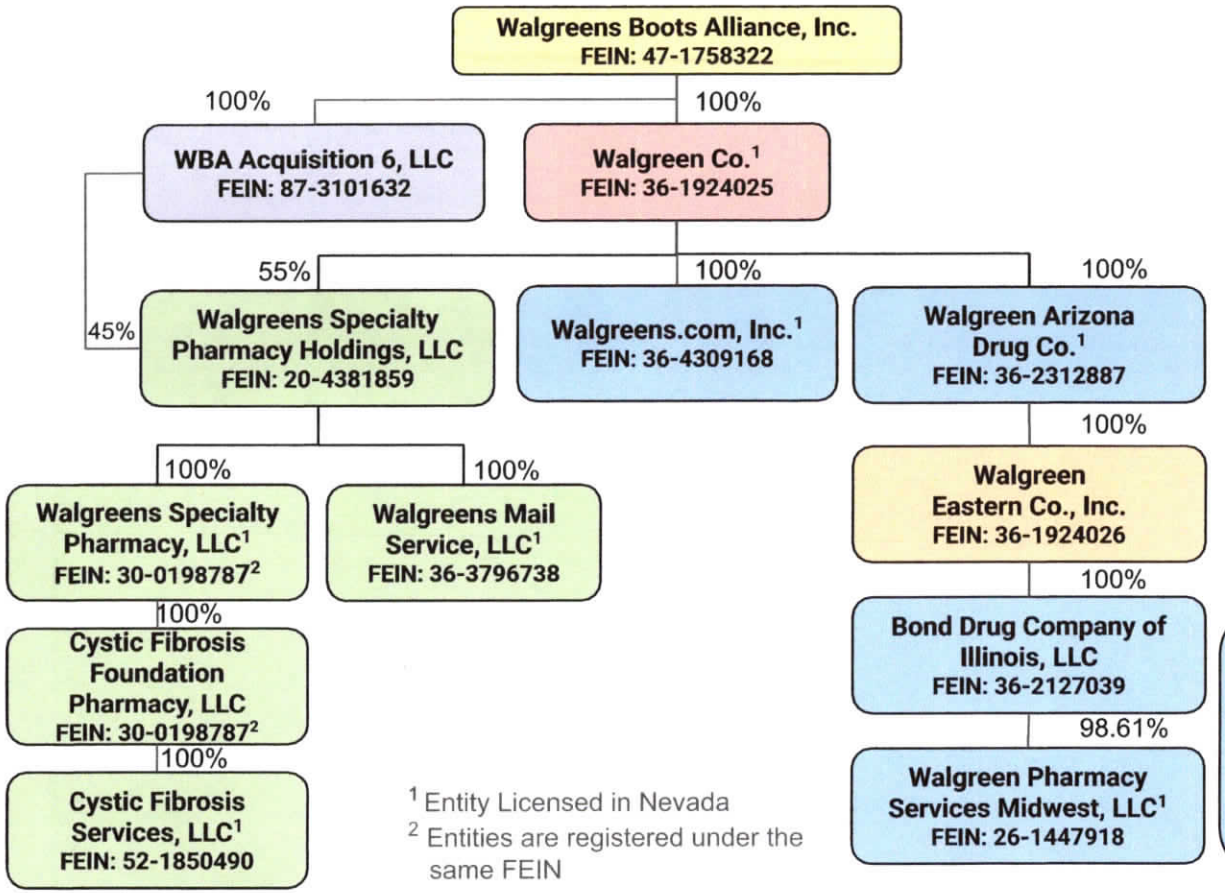
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



Officers:
Temporarily vacant, CEO
Manmohan Mahajan, Sr. VP, Global Controller & CFO
Lanesha Minnix, Corp. Secretary
Mark Weisz, Sr. VP, Global Tax

Officers:
Mark Weisz, Pres.
Cherita Thomas, VP, Sec.
Michael Emerson, VP Tax
Todd Heckman, Treas.
Brittany Mack, Asst. Treas.

Officers:
Rick Gates, President
Brittany Mack, Treasurer
Cherita Thomas, Sec., Dir.
Michael Emerson, VP Tax, Dir.
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Michael Motz, CEO
Richard Gates, Sr. VP, Dir.
Cherita Thomas, Sec.
Matt Spina, CFO
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Rick Gates, President
Michael Emerson, VP Tax, Dir.
Brittany Mack, Treas.
Cherita Thomas, Sec., Dir.
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Rick Gates, President
Tracey James, COO
Matt Spina, CFO
John Colaizzi, Sec., Treas.
Brittany Mack, Asst. Treas.
Michael Emerson, VP Tax
Michael Handal, Sr. Director & Licensing and Provider Enrollment Officer

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4LLL

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01249	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW5869500 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03842

Physical Address: 2389 E WINDMILL LN

City: LAS VEGAS State: NV Zip: 89123-2037

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)837-9531 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)837-9561 Contact Email: rxm.03842@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): TUAN VU

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 13896

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: TUAN VU	NV Pharmacist Registration #: 13896
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-30000111291

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: TUAN VU Pharmacist Registration #: 13896

Pharmacy Name: WALGREENS #03842

Initial each statement below to indicate you have read and agree with the following:

T.V — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

T.V — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

T.V — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

T.V — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

T.V — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

TUAN VU

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

FILED
FEB 06 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #3842, Pharmacy License No. PH01249,

KRISTI NGUYEN, RPH, Certificate of Registration No. 18861,

CHERYL METTUS, RPH, Certificate of Registration No. 17225, and

THUY TRANDAC, RPH, Certificate of Registration No. 17658,

Respondents.

Case No. 17-105-PH-S
17-105-RPH-A-S
17-105-RPH-B-S
17-105-RPH-C-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kristi Nguyen, RPH (Nguyen), Certificate of Registration No. 18861, Respondent Cheryl Mettus, RPH (Mettus), Certificate of Registration No. 17225, and Respondent Thuy TranDac, RPH (TranDac), Certificate of Registration No. 17658, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondents Nguyen, Mettus and TranDac were employed by Walgreens Pharmacy #3842 at the time of the events alleged herein.

3. Patient T.M. was being treated by several different providers for memory issues, pain, and other health conditions. B.H. was assisting T.M. with his medications because of T.M.'s memory issues.

4. On or about August 13, 2017, an electronic prescription from practitioner M.S. was transmitted to Walgreens Pharmacy #3842 for gabapentin 600 mg tablets for T.M., designated prescription no. 2933151, and dispensed to the patient.

5. On or about August 16, 2017, T.M. tendered a written prescription from practitioner E.S. for gabapentin 300 mg capsules for T.M to Walgreens Pharmacy #3842; this was designated prescription no. 2933209. On or about August 18, 2017, Respondent Mettus overrode a drug utilization review (DUR) alert for prescription no. 2933209 and dispensed to the patient. Respondent Mettus failed to contact the prescriber(s) to clarify the potential duplication error prior to overriding the DUR alerts. Therefore, both gabapentin prescriptions nos. 2933151 and 2933209 were dispensed, duplicating the same medication in different dosages within days.

6. On or about August 29, 2017, T.M. tendered two (2) written prescriptions from practitioner Z.G. for T.M to Walgreens Pharmacy #3842: 1) Aricept (generic donepezil) 5 mg, designated prescription no. 2939936; and 2) Seroquel (generic quetiapine) 100 mg, designated prescription no. 2939938. Prescription no. 2939936 included an order to discontinue Zaleplon 5 mg capsules previously prescribed by practitioner W.T. and designated prescription no. 2933781. However, Respondent Nguyen failed to discontinue the Zaleplon 5 mg prescription no. 2933781 as directed.

7. On or about September 13, 2017, T.M. tendered a written prescription from practitioner Z.G. for Zyprexa (generic olanzapine) 10 mg tablets for T.M. to Walgreens Pharmacy #3842; this was designated prescription no. 2948045. The prescription also had an order to discontinue Seroquel (generic quetiapine). However, Respondent Nguyen failed to discontinue the Seroquel (generic quetiapine) 100mg prescription no. 2939938 as directed,

overrode a DUR alert that olanzapine and quetiapine are similar therapies, and refilled prescription no. 2939938 for quetiapine 100 mg tablets.

8. On or about September 24, 2017, Respondent TranDac refilled prescription no. 2939936. However, Respondent TranDac failed to discontinue the Zaleplon 5 mg prescription no. 2933781 as previously directed and overrode a DUR alert.

9. On or about September 27, 2017, Respondent Mettus performed final product review and dispensed Seroquel (generic quetiapine) 200 mg tablets for prescription no. 2942008, in violation of the prior order from practitioner Z.G. on prescription no. 2948045 to discontinue Seroquel (generic quetiapine). Respondent Mettus also refilled prescription no. 2939938 for quetiapine 100 mg tablets on the same day and failed to contact the prescribing practitioner(s) to confer about the potential error/duplication. DUR alerts were overridden by an out-of-state pharmacist.[1]

10. On or about September 27, 2017, Respondent Mettus overrode a DUR alert and refilled prescription no. 2933781 for Zaleplone 5 mg, in violation of the prior order from practitioner Z.G. on prescription no. 2939936 to discontinue the Zaleplon 5 mg prescription no. 2933781.

COUNT ONE
Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondents Nguyen, Mettus, TranDac)

11. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the person writing or ordering a prescription if there is an error or omission which should be questioned. NAC

[1] The DUR alerts for prescription no. 2939938 were overridden by a Walgreens' pharmacist located in an out-of-state central fill facility, who was not licensed by the Board.

639.945(1)(e). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

12. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

13. As alleged in paragraphs 4 through 10 herein, Nguyen, Mettus and TranDac each violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when they verified the final product as accurate, failed to contact the prescriber(s) to clarify potential duplication errors, overrode DUR alerts and/or erroneously dispensed medication, and each is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #3842)

14. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." *See also* NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

15. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the acts and omissions of Respondents Nguyen, Mettus and TranDac, Walgreens Pharmacy #3842 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
JUN 15 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3842, Pharmacy License No. PH01249,** **KRISTI NGUYEN, RPH, Certificate of Registration No. 18861,** **CHERYL METTUS, RPH, Certificate of Registration No. 17225, and** **THUY TRANDAC, RPH, Certificate of Registration No. 17658,** **Respondents.**	**Case No.** **17-105-PH-S** **17-105-RPH-A-S** **17-105-RPH-B-S** **17-105-RPH-C-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, June 14, 2023. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Kristi Nguyen, RPH (Nguyen), Certificate of Registration No. 18861, Respondent Cheryl Meatus, RPH (Mettus), Certificate of Registration No. 17225, and Respondent Thuy TranDac, RPH (TranDac), Certificate of Registration No. 17658, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, were represented by William Stilling, Esq. of Stilling & Harrison. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Board has jurisdiction over this matter because at the time of the events herein, Respondent Nguyen, Certificate of Registration No. 18861, Respondent Mettus, Certificate of Registration No. 17225, and Respondent TranDac, Certificate of Registration No. 17658, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

2. Respondents Nguyen, Mettus and TranDac were employed by Walgreens Pharmacy #3842 at the time of the events herein.

3. On or about August 13, 2017, an electronic prescription from practitioner M.S. was transmitted to Walgreens Pharmacy #3842 for gabapentin 600 mg tablets for patient T.M., designated prescription no. 2931510, and dispensed to the patient.

4. On or about August 16, 2017, T.M. tendered a written prescription from practitioner E.S. for gabapentin 300 mg capsules for T.M to Walgreens Pharmacy #3842; this was designated prescription no. 2933209. Data review for prescription no. 2933209 was performed by a Walgreens pharmacist located in an out-of-state Central Pharmacy Operation Center (CPO), who was not registered with the Board; during data review DUR alerts were overridden. On or about August 18, 2017, Respondent Mettus dispensed prescription no. 2933209 to the patient.

5. On or about August 29, 2017, T.M. tendered two (2) written prescriptions from practitioner Z.G. for T.M to Walgreens Pharmacy #3842: 1) Aricept (generic donepezil) 5 mg, designated prescription no. 2939936; and 2) Seroquel (generic quetiapine) 100 mg, designated prescription no. 2939938. Prescription no. 2939936 included an order to discontinue Zaleplon 5 mg capsules previously prescribed by practitioner W.T. and designated prescription no. 2933781. Data review for prescription no. 2939936 was performed by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board. Respondent Nguyen performed

product review on prescription no. 2939936. The Zaleplon 5 mg prescription no. 2933781 was not discontinued.

6. On or about September 13, 2017, T.M. tendered a written prescription from practitioner Z.G. for Zyprexa (generic olanzapine) 10 mg tablets for T.M. to Walgreens Pharmacy #3842; this was designated prescription no. 2948045. The prescription also had an order to discontinue Seroquel (generic quetiapine). Data review for prescription no. 2948045 was performed by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board. Respondent Nguyen overrode a DUR alert that olanzapine and quetiapine are similar therapies.

7. On or about September 24, 2017, Respondent TranDac overrode DUR alerts and refilled prescription no. 2939936.

8. On or about September 27, 2017, Respondent Mettus performed product review and dispensed Seroquel (generic quetiapine) 200 mg tablets for prescription no. 2942008, and refilled prescription no. 2939938 for quetiapine 100 mg tablets. DUR alerts for both prescriptions were overridden by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board.

9. On or about September 27, 2017, Respondent Mettus performed product review and refilled prescription no. 2933781 for Zaleplone 5 mg; in the process Mettus overrode a DUR alert on the belief that the prescribing practitioner had determined it medically appropriate for T.M. to take the medication for longer than the recommended duration of 35 days.

10. Board staff incurred at least $5.137.45 in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and these Respondents, because at the time of the events herein, Respondents held registrations and licenses issued by the Board.

2. The applicable law in this matter is as follows:

A. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the person writing or ordering a prescription if there is an error or omission which should be questioned. NAC 639.945(1)(e). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

B. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

C. Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

D. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

E. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

3. Nguyen, Mettus and TranDac each violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when they verified the final product as accurate, failed to contact the prescriber(s) to clarify potential duplication errors, overrode DUR alerts and/or erroneously dispensed medication, and each is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

4. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the acts and omissions of Respondents Nguyen, Mettus and TranDac, Walgreens Pharmacy #3842 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Kristi Nguyen, RPH, Certificate of Registration No. 18861, shall pay a fine of One Thousand Dollars ($1,000.00) for the violations.

2. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Cheryl Mettus, RPH, Certificate of Registration No. 17225, shall pay a fine of One Thousand Dollars ($1,000.00) for the violations.

3. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Thuy TranDac, RPH, Certificate of Registration No. 17658, shall pay a fine of One Thousand Dollars ($1,000.00) for the violations.

4. Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, is subject to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #3842 shall pay a fine of Ten Thousand Dollars ($10,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #3842 shall pay Five Thousand One Hundred Thirty-Seven Dollars ($5,137.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

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

6. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

7. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 15th day of June, 2023.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

HUY DUONG, R.Ph.,
Certificate of Registration #17147,

Case No. 08-042-RPH-S

WALGREENS #03842,
Certificate of Registration #PH01249,

Case No. 08-042-PH-S

Respondents.

/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 15, 2009 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. The Respondents did not contest that Heidi Almase got generic levothyroxine instead of brand name Synthroid as prescribed by her doctor but did question the symptoms that Ms. Almase experienced. Board Staff presented the testimony of Heidi Almase and Danny Garcia. Respondents presented the testimony of Ms. Duong. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On February 21, 2008, Heidi Almase was prescribed Synthroid 75 mcg. tablets with five refills by physician assistant, Kevin Thorn. On the prescription P.A.

Thorn had written "Dispense As Written", in his own handwriting. Heidi Almase had been given some samples for Synthroid and began taking the samples until April 12, 2008 when she took the Synthroid 75 mcg. prescription to Walgreens #03842 to be filled. Ms. Duong testified that she was the pharmacist who was responsible for filling the Synthroid 75 mcg. prescription. Ms. Duong testified that she did not notice the "Dispense As Written" placed on the prescription by P.A. Thorn and dispensed generic levothyroxine not Synthroid 75 mcg.

3. Ms. Almase testified that she began taking the medication and started to notice that her hair was falling out, her throat felt constricted and she was experiencing chest pains. Ms. Almase made another appointment with her doctor who increased the dosage of Synthroid from 75 mcg. to 88 mcg. but her doctor neglected to write on the prescription "Dispense As Written" and only checked the box with the words, "Dispense As Written, Brand Medically Necessary". On June 5, 2008, Ms. Almase took this prescription to Walgreens # 03842 and Pharmacist Aimee Cheng dispensed generic levothyroxine because Ms. Almase had previously been dispensed levothyroxine and the prescribing practitioner, Dr. Litchfield had not correctly ordered brand name Synthroid be dispensed to Ms. Almase pursuant to NRS 639.2583(5)(b).

4. At hearing, Ms. Almase testified that she continued taking the drug but then went to the emergency room on June 23, 2008 with extreme chest pain, dizziness and numbness in her extremities. During her emergency room visit Ms. Almase learned that she had been taking generic levothyroxine, not brand name Synthroid, as prescribed by P.A. Thorn on February 21, 2008.

5. Mr. Garcia testified as to the investigation he conducted and the evidence that he collected in this investigation.

6. Ms. Duong testified that she made the mistake and filled the prescription with generic levothyroxine instead of brand name Synthroid as directed by the practitioner. Ms. Duong also apologized to Ms. Almase for her mistake and answered questions from the Board.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Duong is a pharmacist licensed by the Board and Walgreens #03842 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Ms. Almase that was the wrong medication, namely by misfiling Ms. Almase's Synthroid prescription with generic levothyroxine, Ms. Duong violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Ms. Duong committed the error regarding Ms. Almase's Synthroid prescription, Walgreens #03842 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Duong shall pay a fine of $500.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Walgreens #03842 shall receive a letter of concern.

3. The failure by Ms. Duong to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the her license.

Signed this 12th day of August, 2009.

Donald W. Fey

Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

SCOTT LARSEN, R.Ph.,
Certificate of Registration #14646,

Case No. 05-034-RPH-S

WALGREENS #03842,
Certificate of Registration #PH01249,

Case No. 05-034-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. The parties also agreed to dismiss the Second Cause of Action against Mr. Larsen. Because of the agreement of the parties, Board Staff did not present any witnesses or evidence. Respondents presented the testimony of Mr. Larsen, Holly Prievo and Matt Forster. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On January 23, 2005, Patient T was not feeling well and went to Sunrise Hospital's emergency room at approximately 6:00 p.m. Patient T was seen by Dr.

James Fenner. Based upon his diagnosis that Patient T suffered from a mild upper respiratory tract infection, Dr. Fenner prescribed for Patient T two prescriptions, one for Zithromax and one for Flumadine.

3. On January 24, 2005, Patient T's godmother, Ms. P, took Patient T's prescriptions to Walgreens #03842 to have them filled. After the prescriptions were filled, Ms. P gave the prescriptions to Patient T. Shortly thereafter, Patient T ate some food and took her medications from the prescriptions as directed. Thereafter, Patient T noticed that her heart began beating very fast and she experienced shortness of breath. Patient T attributed these symptoms to the flu and immediately went to bed.

4. On January 25, 2005, Patient T awoke at approximately 8:30 a.m., ate breakfast, and again took her medications as directed. Patient T is a college student, and so she went to class. By mid-morning, Patient T experienced the same symptoms she had experienced the previous evening. Patient T associated both instances with the taking of her medication, so she took her prescriptions back to Walgreens #03842 and spoke with Mr. Larsen about the concerns and symptoms after she took her medication. Mr. Larsen acknowledged that there had been an error with the Flumadine prescription and that she had received flecainide in error. Flumadine is an antiviral drug, whereas flecainide is an antiarrhythmic drug. Patient T felt that Mr. Larsen was uncaring that she had ingested the wrong medication, however he took the misfiled prescription container from her, refilled the prescription with the correct medication, and sent her home.

5. Patient T was very concerned regarding her condition, so she returned to Sunrise Hospital's emergency room. Patient T was later admitted to the hospital at approximately 2:30 p.m. for observation. A cardiologist at Sunrise Hospital began

testing Patient T by giving her a stress test, echocardiogram, and electrocardiogram. Patient T remained in the hospital for two days. Fortunately the prognosis indicated that at the time she had not suffered any damage to her heart but that there was uncertainty if she would suffer any adverse effects in the future.

6. The Board's investigation determined, and Mr. Larsen at hearing admitted, that Mr. Larsen was the pharmacist responsible for the misfiling of Patient T's Flumadine prescription with flecainide.

7. At hearing, Mr. Larsen explained that he was responsible for the error regarding Patient T's Flumadine prescription. He also testified that after Patient T brought the error to his attention, he immediately filled the prescription correctly and dispensed the corrected prescription to Patient T. Mr. Larsen and Mr. Forster both testified that technological advances presently in place or presently in the works would have potentially prevented the error that occurred regarding Patient T's Flumadine prescription.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Larsen is a pharmacist licensed by the Board and Walgreens #03842 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Patient T that was not prescribed for her, namely by misfilling Patient T's Flumadine prescription with flecainide, Mr. Larsen violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i).

3. In owning and operating the pharmacy in which Mr. Larsen committed the error regarding Patient T's Flumadine prescription, Walgreens #03842 violated NRS 639.210(4) and NAC 639.945(1)(b), (d) and (i) and (2).

4. The Second Cause of Action against Mr. Larsen is dismissed with prejudice.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Larsen shall pay a fine of $500.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Larsen shall pay one-half of the Board's costs and attorney's fees of $480.00 and the Board's administrative fee of $250.00, for a total of $365.00 ($480.00 + $250.00 / 2 = $365.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #03842 shall pay a fine of $500.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #03842 shall pay one-half of the Board's costs and attorney's fees of $480.00 and the Board's administrative fee of $250.00, for a total of $365.00 ($480.00 + $250.00 / 2 = $365.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The Second Cause of Action in the Notice of Intended Action and Accusation is dismissed with prejudice against Mr. Larsen.

6. The failure by Mr. Larsen to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #3842 to comply

with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SCOTT T. LARSEN, RPH
Certificate of Registration No. 14646

WALGREENS #03842
Certificate of Registration No. PH01249,

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-034-RPH-S

Case No. 05-034-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Scott T. Larsen is a pharmacist licensed by the Board and Walgreens #03842 is a pharmacy licensed by the Board, located at 2389 East Windmill Lane, Las Vegas, Nevada.

II.

On or about January 23, 2005, Patient T was not feeling well and went to Sunrise Hospital emergency room at approximately 6:00 p.m. Patient T saw Dr. James Fenner and was examined and prescribed two medications. Patient T left Sunrise Hospital with a written prescription for Zithromax and a second prescription for Flumadine for a mild upper respiratory tract infection.

III.

On January 24, 2005, Patient T asked her Godmother, Ms. P, to have her prescriptions filled for her. Ms. P took the prescriptions to be filled to Walgreens #03842. Ms. P delivered the medications to Patient T and left. Patient T ate something and began her medication therapy. Patient T noticed that her heart was beating very fast and she experienced shortness of breath. Patient T attributed these symptoms to the flu and immediately went to bed.

IV.

On January 25, 2005, Patient T awoke at approximately 8:30, ate breakfast and took her medication. Patient T is a student and went to class. By mid-morning Patient T was experiencing the same symptoms she had experienced the previous evening. Patient T associated both instances with the taking of her medication, so she took her medication back to Walgreens #03842 and spoke with Mr. Larsen about her concerns and symptoms after ingesting her medication. Mr. Larsen acknowledged that there had been an error with her Flumadine prescription and that she had received flecainide in error. Flumadine is an antiviral drug, whereas flecainide is an antiarrhythmic drug. Patient T felt that Mr. Larsen was uncaring that she had ingested the wrong medication, however he took the misfilled prescription container from her, refilled the prescription with the correct medication and sent her on her way.

V.

Patient T was very concerned regarding her condition so she returned to Sunrise Hospital emergency room. Patient T was admitted to the hospital at approximately 2:30 p.m. for observation. A cardiologist at Sunrise Hospital began testing Patient T by

giving her a stress test, echocardiogram, and electrocardiogram. Patient T remained in the hospital for two days. Fortunately her prognosis indicated that at the time she had not suffered any damage to her heart but there was uncertainty if she would suffer any adverse effects in the future.

VI.

The Board's investigation determined that Mr. Larsen was the pharmacist responsible for the misfilling of Patient T's Flumadine prescription with flecainide.

VII.

During the Board investigation of this matter, Ms. P was questioned regarding counseling on the two new prescriptions she had submitted for filling at Walgreens #03842. Ms. P stated that an unknown female pharmacist advised Ms. P how to use the medications she received for Patient T. Even though Ms. P was counseled, the counseling log indicated that Ms. P had refused counseling and this entry was initialed by Mr. Larsen.

FIRST CAUSE OF ACTION

VIII.

By filling and dispensing a prescription for Patient T that was not prescribed for her, namely by misfilling Patient T's Flumadine prescription with flecainide, Respondent Larsen violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i).

SECOND CAUSE OF ACTION

IX.

In failing to keep accurate records regarding patient counseling, namely that Ms. P was counseled by an unknown female pharmacist and the documentation in the

counseling log initialed by Mr. Larsen indicated that she had refused counseling, Mr. Larsen violated NRS 639.210(4) and NAC 639.707(6) and 639.945(1)(i).

THIRD CAUSE OF ACTION

X.

In owning and operating the pharmacy in which the error took place, Walgreens #03871 violated NRS 639.210(4) and NAC 639.945(1)(b), (d) and (i) and (2).

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

Signed this 13th day of October, 2005.

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

NOTICE TO RESPONDENT

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

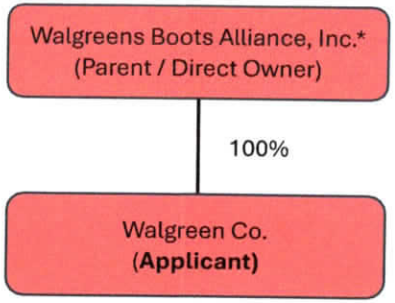
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

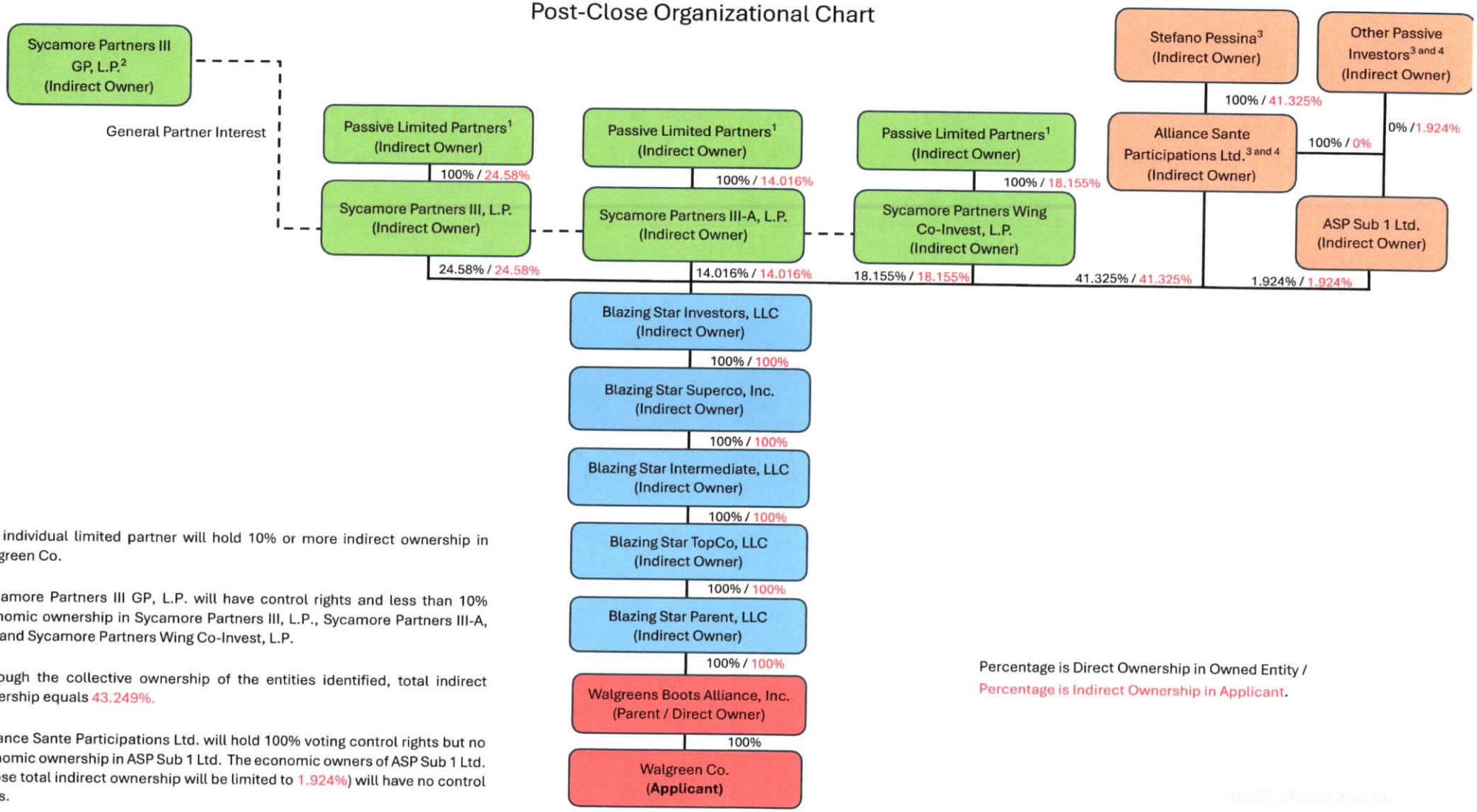
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

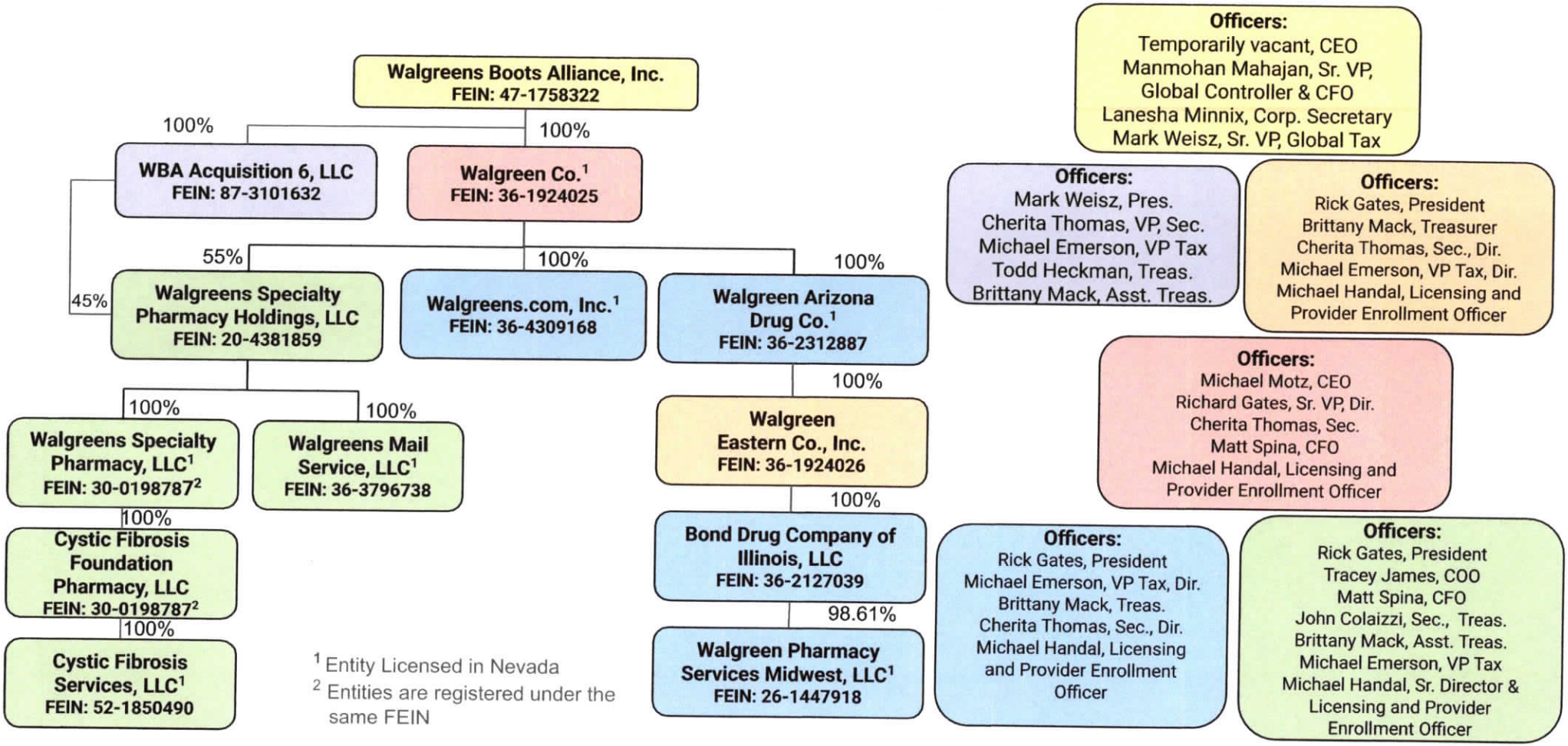
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4MMM

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW5008239
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01062		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03843

Physical Address: 2995 E FLAMINGO RD

City: Las Vegas State: NV Zip: 89121-5214

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)737-6164 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)737-6163 Contact Email: rxm.03843@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JENNY VUONG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15661

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JENNY VUONG	NV Pharmacist Registration #: 15661
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/2/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JENNY VUONG Pharmacist Registration #: 15661

Pharmacy Name: WALGREENS #03843

Initial each statement below to indicate you have read and agree with the following:

jv I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

jv I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

jv I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

jv I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

jv I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

JENNY VUONG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

TOU G. MOUA, R.Ph,
Certificate of Registration No. 13992

WALGREEN'S #03843,
Certificate of Registration No. PH1062;

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION
Case No. 00-016A-RPH-S

Case No. 00-016B-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Tou G. Moua, is a registered pharmacist with the Board (Certificate of Registration No. 13662).

B. Respondent Walgreen's #03843, is a registered pharmacy with the Board (Certificate of Registration No. PH1062), located at 2995 East Flamingo Road, Las Vegas, Nevada.

II.

Mr. Moua's pharmacist license was due to be renewed on October 31, 1999. Mr. Moua's application for renewal was hand carried to the Board office on November 24, 1999. Mr. Moua worked at Walgreen's #03843, for nine days, November 1st through the 3rd, and November 11th through the 16th, 1999 without a valid pharmacy license.

Five notices were sent as renewal reminders: 1) A fax broadcast went to all pharmacies in the state of Nevada on February 3, 1999 advising them that unlicensed personnel was a serious concern and disciplinary action would result against pharmacy ownership if they employed unlicensed personnel; 2) A fair warning notice to pharmacists was published in an article in the July 1999 Newsletter advising of the consequences of pharmacists who do not renew their licenses in a timely manner; 3) A postcard dated August 2, 1999 was sent to all pharmacists advising them that their renewals were due on October 31, 1999, renewal applications would be mailed mid-September, and formal disciplinary action would be exercised for persons that practiced pharmacy with an expired license; 4) The renewal applications were sent to each pharmacist licensed in Nevada on September 15, 1999 allowing them six weeks to return the completed applications post-marked no later than October 31, 1999; 5) The October 1999 Newsletter again had a "Last Reminder" for pharmacists and the consequences of not renewing their licenses.

FIRST CAUSE OF ACTION

III.

By failing to renew his license by the October 31, 1999 deadline date, Mr. Moua violated NRS 639.210(4) and (13) and NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

IV.

By working at Walgreen's #03843 without a current active pharmacist license, Mr. Moua violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

V.

By employing an unlicensed pharmacist who worked a without a current license, Respondent Walgreen's #03843 violated NRS 639.210(4) and (13) and 639.284(1) and NAC 639.945(1)(i) and (j) and (2).

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

Signed this 16th day of February, 2000.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, Case No. 00-016B-PH-S

v.

WALGREEN'S #03843 STIPULATION AND ORDER
Certificate of Registration No.: PH1062

Respondent.

The Nevada State Board of Pharmacy and Respondent Apria Healthcare, Inc., hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent on February 16, 2000.

2. That Respondent is fully aware of his right to a hearing on the matters alleged in the Notice of Intended Action and Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to his pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to his by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Administrative Code (NAC) 639.945(1)(j) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice and Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $100.00 for each day Respondent Moua worked without a license for a total of $900.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than sixty days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above listed conditions shall result in a fine of $1,000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation and Order is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation. I understand my right to a hearing as well as my right to reconsideration, appeal and any and all other rights accorded to me under Nevada Administrative Procedure Act, the Nevada Pharmacy Act including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all of the above rights and agree to the terms of the instant Stipulation and Order.**

3/1/00
Dated

George Flaherty
Type name

for Walgreen's #03843

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 26th day of April, 2000.

4/27/00
DATED

Larry Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

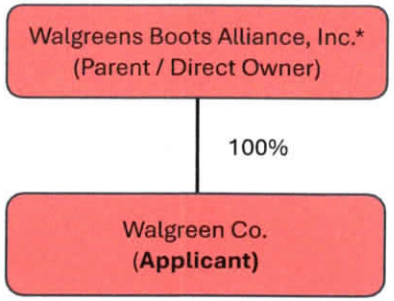
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

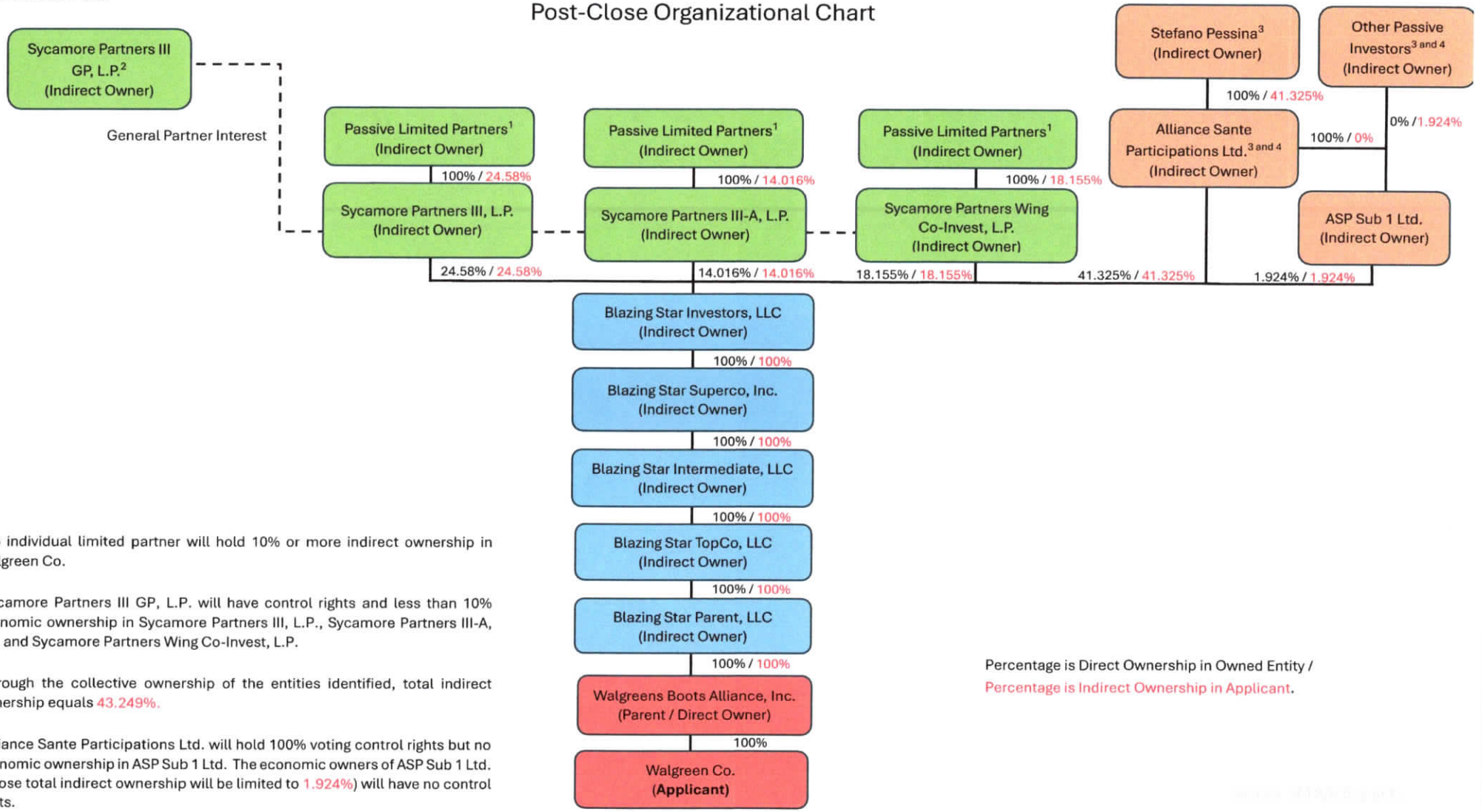
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

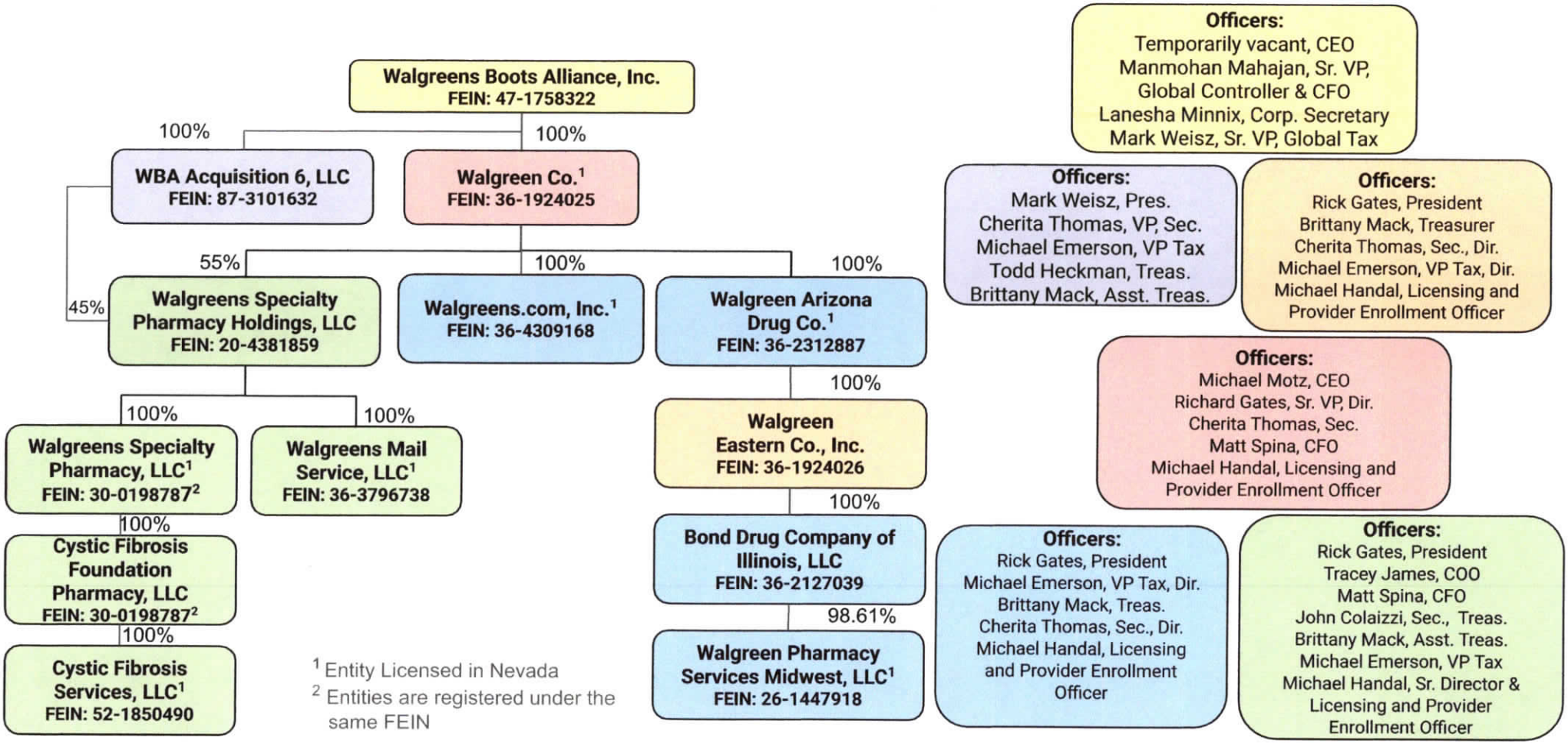
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4NNN

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01123	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW5271440 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03844

Physical Address: 5011 E SAHARA AVE

City: Las Vegas State: NV Zip: 89142-2911

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)432-5633 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)432-5637 Contact Email: rxm.03844@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): THULAM NGUYEN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15497

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: THULAM NGUYEN	NV Pharmacist Registration #: 15497
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: THULAM NGUYEN Pharmacist Registration #: 15497

Pharmacy Name: WALGREENS #03844

Initial each statement below to indicate you have read and agree with the following:

T.H. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

T.H. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

T.H. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

T.H. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

T.H. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

THULAM NGUYEN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 14 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JOSEPH A. DANIELS, R.PH,
Certificate of Registration No. 13726,

Case No. 98-052A-RPH-S

WALGREENS #03844,
Certificate of Registration No. PH1123;

Case No. 98-052B-PH-S

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Joseph A. Daniels, is a registered pharmacist with the Board (Certificate of Registration Number 13726).

B. Respondent Walgreens (Walgreens #03844) is a registered pharmacy with the Board (Certificate of Registration Number PH1123), located at 5011 East Sahara Avenue, Las Vegas, Nevada.

II.

On or about April 20, 1998, Respondent Walgreens #03844 received a prescription for 30 dosage units of Amoxicillin 50 mg. Respondent Daniels filled the prescription correctly according to Patient S's dentist's orders; however, Mr. Daniels failed to notice the reference in the Walgreens computer that Patient S was allergic to penicillin.

III.

Patient S, unaware that amoxicillin is a form of penicillin, took the medication for two days before he broke out in a rash on his thighs. Respondent Daniels admits that Patient S's computer file flagged Patient S's allergy to penicillin and that this error should have been caught.

IV.

Walgreen's #03844 counseling log indicated counseling was refused. Patient S stated he dropped off two new prescriptions issued from his dentist, Dr. Samuel Kim, one for Percocet and one for amoxicillin. Patient S picked the filled prescriptions up at the drive through window of the pharmacy and stated he was not counseled or given the option for counseling for either medication.

FIRST CAUSE OF ACTION

V.

In dispensing a prescription drug that Mr. Daniels should have known would cause harm to the patient, Respondent Daniels violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (i).

SECOND CAUSE OF ACTION

VI.

In failing to counsel Patient S, Mr. Daniels violated NRS 639.266 and NAC 639.945(1)(i) and 639.707 (1) (a).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Walgreens #03844 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

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

Signed this 15th day of December, 1998.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JOSEPH A. DANIELS, R.Ph,
Cert. of Registration No. 13726,

WALGREENS #03844,
Cert. of Registration No. PH1123.

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 98-052A-RPH-S

Case No. 98-052B-PH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 20, 1999 in Las Vegas. The Board was represented by Louis Ling, Senior Deputy Attorney General. Respondent Joseph A. Daniels appeared and represented himself, and George Flaherty appeared on behalf of and represented Respondent Walgreens #03844. Staff and the Respondents stipulated to the entry into evidence of five exhibits, and Respondents admitted the truth of the averments made in the Accusation and Notice of Intended Action. Mr. Daniels and Mr. Flaherty testified. Based on the admissions, testimony, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On April 20, 1998, Terry Sackett took a prescription to be filled to Walgreens

#03844. The prescription was for amoxicillin 50 mg. #30. Mr. Daniels filled the prescription correctly. In the course of filling the prescription, the pharmacy's computer issued a warning that Mr. Sackett was allergic to penicillin. Mr. Daniels overrode the computer's warning and dispensed the prescription to Mr. Sackett.

2. Mr. Sackett was unaware that amoxicillin is a form of penicillin, so he took the amoxicillin for two days before he broke out in a rash on his thighs.

3. When Mr. Sackett picked up the prescription, he did so at the drive-through window. The logs of the counseling window from the time around which Mr. Sackett's prescription was dispensed showed that every patient refused counseling. In fact, the way the log was filled out, in most cases it would have been impossible to have indicated on the log that counseling had been accepted. At hearing, Mr. Flaherty admitted that at the time of Mr. Sackett's prescription, no counseling was occurring at the drive-through window. Mr. Flaherty explained that now counseling was occurring with about 50% of the people using the drive-through window. Based upon Mr. Flaherty's testimony, we find that Mr. Sackett was not counseled regarding his amoxicillin prescription, even though the prescription was a new prescription, the prescription was for a drug to which Mr. Sackett was allergic, and the pharmacy and Mr. Daniels knew of Mr. Sackett's allergy at the time the prescription was filled and dispensed.

4. At hearing, Mr. Daniels admitted that the pharmacy's computer had worked correctly and had warned him about Mr. Sackett's penicillin allergy. The pharmacy's computer had a safety feature that only a pharmacist could override such a warning

and that the override required several keystrokes within two separate warning screens before the prescription could be further processed. Mr. Daniels could not and did not explain at hearing why he overrode the warning screens or why he did not bring the allergy warnings to Mr. Sackett's attention.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Daniels is a pharmacist licensed by the Board and Respondent Walgreens #03844 is a pharmacy licensed by the Board.

2. In dispensing a prescription drug that Mr. Daniels knew of should have known would cause harm to a patient, namely in dispensing amoxicillin to a patient with a known penicillin allergy, Mr. Daniels violated NRS 639.210(4) and NAC 639.945(1)(i).

3. In failing to counsel Mr. Sackett, especially in failing to counsel Mr. Sackett about potential problems amoxicillin might have as a result of Mr. Sackett's allergies, Mr. Daniels violated NRS 639.266 and NAC 639.945(1)(i) and 639.707(1)(a).

4. In owning and operating the pharmacy in which Mr. Daniels committed the above violations and in employing Mr. Daniels, Walgreens #03844 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Daniels shall pay a fine of $350.00 ($200.00 for dispensing a harmful

drug and $150.00 for failing to counsel a patient) in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #03844 shall receive no discipline.

4. The failure by Mr. Daniels to comply with any term in this order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of his license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 18th day of February, 1999.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

CHRISTINA M. ROMERO, PT
Certificate of Registration No.: PT01314

Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123

Case No. 07-063-PH-S

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Christina M. Romero is a registered pharmaceutical technician with the Board and Walgreens Pharmacy #03844 is a registered pharmacy with the Board.

II.

On or about June 25, 2007, Ms. Romero contacted Board staff to obtain a duplicate copy of her pharmaceutical technician registration. It was discovered that Ms. Romero had not renewed her pharmaceutical technician registration that was due for renewal by October 31, 2006. Ms. Romero indicated that she was working at Walgreens Pharmacy #03844.

III.

On or about June 26, 2007, Board staff contacted Holly Prievo, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. Romero worked from November 1, 2006 to June 25, 2007. Ms. Prievo reported to Board staff that Ms. Romero worked for 1,312 hours. Assuming Ms. Romero worked eight hour shifts,

Ms. Romero worked unregistered for 164 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 164 days, Ms. Romero violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. Romero and allowing Ms. Romero to work for 164 days without being registered with the Board, Walgreens Pharmacy #03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

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

Signed this 12th day of July, 2007.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, Certificate of Registration #PH01142,	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., Certificate of Registration #15598,	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, Certificate of Registration #PH01371,	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., Certificate of Registration #15357,	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, Certificate of Registration #PH01309,	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph Certificate of Registration #15397,	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, Certificate of Registration #PH01549,	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph Certificate of Registration #13632,	**Case No. 02-019-RPH-S**

Respondents.

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THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 27th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

PETER A. RISO, JR, R.Ph
Certificate of Registration No: 15162 — **Case No. 02-047A-RPH-S**

PETER M. KAMBISS, R.Ph
Certificate of Registration No: 10601 — **Case No. 02-047B-RPH-S**

JOHN M. QUINN, PT
Certificate of Registration No: PT03749 — **Case No. 02-047C-PT-S**

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Peter A. Riso and Peter M. Kambiss are pharmacists licensed with the Board and John M. Quinn was a pharmaceutical technician in training licensed with the Board.

II.

Prior to Saturday, March 30, 2002, Patient A was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10

mg. tablets, by the weekend when she planned to returned home to Las Vegas. Patient A telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Patient A that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Patient A that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

III.

Patient A returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Patient A's physician had not yet called the pharmacy to approve refilling her Inderal. Patient A then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

IV.

Mr. Quinn questioned the pharmacist on duty, Peter Kimbiss, if he could give Patient A 15 tablets of Inderal for the weekend. Mr. Kimbiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Patient A's prescription vial. Patient A questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Patient A did not know pharmacy law. Patient A left the pharmacy with the medication.

V.

Patient A returned with her husband and a member of the store management staff. Patient A asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. While Mr. Kambiss was replacing the Inderal tablets, Patient A and Mr. Quinn began to argue again. Patient A and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept. At a later time Mr. Quinn brought a copy of his certificate to the pharmacy.

VI.

Patient A asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Prior to speaking with Ms. Ranick, Patient A telephoned the Board office and checked to see if Mr. Quinn was registered. Patient A was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Patient A spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Patient A that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken. Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate.

VII.

As of the date of this Accusation, Mr. Quinn continues to be employed by Walgreens at Walgreens Pharmacy #03845. Board staff has notified Walgreens Pharmacy #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applies to be and is granted registration.

FIRST CAUSE OF ACTION

VII.

By working at Walgreens #03844 as the managing pharmacist and being responsible for all activities in the pharmacy, Mr. Riso violated Nevada Revised Statute (NRS) 639.210(4) and (15) and Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

By allowing Mr. Quinn to fill a prescription for Patient A by pouring tablets in his hand and placing them in a prescription vial, Mr. Kambiss, the staff pharmacist on duty, violated NRS 639.210(4) and NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

By not intervening as the staff pharmacist on duty while Mr. Quinn and Patient A were arguing, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

X.

By working at Walgreens #03844 without a current active pharmaceutical technician license for 18 days, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 25th day of June, 2002.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

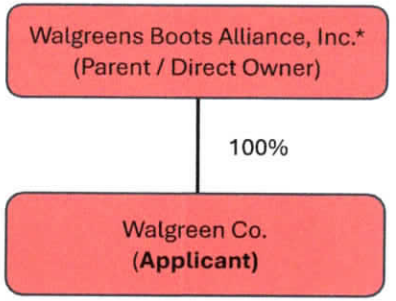
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

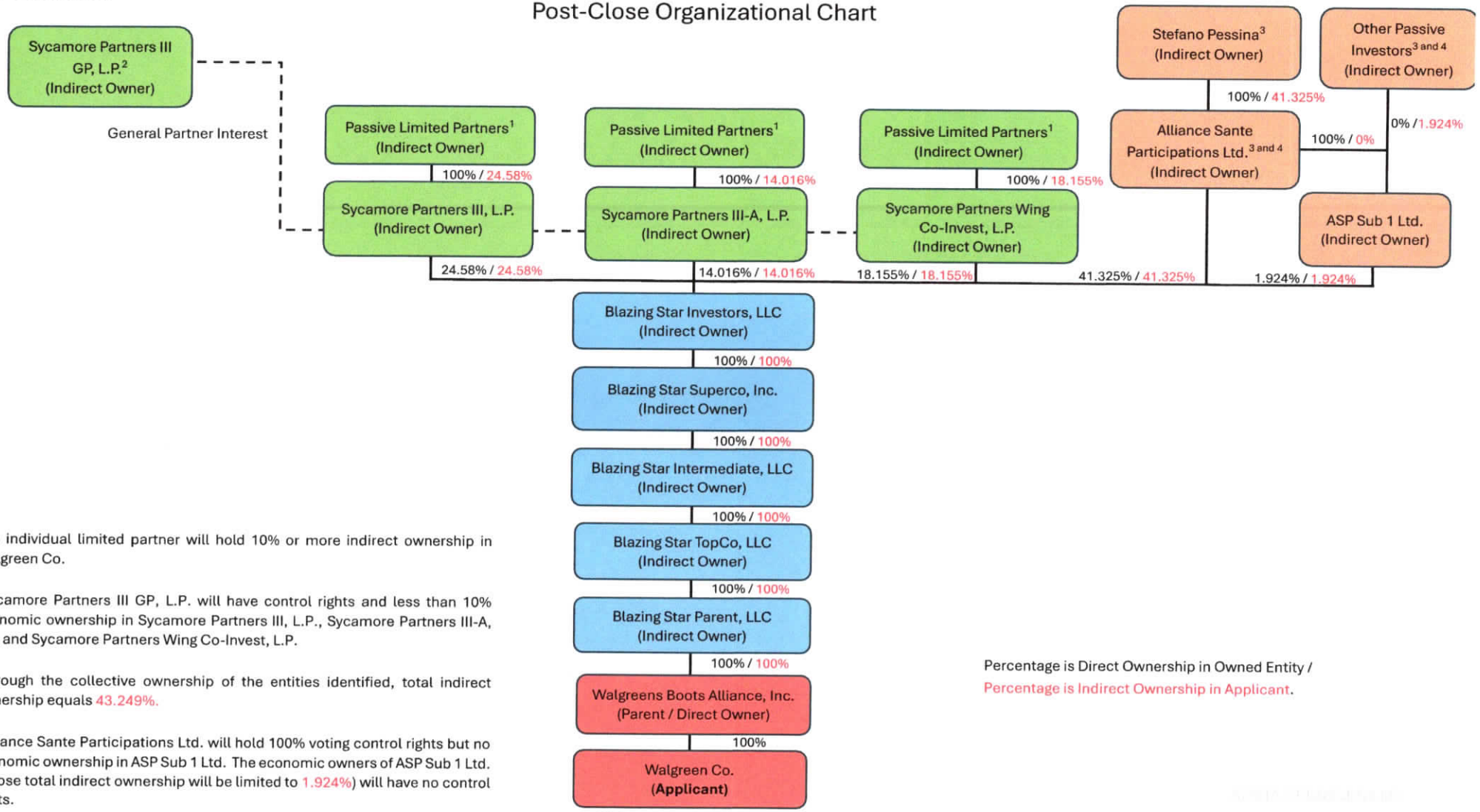
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

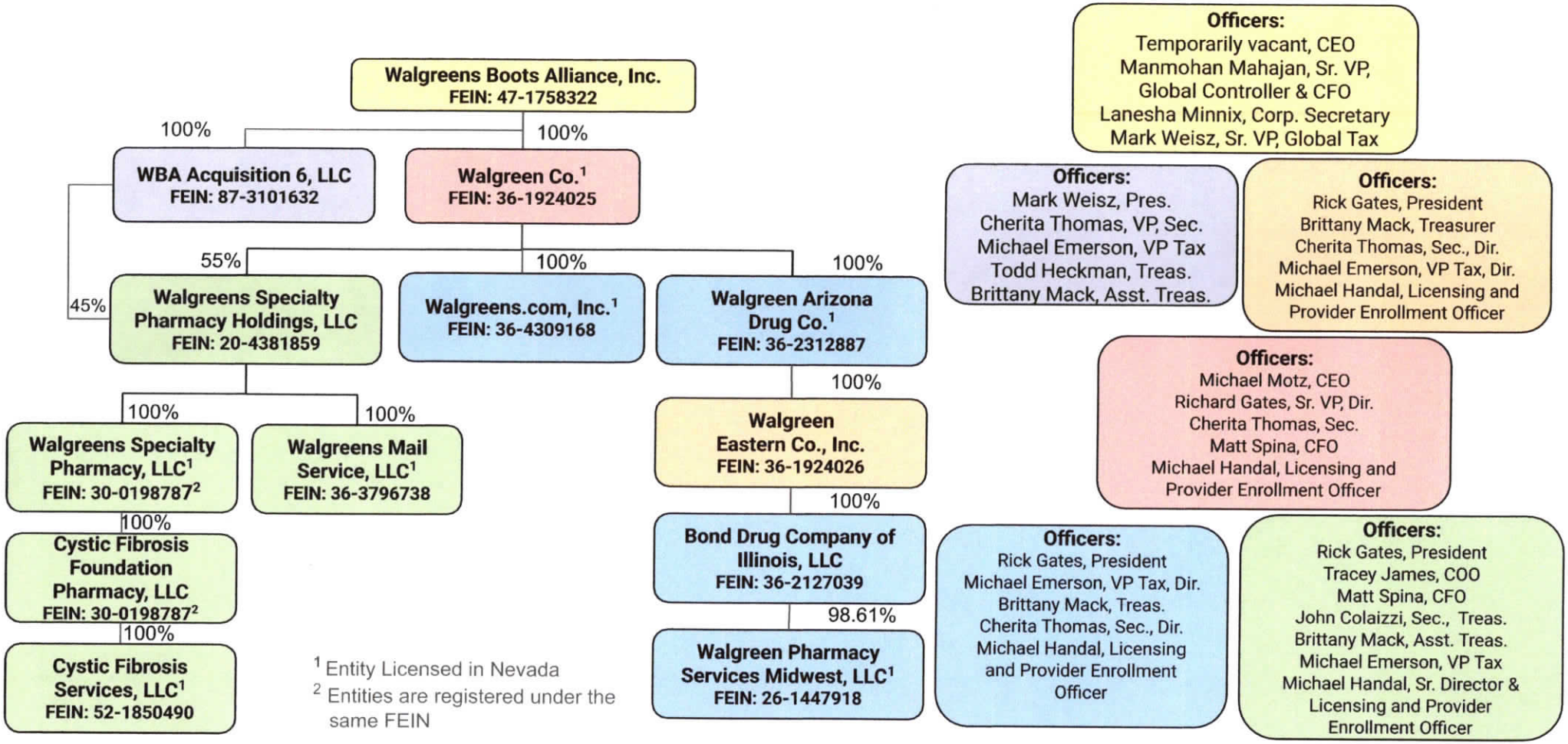
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4000

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01282	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6110770 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03872

Physical Address: 8633 W CHARLESTON BLVD

City: LAS VEGAS State: NV Zip: 89117-5406

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)383-9660 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)383-9675 Contact Email: rxm.03872@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): LORI SNIPPER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 10146

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: LORI SNIPPER	NV Pharmacist Registration #: 10146
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck. UP03-3000114129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: LORI SNIPPER Pharmacist Registration #: 10146

Pharmacy Name: WALGREENS #03872

Initial each statement below to indicate you have read and agree with the following:

L.S — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

L.S — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

L.S — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

L.S — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

L.S — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

LORI SNIPPER
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025
Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, **Certificate of Registration #PH01142,**	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., **Certificate of Registration #15598,**	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, **Certificate of Registration #PH01371,**	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., **Certificate of Registration #15357,**	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, **Certificate of Registration #PH01309,**	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph **Certificate of Registration #15397,**	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, **Certificate of Registration #PH01549,**	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph **Certificate of Registration #13632,**	**Case No. 02-019-RPH-S**
Respondents.	

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 10th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

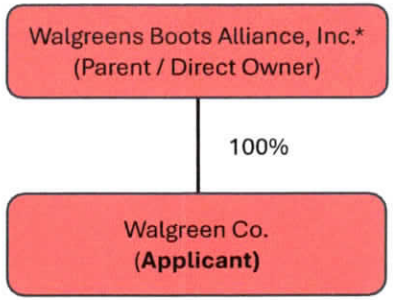
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

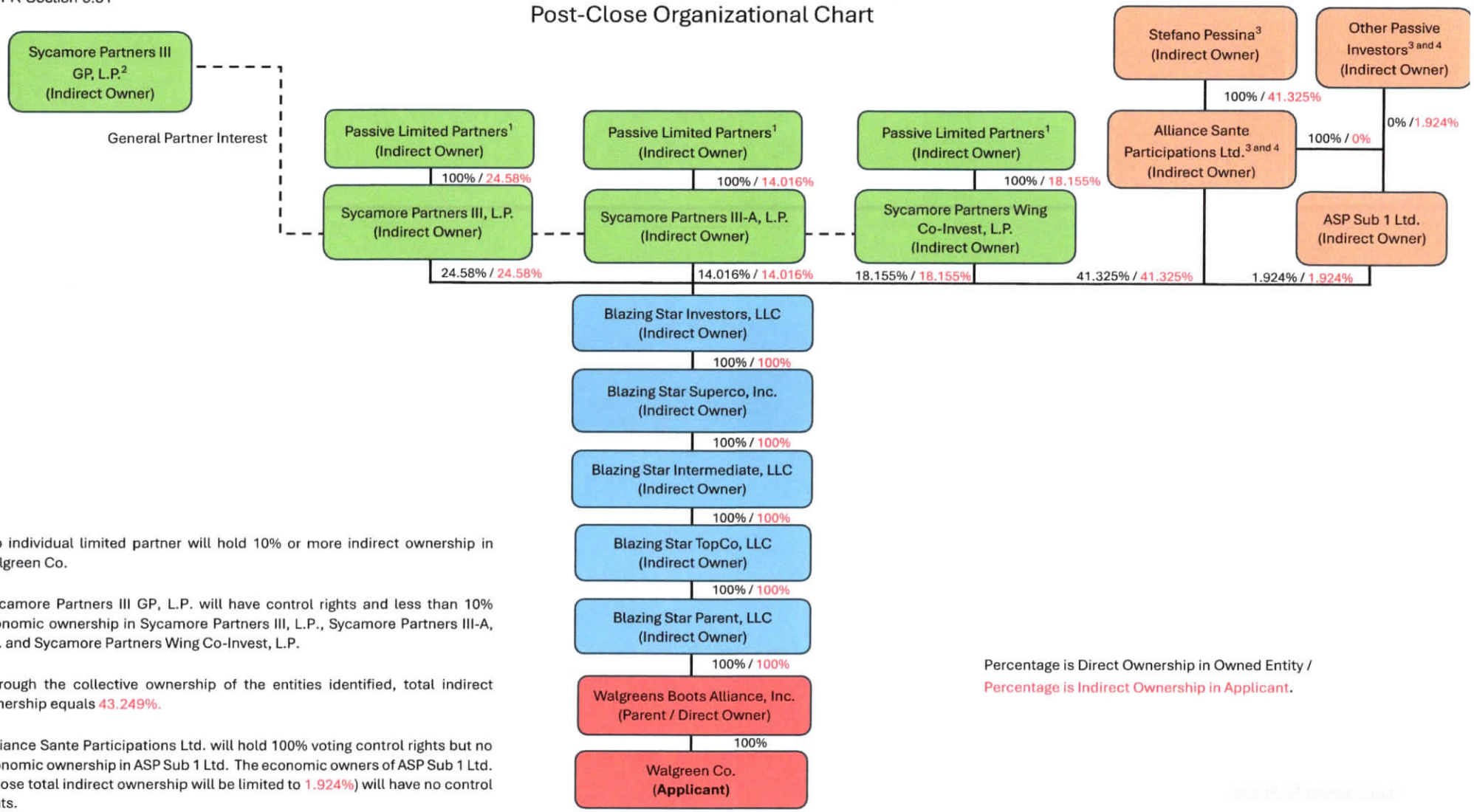
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

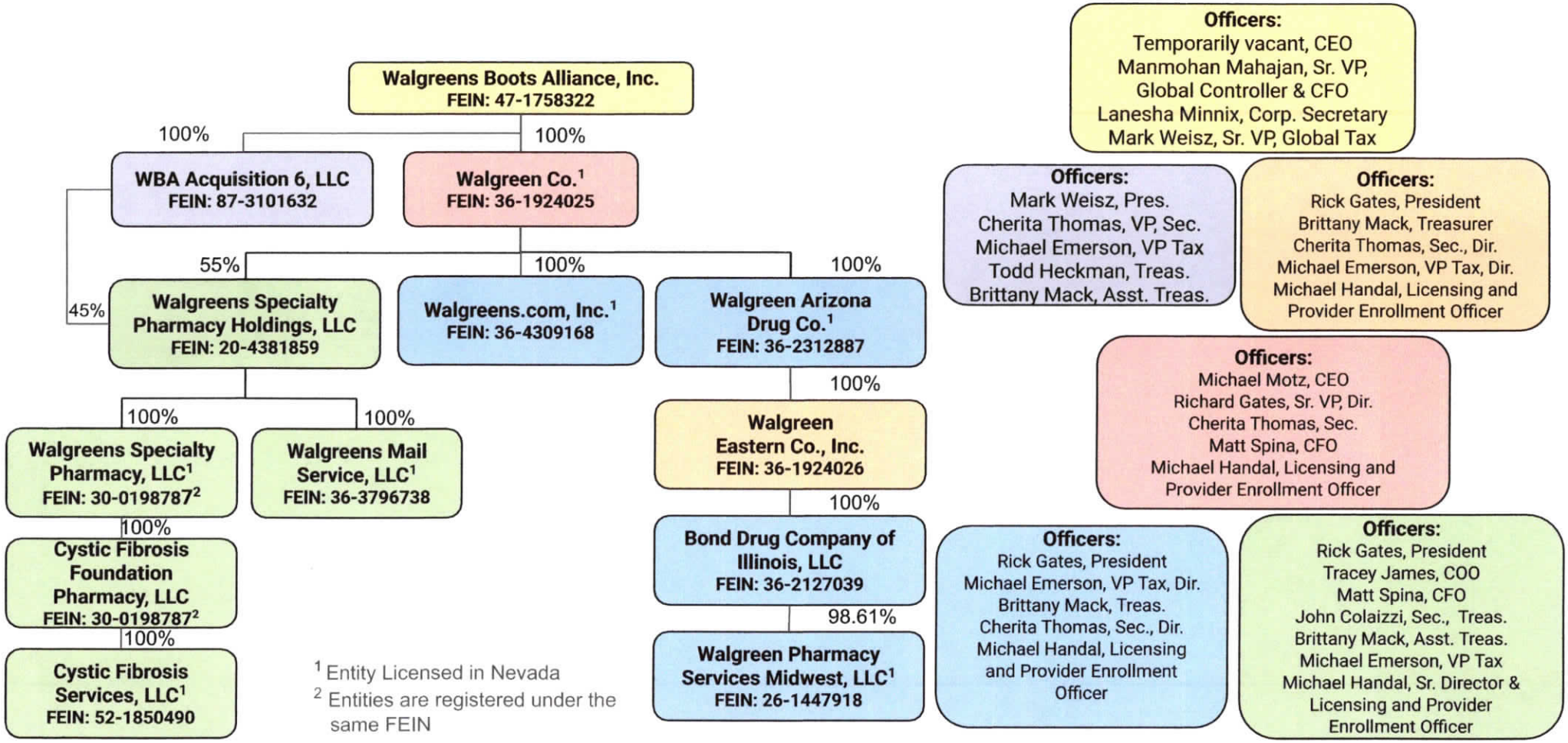
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4PPP

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01125	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW5315204 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03873

Physical Address: 6865 W TROPICANA AVE

City: Las Vegas State: NV Zip: 89103-4383

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)871-1623 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)871-3314 Contact Email: rxm.03873@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CUONG UNG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18332

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CUONG UNG	NV Pharmacist Registration #: 18332
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $300 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CUONG UNG Pharmacist Registration #: 18332

Pharmacy Name: WALGREENS #03873

Initial each statement below to indicate you have read and agree with the following:

C.U. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.U. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.U. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.U. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.U. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

CUONG UNG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, Certificate of Registration #PH01142,	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., Certificate of Registration #15598,	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, Certificate of Registration #PH01371,	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., Certificate of Registration #15357,	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, Certificate of Registration #PH01309,	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph Certificate of Registration #15397,	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, Certificate of Registration #PH01549,	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph Certificate of Registration #13632,	**Case No. 02-019-RPH-S**

Respondents.

/

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 6th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

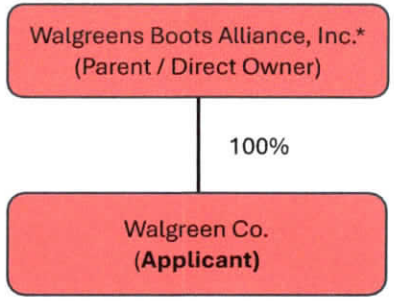
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

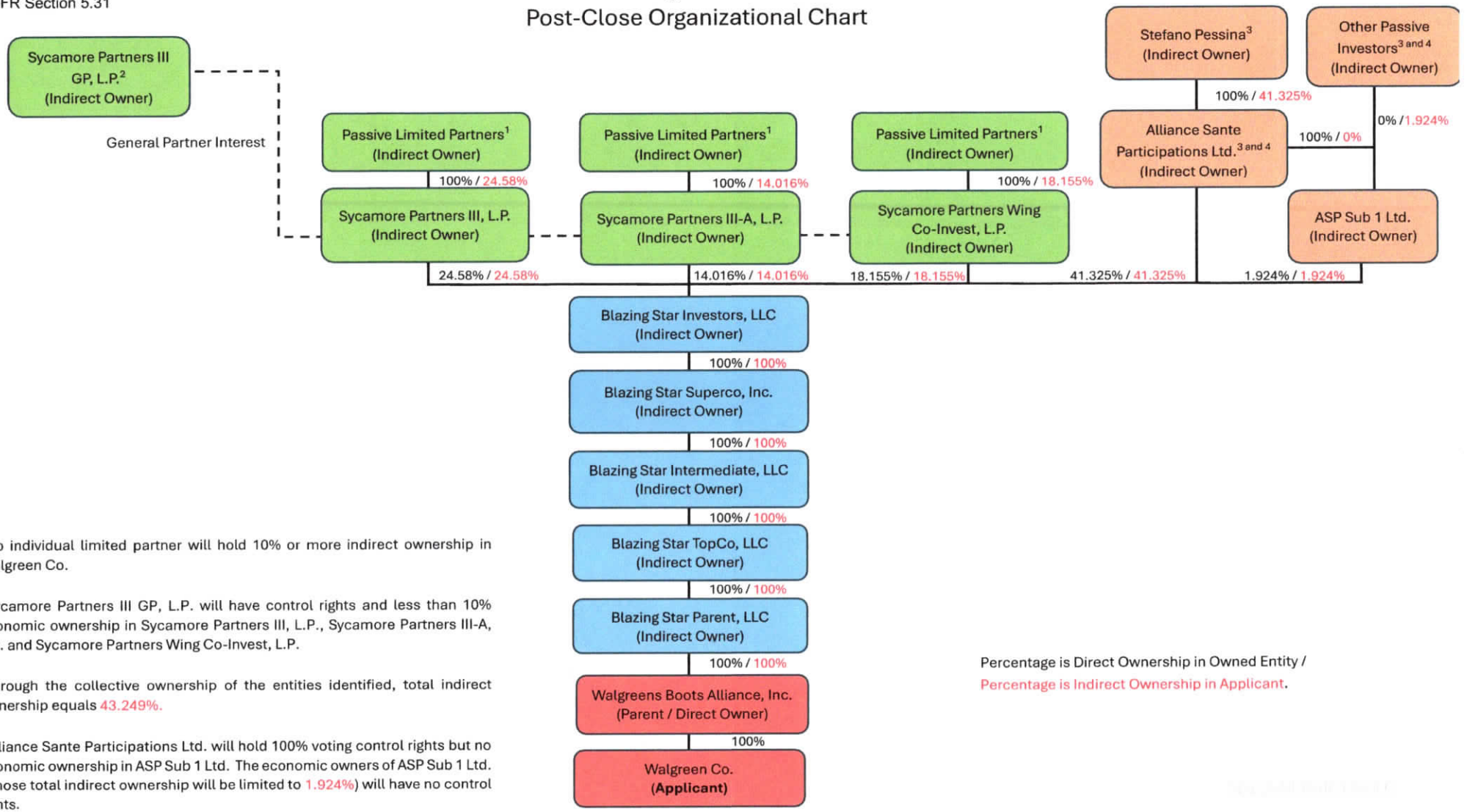
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

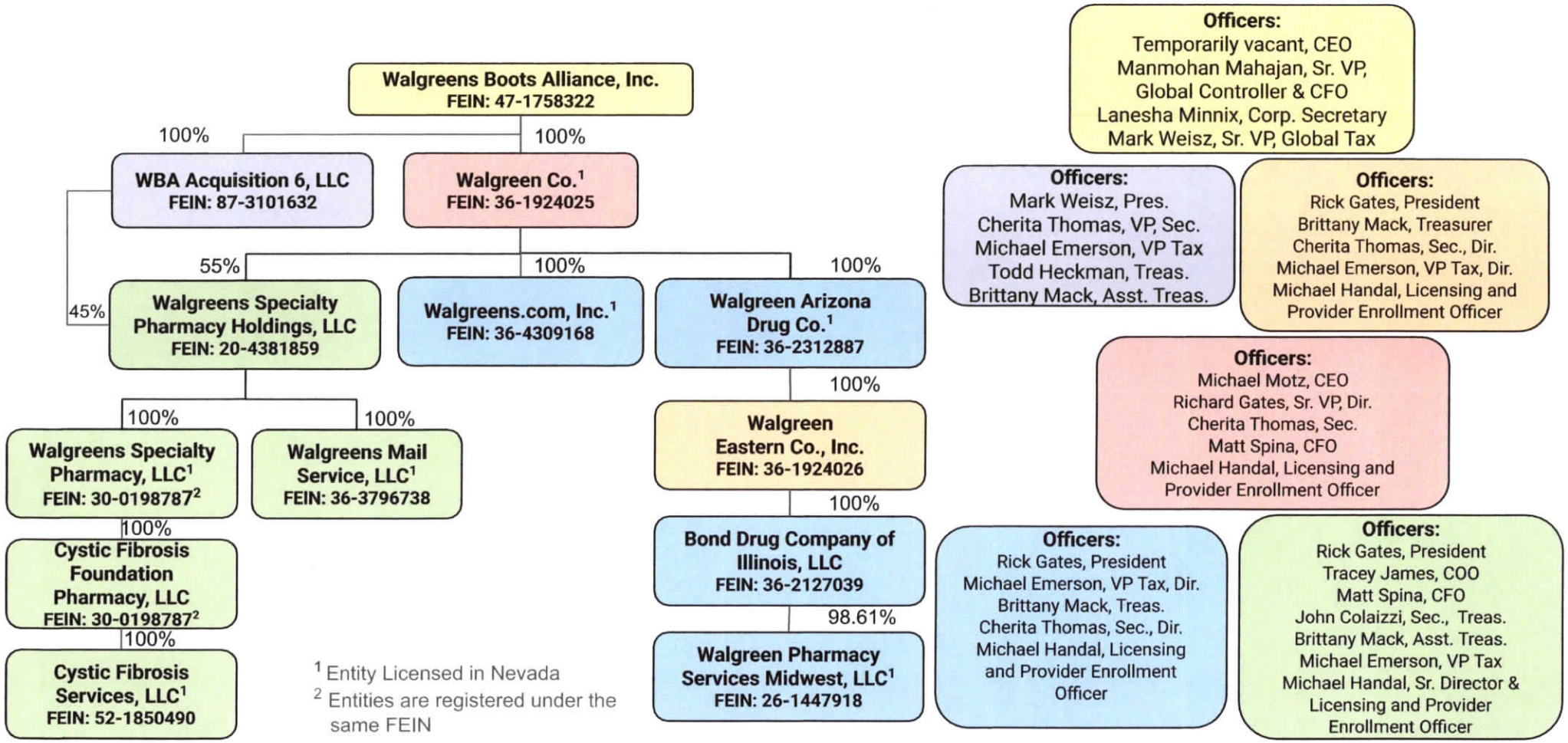
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4QQQ

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01100	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW5146065 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03915

Physical Address: 6401 W CHARLESTON BLVD STE 100

City: Las Vegas State: NV Zip: 89146-1118

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)259-7002 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)259-7003 Contact Email: rxm.03915@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MICHAEL DAUGHERTY

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20720

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MICHAEL DAUGHERTY	NV Pharmacist Registration #: 20720
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111121

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MICHAEL DAUGHERTY Pharmacist Registration #: 20720

Pharmacy Name: WALGREENS #03915

Initial each statement below to indicate you have read and agree with the following:

MD I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MD I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MD I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MD I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MD I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

MICHAEL DAUGHERTY

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 03 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

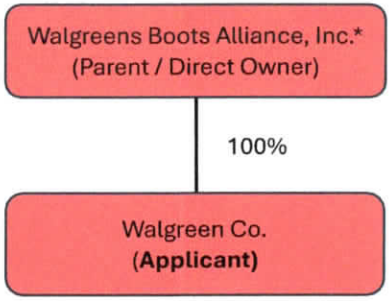
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Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
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45 CFR Section 5.31

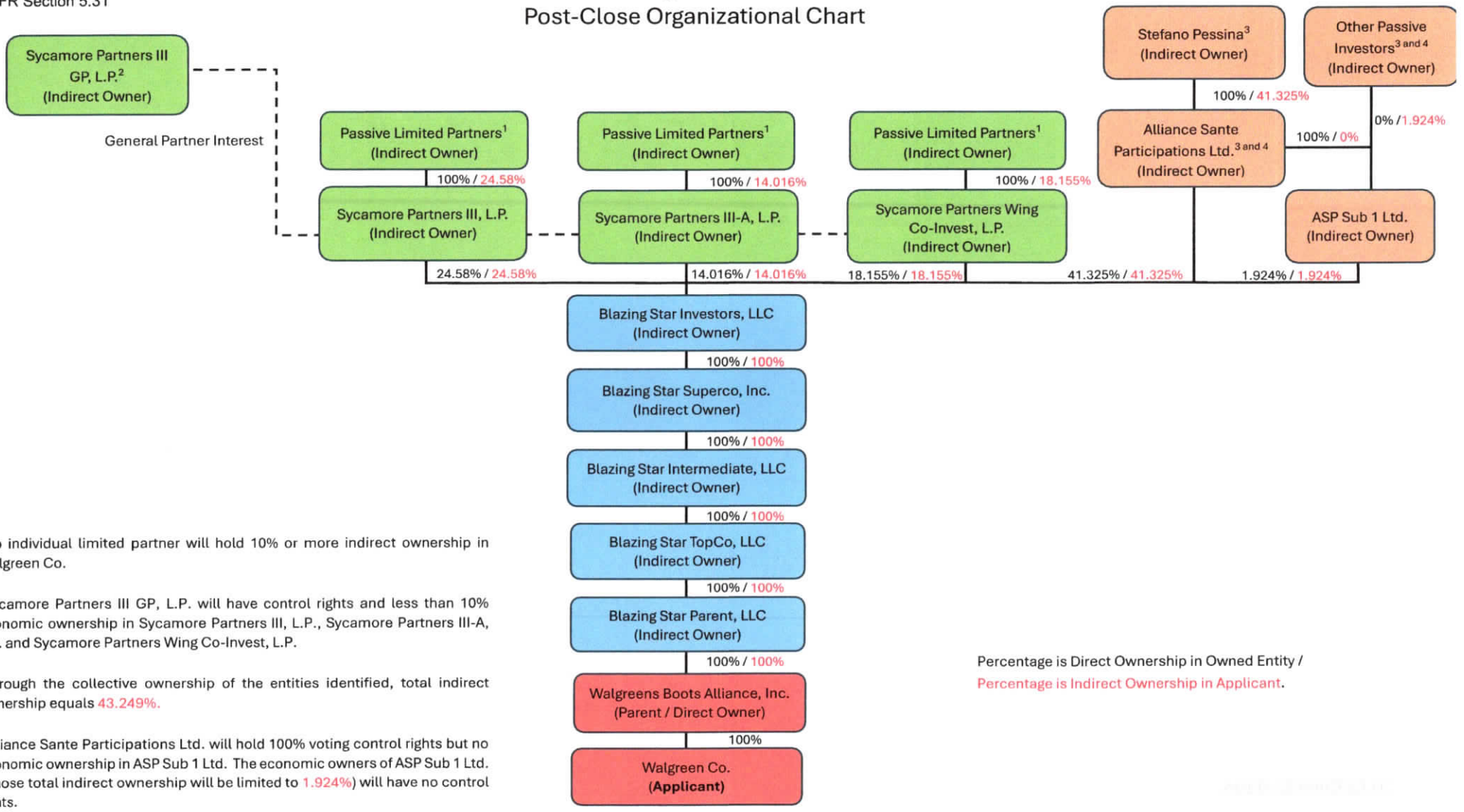
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

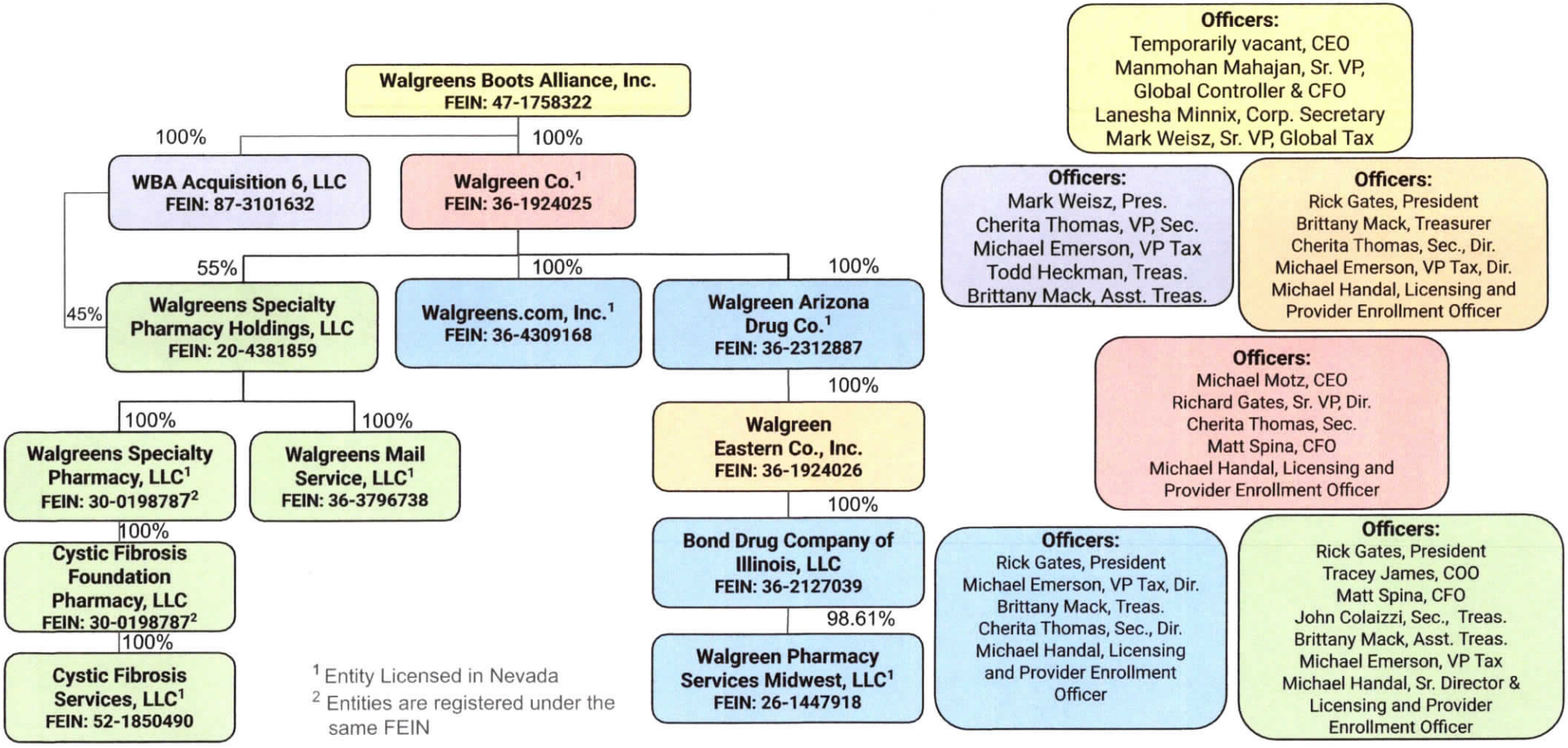
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4RRR

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW5336549
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH PH01127		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03922

Physical Address: 7599 W Lake Mead Blvd

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)363-4622 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)363-4828 Contact Email: rxm.03922@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): NOELLE DEL ROSARIO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20212

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: NOELLE DEL ROSARIO	NV Pharmacist Registration #: 20212
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $200 ck JP05-3000 111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NOELLE DEL ROSARIO Pharmacist Registration #: 20212

Pharmacy Name: WALGREENS #03922

Initial each statement below to indicate you have read and agree with the following:

NBD I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NBD I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NBD I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NBD I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NBD I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

NOELLE DEL ROSARIO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

FILED
OCT 10 2018
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-089-RPH-A-S**
	)	**16-089-RPH-B-S**
Petitioner,	)	**16-089-PH-A-S**
v.	)	**16-089-PH-B-S**
	)	
LUCAS MEYERS, RPH	)	
Certificate of Registration No. 16064,	)	**STIPULATION AND ORDER**
	)	**(All Respondents)**
THY THAI NGUYEN, RPH	)	
Certificate of Registration No. 15730	)	
	)	
WALGREENS PHARMACY #03922	)	
Certificate of Registration No. PHN01127, and	)	
	)	
WALGREEN CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

S. PAUL EDWARDS, ESQ., prosecuting the case for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents LUCAS MEYERS, RPH, Certificate of Registration No. 16064 (Mr. Meyers), THY THAI NGUYEN, RPH, Certificate of Registration No. 15730 (Ms. Nguyen), WALGREENS PHARMACY #03922, Certificate of Registration No. PHN01127 (Walgreens 3922), and WALGREEN CO., an Illinois Corporation (Walgreen) (collectively referred to herein as Respondents), represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison, PLLC.

HEREBY STIPULATE AND AGREE THAT

1. Board has jurisdiction over these parties and this matter.

2. The Board properly served a *Notice of Intended Action and Accusation* (Accusation) on the Respondents, and each of them, on or about August 9, 2018.

3. Respondents filed *All Respondents' Answer and Notice of Defense* on or about September 10, 2018.

4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter and have either obtained the advice of counsel, or hereby waive that right to seek the advice of counsel by signing this Stipulation below.

5. Respondents, and each of them, are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any one, or all, of them have failed to comply with the provisions of Paragraph 26 below, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal, and any and all other rights related to this action that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents neither admit nor deny the allegations in the Accusation. Respondents and each of them agree that if this case were to proceed to a hearing, evidence could be presented by the prosecution that would allow the Board to make factual findings consistent with the allegations in the Accusation and that would support the following legal conclusions:[1]

a. As to the **First Cause of Action**, there is no documentation that Mr. Meyers reviewed the work of a technician after she performed the product review of Prescription

[1] Walgreens does not admit that Walgreens #03397 is located in Chandler, Arizona, or that it was not registered with the Board at the time of the events alleged in the Accusation. Rather, Walgreens #03397 is located in Tempe, Arizona and was registered with the Board as Alliance Rx Walgreens Prime #03397.

No. 3261261-03922. As such, Mr. Myers is subject to discipline under NAC 639.252(2, NAC 639.945(1)(i), NRS 639.210(4) and (12), and NRS 639.255.

b. As to the **Second Cause of Action**, Mr. Meyers allowed Prescription No. 3261261-03922 to be dispensed without an expiration date or with an incorrect expiration date, which resulted in patient M.B. ingesting nine (9) days of expired medication. As such, Mr. Meyers is subject to discipline under NRS 639.2801(7) and as defined in NAC 639.945(1)(i).

c. As to the **Third Cause of Action**, by failing to adequately counsel M.B.'s caregiver regarding new prescription No. 3261261-03922 for Amoxicillin 125mg/5ml suspension, Mr. Meyers is subject to discipline under NRS 639.266, NAC 639.707(1) and (2), NAC 639.945(1)(i), NRS 639.210(4) and (12), and NRS 639.255.

d. As to the **Fourth Cause of Action**, by not providing readily retrievable records to confirm the expiration date on Prescription No. 3261261-03922, Walgreens #03922 is subject to discipline under NRS 454.286; NRS 639.326, NRS 639.328, NAC 639.910, NAC 639.930 and NAC 639.935, NRS 639.210(4), (12) and (17) and NRS 639.255, and NAC 639.945(1)(m).

8. As to the **Fifth Cause of Action**, as the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #03922 at the time of each of the violations alleged above, Ms. Nguyen is responsible for those violations pursuant to NRS 639.210(15) NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2) and is subject to discipline under NAC 639.945(1)(m) and NRS 639.210(4), (12), (15) and (17) and NRS 639.255.

9. The allegations set forth in the **Sixth Cause of Action** are hereby dismissed.

10. As to the **Seventh Cause of Action,** the pharmacy/pharmacy at which the violations of law alleged above occurred, Walgreens #03922 and Walgreen Co., as the owner, are responsible for those violations, including those of its employees pursuant to NRS 639.230(5), NAC 639.260, NAC 639.702 and NAC 639.945(2). Walgreens #03922 and Walgreen Co. are therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

11. Based upon the Accusation and the foregoing admissions, the Board and Respondents stipulate to the following penalties:

Respondent Lucas Meyers, R.Ph.

12. For the **First Cause of Action,** Failure to Verify Technician's Work, Mr. Meyers shall:

a. Pay a fine of one thousand dollars ($1,000.00),

b. Complete two (2) continuing education credits (CEUs) on the topic of supervising pharmacist responsibilities, and

c. Pay an administrative fee of one thousand dollars ($1,000.00) to partially offset the costs of Board Staff's investigation and prosecution of this case.

13. For the **Second Cause of Action,** Failure to Document the Expiration Date on the Prescription Label, Mr. Meyers shall:

a. Pay a fine of five hundred dollars ($500.00) and

b. Complete two (2) continuing education credits (CEUs) on the topic of prescription record keeping and retention.

14. For the **Third Cause of Action,** Failure to Adequately Counsel, Mr. Meyers shall:

a. Pay a fine of one thousand dollars ($1,000.00) and

b. Complete two (2) continuing education credits (CEUs) on the topic of effective counseling.

15. The CEUs ordered herein shall be in addition to the CEUs Mr. Meyers must complete for the biennial renewal of his pharmacist registration and shall be completed within thirty (30) days of the effective date of the Board's Order.

Thy Thai Nguyen

16. For the **Fifth Cause of Action,** Managing Pharmacist Responsibility, Ms. Nguyen shall:

a. Pay a fine of five hundred dollars ($500.00),

b. Complete two (2) continuing education credits (CEUs) on the topic of managing pharmacist leadership and/or responsibilities, and

c. Pay an administrative fee of five hundred dollars ($500.00) to partially offset the costs of Board Staff's investigation and prosecution of this case.

17. The CEUs ordered herein shall be in addition to the CEUs Ms. Nguyen must complete for the biennial renewal of her pharmacist registration and shall be completed within thirty (30) days of the effective date of the Board's Order.

Walgreens #3922 and Walgreen Co.

18. For the **Fourth and Seventh Causes of Action,** Failure to Maintain and Produce Prescription Records and Pharmacy Owner Responsibility, Walgreens #03922 and Walgreen Co. shall:

a. Pay a fine of:

i. One thousand dollars ($1,000.00) related to Mr. Meyer's failure to adequately counsel,

ii. One thousand dollars ($1,000.00) related to the record keeping issues in the case, and

iii. One thousand five hundred dollars ($1,500.00) as an administrative fee to partially offset the costs of Board Staff's investigation and prosecution of this case.

19. Additionally, Walgreen Co. will provide Board Staff its policies and procedures, consistent with Nevada law, regarding the maintenance of accurate and readily retrievable prescription records that are available for production to or review by Board Staff upon request as required by Nevada law. After receiving notification from the Board Staff, a Walgreen representative shall meet with Board Staff to discuss those policies and procedures and to facilitate their practical application to the Board's investigations, including how to address expiration dates. Walgreen Co. will further distribute a copy of those policies and procedures to each Nevada-licensed pharmacist and conduct training to educate each pharmacist on the requirements of the law and Walgreens policies and procedures.

20. Board Counsel will present this Stipulation to the Board Members for approval at the Board's regularly scheduled meeting on October 10, 2018, in Las Vegas, Nevada. Respondents, including a representative of Walgreens #3922 and Walgreen Co., will appear at the meeting. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents are not present at the meeting.

21. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

22. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's next scheduled meeting in Las Vegas, Nevada or other such time as agreed by Board Staff and Respondents. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

23. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order.

24. Respondents shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the effective date of the Board's Order;

25. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Respondent's respective registrations, until all terms have been complied with.

Respondents LUCAS MEYERS, RPH, Certificate of Registration No. 16064 (Mr. Meyers), THY THAI NGUYEN, RPH, Certificate of Registration No. 15730 (Ms. Nguyen), WALGREENS PHARMACY #03922, Certificate of Registration No. PHN01127 (Walgreens 3922), and WALGREEN CO., an Illinois Corporation (Walgreens) have each fully considered the charges and allegations contained in the Notice of Intended Action and

Accusation in this matter, and the terms of this Stipulation, and each freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10th day of October 2018

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 10th day of October 2018

Lucas Meyers, R.Ph.
Certificate of Registration No. 16064

Signed this ___ day of October 2018

Thy Thai Nguyen, R.Ph.
Certificate of Registration No. 15730

Signed this 10 day of October 2018

Authorized Representative of Walgreens #03922, Certificate of Registration No. PHN01127 and Walgreen Co.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents LUCAS MEYERS, RPH, Certificate of Registration No. 16064, THY THAI NGUYEN, RPH, Certificate of Registration No. 15730, WALGREENS PHARMACY #03922, Certificate of Registration No. PHN1127, and WALGREEN CO., and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

10/10/18
Dated

Leo Basch, President
Nevada State Board of Pharmacy

FILED
AUG 0 9 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-089-RPH-A-S**
	)	**16-089-RPH-B-S**
Petitioner,	)	**16-089-PH-A-S**
v.	)	**16-089-PH-B-S**
	)	
LUCAS MEYERS, RPH	)	
Certificate of Registration No. 16064,	)	
	)	**NOTICE OF INTENDED ACTION**
THY THAI NGUYEN, RPH	)	**AND ACCUSATION**
Certificate of Registration No. 15730	)	
	)	
WALGREENS PHARMACY #03922	)	
Certificate of Registration No. PHN01127, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

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

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, respondents Lucas Meyers (Meyers), Certificate of Registration No. 16064, and Thy Thai Nguyen (Nguyen), Certificate of Registration No. 15730, were pharmacists registered by the Board. Additionally, respondent Walgreens Pharmacy #03922 (Walgreens #03922), Certificate of Registration No. PHN01127, located in Las Vegas, Nevada, was a pharmacy registered by the Board at the time of the events

alleged herein. Respondent Walgreens Co. is an Illinois corporation that is the owner of each of the individual Walgreens facilities named herein at the time of the events alleged.

II.

Walgreens #03397, located in Chandler, Arizona, was not registered with the Board at the time of the events alleged herein. Walgreens Mail Service Pharmacy #02445 (Walgreens Mail Service), Certificate of Registration No. PH01964, located in Orlando, Florida, was a pharmacy registered by the Board at the time of the events alleged herein. Both pharmacies are work shifting operations designed to provide support to Walgreens retail pharmacies in Nevada.

III.

Korakot Sayangbarp (Sayangbarp) is a pharmacist licensed in Florida and an employee of Walgreens Mail Service. Sayangbarp is not licensed to practice pharmacy in Nevada.

DISCIPLINARY HISTORY

IV.

In January 2016, the Board entered a Stipulation and Order in the case of *Board of Pharmacy v. Walgreens Pharmacy #03922, Case 15-028-PH-S* finding Walgreens #03922 responsible for violations resulting from a dispensing error. The Board ordered Walgreens to distribute a copy of the Accusation and Order(s) in that case to all of its pharmacists involved in filling prescriptions for Nevada residents and to review and educate each pharmacist as to a pharmacist's responsibilities under Nevada law.

V.

In March 2016, the Board entered an Amended Findings of Fact, Conclusions of Law and Order in the case of *Board of Pharmacy v. Respondent Lucas Meyers, Case No. 15-028-RPH-B-S* finding Meyers responsible as the pharmacist on duty for violations resulting from a dispensing error. The Board ordered Meyers to complete two additional one-hour CE units, one each on the topics of pharmacy recordkeeping and error prevention.

FACTUAL ALLEGATIONS

VI.

On February 29, 2016, eight-week-old patient M.B. received a new prescription from her physician for Amoxicillin 125mg/5ml oral suspension with instructions to "take 5ml (125mg) once a day for 30 days after completing [an] Omnicef 10-day course." The prescription allowed for one refill.

VII.

M.B.'s mother, A.C., tendered the prescription to Walgreens #03922 in Nevada on February 29, 2016, where pharmaceutical technician Jonathan Diego (Diego) entered the prescription data into Walgreens' computer system, designated as Prescription No. 3261261-03922.

VIII.

Diego submitted the prescription data into a data entry verification queue for pharmacist approval.

IX.

On March 1, 2016, at Walgreens #03397 in Arizona, a pharmacist retrieved the data for Prescription No. 3261261-03922 from the queue and performed data verification.

X.

At Walgreens Mail Service in Florida, Sayangbarp later received six (6) drug utilization review (DUR) alerts for Prescription No. 3261261-03922. Sayangbarp overrode all six (6) DUR alerts simultaneously and sent the prescription to the queue for filling.

XI.

After data verification and the DUR review, pharmaceutical technician Ava Ghayour-Najafabadi at Walgreens #03922 in Nevada filled the prescription and performed the final product review.

XII.

On March 8, 2016, A.C. picked up Prescription No. 3261261-03922 from Walgreens #03922 in Nevada. At the point of sale, pharmaceutical technician Brenda Facunla reconstituted two 100ml bottles of Amoxicillin 125mg/5ml suspension, constituting a total dosage for thirty (30) days, and dispensed them to A.C.

XIII.

The instructions on the label for Prescription No. 3261261-03922 appeared as follows:

> AMOXICILIN 125MG/5ML SUSP 100ML
> QTY 200 1 REFILL BEFORE 02/28/17
> SHAKE LIQUID WELL AND GIVE ...5 ML BY MOUTH ONCE DAILY FOR 30 DAYS ATER COMPLETING OMNICEF 10 DAY COURSE. DISCARD REMAINDER

XIV.

There was no expiration date indicated on the label of either of the 100ml bottles of reconstituted Amoxicillin for Prescription No. 3261261-03922.[1]

XV.

Meyers was the pharmacist of record for Prescription No. 3261261-03922. Meyers did not verify the final product before sale and dispensing to the patient.

XVI.

The counseling pharmacist of record was Meyers. Meyers failed to offer or provide counseling to A.C. on Prescription No. 3261261-03922.

XVII.

On or about March 11, 2016, A.C. began administering the Amoxicillin from Prescription No. 3261261-03922 to M.B. as directed on the prescription label.

---

[1] The manufacturer's guidelines state that any unused portion of reconstituted Amoxicillin Suspension for oral use should be discarded after 14 days. Walgreens dispensed 2 100ml bottles of reconstituted Amoxicillin Suspension on March 8, 2016. Based on the manufacturer's guidelines, the dispensed medication expired on March 22, 2016.

XVIII.

Throughout the course of administration, A.C. noticed the Amoxicillin Suspension turning from its original pink color to a yellow color.

XIX.

On March 30, 2016, A.C. returned the Amoxicillin bottles to Walgreens #03922 in Nevada.

XX.

A pharmacist at Walgreens #03922 confirmed that the Amoxicillin Suspension had expired and Walgreens discarded both bottles of the medication.

XXI.

M.B. ingested the expired Amoxicillin for approximately nine (9) days.

XXII.

Walgreens failed to produce a duplicate label or any documentation of the expiration date for Prescription No. 3261261-03922 upon request from the Board's investigator.

XXIII.

Walgreens altered the records for Prescription No. 3261261-03922 during the course of the Board's investigation. Walgreens initially provided an Audit/Board of Pharmacy Inspection Report (Audit Report) that identified "59610" as the identification number for the Walgreens location where the pharmacists from the facilities in Arizona and Florida performed data review and DUR alert overrides. Walgreens was unable to explain what "59610" represents, and later gave the Board Investigator an altered Audit Report that no longer included "59610" and instead indicates that data review was performed at location number "3397", the Arizona facility, and DUR review was performed at "2445", the Walgreens Mail Service in Florida.

FIRST CAUSE OF ACTION

Failure to Verify Pharmaceutical Technician's Work

(Respondent Meyers)

XXIV.

NAC 639.252(2) provides:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to, verifying:
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.945(i) defines unprofessional conduct and conduct contrary to the public interest to include performing duties in an "incompetent, unskillful or negligent manner."

Meyers violated NAC 639.252(2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by allowing a pharmaceutical technician under his supervision to perform the final product review and verification of Prescription No. 3261261-03922 without subsequently reviewing the technician's work to verify the selection and strength of the drug, the dosage form and the labeling of the prescription. For that conduct Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

SECOND CAUSE OF ACTION

Failure to Document Expiration Date on Prescription Label

(Respondent Meyers)

XXV.

NRS 639.2801 sets forth the requirements for prescription labeling and states in relevant part:

> Unless specified to the contrary in writing on the prescription by the prescribing practitioner, all prescriptions filled by any practitioner must be dispensed in a container to which is affixed a label or other device which clearly shows:

. . . .

7. The expiration date of the effectiveness of the drug or medicine dispensed, if that information is included on the original label of the manufacturer of that drug or medicine. If the expiration date specified by the manufacturer is not less than 1 year after the date of dispensing, the practitioner may use a date that is 1 year after the date of dispensing as the expiration date.

Meyers violated NRS 639.2801(7) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to properly document the expiration date on the label or bottle for Prescription No. 3261261-03922, which resulted in M.B. ingesting nine (9) days of expired medication. For that conduct Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

THIRD CAUSE OF ACTION

Failure to Adequately Counsel

(Respondent Meyers)

XXVI.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that counseling to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug.

Meyers violated NRS 639.266, NAC 639.707(1) and (2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to adequately counsel M.B.'s caregiver regarding the new prescription for Amoxicillin 125mg/5ml suspension. For that conduct, Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

FOURTH CAUSE OF ACTION

Failure to Maintain and Produce Prescription Records
(Respondent Walgreens #03922)

XXVII.

Prescription records must be readily retrievable and maintained and produced in conformance with NRS 454.286; NRS 639.326, NRS 639.328, NAC 639.910, NAC 639.930 and NAC 639.935. By failing to timely produce records to Board Staff upon request and to maintain an accurate recordkeeping system that would produce readily retrievable prescription records, specifically, a duplicate label and/or record indicating the expiration date for Prescription No. 3261261-03922, Walgreens #03922 violated NRS 454.286; NRS 639.326, NRS 639.328, NAC 639.910, NAC 639.930 and NAC 639.935 and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m). For that conduct, Walgreens #03922 is subject to discipline pursuant to NRS 639.210(4), (12) and (17) and NRS 639.255.

FIFTH CAUSE OF ACTION

Managing Pharmacist Responsibilities
(Respondent Nguyen)

XXVIII.

NRS 639.0087 defines "managing pharmacist" as "a registered pharmacist who is responsible for the operation of a pharmacy." A managing pharmacist is responsible for the acts and omissions of pharmaceutical technicians and other personnel. NAC 639.702. A managing pharmacist is also responsible for ensuring that a pharmacy's computer system retains prescription and patient information. NAC 639.910(2). Whenever a managing pharmacist designates another pharmacist to assume the managing pharmacist's duties in his or her absence "[t]he managing pharmacist is responsible for the activities of the designee." NRS 639.220(3)(c).

The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #03922 at the time of each of the violations alleged above, Nguyen is responsible for those violations pursuant to NRS 639.210(15) NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2). Nguyen has also engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m). Nguyen is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15) and (17) and NRS 639.255.

SIXTH CAUSE OF ACTION
Altering Prescription Records
(Respondent Walgreens #03922 and Walgreens Co.)

XXIX.

NAC 639.751(1)(b) and (2), and NAC 639.930(3) require a pharmacy computer system to have adequate safeguards to identify whether information in the system concerning a prescription has been modified or manipulated, and, where information was modified or manipulated, identify the manner, date and person who modified or manipulated the information. NAC 639.930(4) and (5) require the pharmacy's computer system to maintain the information identified per NAC 639.930(3) and to prevent the removal of that information and the record of a prescription once the system assigns a number to the prescription. *See also* NAC 639.935(3)(g)(3) (computer system must produce printed records of history of each modification or manipulation of information concerning the prescription). By altering the Audit/Board of Pharmacy Inspection Report for Prescription No. 3261261-03922, specifically, by altering the store number from

"59610" in the data review field to "3397" and changed the DUR review field to "2445", Walgreens #03922 and Walgreens Co. violated NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3). For that conduct, Walgreens #03922 and Walgreens Co. are subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SEVENTH CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens #03922 and Walgreens Co.)

XXX.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." A pharmacy that requires or allows a pharmacist to use the services of a pharmaceutical technician in violation of law is subject to disciplinary action. NAC 639.260. The owner of a pharmacy is responsible for the acts and omissions of pharmaceutical technicians and other personnel. NAC 639.702. It is unprofessional conduct and conduct contrary to the public interest to operate a pharmacy at a location other than the location at which the pharmacy is licensed to operate (NAC 639.945(1)(f)) and to perform any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. (NAC 639.945(1)(k)). The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy at which the violations of law alleged above occurred, Walgreens #03922 and Walgreens Co. are responsible for those violations, including those of its employees pursuant to NRS 639.230(5), NAC 639.260, NAC 639.702 and NAC 639.945(2). Walgreens #03922 and Walgreens Co. also engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(f) and (k) by performing data verification of Prescription No. 3261261-03922 at Walgreens #03397 in Arizona, which was not

registered with the Board at the time of the violations alleged herein. Walgreens #03922 and Walgreens Co. are therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 9th day of August, 2018.

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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

FILED
MAR 02 2016
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **LUCAS MEYERS, RPH** **Certificate of Registration No. 16064,** **WALGREENS PHARMACY #3922** **Certificate of Registration No. PHN01127, and** **WALGREENS MAIL SERVICE, INC.** **Certificate of Registration No. PH01964,** **Respondents.** /	**CASE NO. 15-028-RPH-A-S** **CASE NO. 15-028-RPH-B-S** **CASE NO. 15-028-PH-S** **CASE NO. 15-028-PH-O** **AMENDED FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, January 13, 2016, in Las Vegas, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. William J. Stilling, Esq., of Parsons Behle & Latimer, filed an Answer and Notice of Defense and appeared at the hearing on behalf of Respondents Tina Rizzolo, RPh., Certificate of Registration No. 17665; Lucas Meyers, RPh., Certificate of Registration No. 16064; Walgreens Pharmacy #3922, Certificate of Registration No. PHN01127 (Walgreens Retail); and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964 (Walgreens Mail Service).

Prior to the hearing, the Parties agreed to and entered into a written *Stipulated Facts*, a copy of which was filed and made part of the record in this action at the beginning of the hearing. Based on the Stipulated Facts, the Parties further entered into a *Stipulation and Order* resolving the Second, Third and Fifth Causes of Action in their entirety. The Stipulation and Order also partially resolved the Fourth Cause of Action as to Walgreen Retail's responsibility for Ms. Rizzolo's counselling error (Third Cause of Action).

With written stipulations in the record as to the facts and a majority of the causes of action, only two issues remained open for decision by the Board during the hearing:

(1) Whether a pharmacist who participates in a segmented prescription filling process is responsible for an error that a previous pharmacist in that process failed to detect and subsequently approved as accurate; and

(2) Whether a pharmacy that dispenses an incorrect medication under the circumstances described in issue one above is responsible for that dispensing error.

RELEVANT FACTS

Walgreens Mail Service is a Nevada-licensed mail service pharmacy located in Orlando, Florida. In May 2015, it was providing data verification support for Walgreens Retail located in Las Vegas, Nevada. Respondent Mr. Meyers worked for Walgreens Retail in Las Vegas at the time of the events alleged in the Accusation.

Those events began in May 2015, when a Nevada patient delivered to Walgreens Retail a prescription for thirty (30) Zoloft 200 mg. tablets with instructions to take 200 mg. by mouth daily. A pharmacy technician at Walgreens Retail performed data entry for the prescription and, rather than entering the medication prescribed, inadvertently entered Zocor 20 mg. tablets. The technician sent that erroneous prescription data into a data entry verification queue for pharmacist approval.

A pharmacist at Walgreens Mail Service in Florida, who was not licensed to practice pharmacy in Nevada, retrieved the data from the queue and verified it as accurate. That pharmacist did not detect the technician's error in entering Zocor, rather than Zoloft. The Florida pharmacist then put the prescription back into a queue for retrieval and filling by Walgreens Retail in Nevada.

Back in Nevada, another pharmaceutical technician retrieved the prescription information from the queue and filled the prescription with simvastatin (generic for Zocor). The technician staged the prescription for a pharmacist to conduct product verification. The verifying pharmacist, Respondent Mr. Meyers, purported to verify the product as accurate by comparing the label, the leaflet and the product in the prescription bottle to see that they matched. Mr. Meyers *did not review the original prescription or a*

copy of the prescription as part of the product verification process, and failed to detect that the prescription called for Zoloft, rather than the simvastatin he approved for dispensing. After completing product verification, Mr. Meyers placed the prescription bottle in Will Call for customer pickup.

Respondent Ms. Rizzolo, R.Ph., subsequently retrieved the prescription from Will Call and sold it to the patient. Neither she nor the patient detected the error.

ADDITIONAL FINDINGS

1. Mr. Meyers was the pharmacist on duty and had direct supervisory responsibility over the pharmaceutical technician who erred by entering Zocor rather than Zoloft as prescribed.

2. Mr. Meyers was the pharmacist on duty when the prescription returned to Walgreens Retail in Nevada and proceeded through the filling process.

3. Mr. Meyers performed product verification and personally failed to detect that the pharmacy was preparing to dispense the wrong medication.

4. The written prescription has a preprinted heading indicating that it was written by psychiatrist at a psychiatric practice.

5. Both the written prescription and a scanned copy of the prescription were available for Mr. Meyers to review at the time of product verification. Mr. Meyers did not review the prescription as part of the product verification process.

6. The foregoing findings are supported by the Answer(s) filed by the Respondents, the Stipulated Facts previously entered into the record, and testimony presented to the Board during the hearing.

CONCLUSIONS OF LAW

7. The Board has jurisdiction over this matter because, at the time of the conduct at issue, Respondent Mr. Meyers was a pharmacist licensed by the Board, and Respondent Walgreens Retail was a pharmacy licensed by the Board to operate in Nevada.

8. The Board is charged with protecting the health and safety of the public. NRS 639.070(1)(a). Pursuant to that charge, the Board has declared any "[failure to] strictly . . . follow the instructions of

[a] person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person...." to be "unprofessional conduct and conduct contrary to the public interest . . . ." NAC 639.945(1) (d).

9. The Board does not dictate a specific process that a pharmacy or its pharmacists must follow to comply with NAC 639.945(1) (d), nor does it prohibit pharmacies and pharmacists from segmenting the filling process such that it is completed by more than one pharmacist. However, where licensees opt to segment the filling process, they are still expected to develop and maintain policies and procedures that ensure that medication is dispensed correctly. A comparison of the original prescription, the label, the leaflet and the product to be dispensed would be a prudent element of that process.

10. Regardless of the process a pharmacy elects, if an error does occur, the Board's long-standing position has been to hold responsible, at a minimum, the pharmacist who made the error and the pharmacist who performed the product verification and approved the product for dispensing.

11. The Board's practice of holding pharmacies and pharmacists responsible for the actions of others is not foreign to Nevada pharmacy law. NRS 639.220, for example, states that a "managing pharmacist is responsible for the activities of [his or her] designee," where a staff pharmacist is left in charge of a pharmacy in the manager's absence.

Similarly, NAC 639.252 states that a "pharmacist supervising [a] pharmaceutical technician is responsible for the filled prescription," including verification of the "selection and strength of the drug . . . [t]he dosage form; and . . . [t]he labeling of the prescription." That is true, even where the pharmacist did not personally make the error. A pharmacist's responsibility over the actions of others in his or her charge is further set forth in NAC 639.702, which states:

> The owner of a pharmacy, the managing pharmacist of the pharmacy and the *registered pharmacist on duty at the pharmacy* are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.

(Emphasis added.)

Moreover, NAC 639.268 makes a pharmacist responsible for the acts of any pharmaceutical technician under his/her supervision; NAC 639.945(2) makes a supervising pharmacist responsible for the acts of any intern pharmacist under his/her supervision; and NAC 639.467 states that "a staff pharmacist [in a medical facility] is responsible for any delegated act performed by pharmaceutical technicians under his or her supervision."

12. Consistent with those authorities and the Board's long-standing position that a final verifying pharmacist can be held responsible for approving an error, even if it was previously approved and passed along by other pharmacists in the filling process, the Board concludes here that Respondent Mr. Meyers violated NAC 639.945(1)(d) and (i) by unskillfully failing to strictly follow the instructions of patient A.P.'s physician and verifying as accurate simvastatin 20 mg. tablets, instead of the Zoloft 200 mg. tablets the patient's physician prescribed.

13. Mr. Meyers is responsible for that error on multiple levels. He was the pharmacist on duty and had direct supervisory responsibility over the pharmaceutical technician who erred during data entry.

14. Mr. Meyers, as the pharmacist on duty, is likewise responsible for the error of Walgreens Mail Service employee Ms. Wagner—who, due to her unlicensed status in Nevada, the Board deems to be "other personnel who are not pharmacists working in or for the pharmacy." Ms. Wagner failed to detect the technician's data entry error during data verification.

15. Mr. Meyers was still the pharmacist on duty when the prescription returned to Walgreens Retail in Nevada and proceeded through the filling process. Mr. Meyers performed product verification and *personally* failed to detect the error. He approved simvastatin, a medication indicated for high cholesterol, when the patient's physician prescribed Zoloft, a medication indicated for depression. In doing so, the Board concludes that Mr. Meyers failed to strictly follow the instructions of the patient's physician as alleged in the First Cause of Action.

16. Those violations are grounds for discipline pursuant to NRS 639.255.

17. During the hearing, Respondents argued that Mr. Meyers should not be held responsible due to the Board's findings and conclusions in *Nevada State Board of Pharmacy v. Doan et al.*, Case No.

14-076-RPH. The Board concludes that the *Doan* case is factually distinguishable from the instant matter. In *Doan*, the prescription required a prior authorization. The pharmacy prepared the authorization, but input the wrong medication and sent it to the prescriber for approval. The prescriber did not detect the error, authorized the fill, and returned the authorization, which the pharmacy scanned into its computer system as the prescription. Since the authorization indicated the wrong medication, the Board found that even if the pharmacist had reviewed the original document during product verification, that document contained no information that would have alerted the pharmacist to the error.

18. The facts in *Doan* are distinguishable from the facts here. Here, Walgreens Retail had the original prescription. It was available for Mr. Meyers to review. Looking at the prescription to verify that it matched the label, leaflet and product could have alerted Mr. Meyer to the error. In any event, the findings and conclusion in *Doan* are not necessarily binding on the Board here, and do not bar it from finding against Mr. Meyers in this action.

19. Based upon the forgoing finding of guilt, Mr. Meyers shall, related to the violations alleged in the First Cause of Action, (i) pay a fine of $250.00, and (ii) complete two one-hour CE units on the topics of pharmacy record keeping (1 CE) and proper error prevention techniques (1 CE).

20. During the hearing, the Board made no findings or conclusions regarding Walgreens Retail's responsibility for Mr. Meyer's error. The Board hereby dismisses the Fourth Cause of Action as to that issue only.

21. Each party is to bear its own costs and attorney fees.

22. The two (2) CEs ordered in the foregoing paragraph are in lieu of the two (2) addition CEs Mr. Meyer's agreed to in the Stipulation and Order, are in addition to the CEs Mr. Meyer is ordinarily required to complete for maintenance of licensure, and must be completed within ninety (90) days of entry of this order.

23. Respondents shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within thirty (30) days of the effective date of this Order. If circumstances so merit, Board Staff

has the discretion and authority to establish a payment plan under which any of these Respondents may pay the fine(s) set forth herein through installments without further action or vote by the Board.

24. Respondents shall pay the administrative fees set forth herein by cashier's or certified check of money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office within thirty (30) days of the effective date of this Order.

25. Any failure by any Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of that respondent's registrations/licenses until all terms have been satisfied. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

26. This Amended Order supersedes the original order entered February 4, 2016.

IT IS SO ORDERED.

Signed and effective this 2 day of March, 2016.

Leo Basch, President
Nevada State Board of Pharmacy

FILED
FEB 04 2016
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **LUCAS MEYERS, RPH** **Certificate of Registration No. 16064,** **WALGREENS PHARMACY #3922** **Certificate of Registration No. PHN01127, and** **WALGREENS MAIL SERVICE, INC.** **Certificate of Registration No. PH01964,** **Respondents.** /	**CASE NO. 15-028-RPH-A-S** **CASE NO. 15-028-RPH-B-S** **CASE NO. 15-028-PH-S** **CASE NO. 15-028-PH-O** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

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Those events began in May 2015, when a Nevada patient delivered to Walgreens Retail a prescription for thirty (30) Zoloft 200 mg. tablets with instructions to take 200 mg. by mouth daily. A pharmacy technician at Walgreens Retail performed data entry for the prescription and, rather than entering the medication prescribed, inadvertently entered Zocor 20 mg. tablets. The technician sent that erroneous prescription data into a data entry verification queue for pharmacist approval.

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Back in Nevada, another pharmaceutical technician retrieved the prescription information from the queue and filled the prescription with simvastatin (generic for Zocor). The technician staged the prescription for a pharmacist to conduct product verification. The verifying pharmacist, Respondent Mr. Meyers, purported to verify the product as accurate by comparing the label, the leaflet and the product in the prescription bottle to see that they matched. Mr. Meyers *did not review the original prescription or a*

copy of the prescription as part of the product verification process, and failed to detect that the prescription called for Zoloft, rather than the simvastatin he approved for dispensing. After completing product verification, Mr. Meyers placed the prescription bottle in Will Call for customer pickup.

Respondent Ms. Rizzolo, R.Ph., subsequently retrieved the prescription from Will Call and sold it to the patient. Neither she nor the patient detected the error.

ADDITIONAL FINDINGS

1. Mr. Meyers was the pharmacist on duty and had direct supervisory responsibility over the pharmaceutical technician who erred by entering Zocor rather than Zoloft as prescribed.

2. Mr. Meyers was the pharmacist on duty when the prescription returned to Walgreens Retail in Nevada and proceeded through the filling process.

3. Mr. Meyers performed product verification and personally failed to detect that the pharmacy was preparing to dispense the wrong medication.

4. The written prescription has a preprinted heading indicating that it was written by psychiatrist at a psychiatric practice.

5. Both the written prescription and a scanned copy of the prescription were available for Mr. Meyers to review at the time of product verification. Mr. Meyers did not review the prescription as part of the product verification process.

6. The foregoing findings are supported by the Answer(s) filed by the Respondents, the Stipulated Facts previously entered into the record, and testimony presented to the Board during the hearing.

CONCLUSIONS OF LAW

7. The Board has jurisdiction over this matter because, at the time of the conduct at issue, Respondent Mr. Meyers was a pharmacist licensed by the Board, and Respondent Walgreens Retail was a pharmacy licensed by the Board to operate in Nevada.

8. The Board is charged with protecting the health and safety of the public. NRS 639.070(1)(a). Pursuant to that charge, the Board has declared any "[failure to] strictly . . . follow the instructions of

[a] person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person...." to be "unprofessional conduct and conduct contrary to the public interest . . . ." NAC 639.945(1) (d).

9. The Board does not dictate a specific process that a pharmacy or its pharmacists must follow to comply with NAC 639.945(1) (d), nor does it prohibit pharmacies and pharmacists from segmenting the filling process such that it is completed by more than one pharmacist. However, where licensees opt to segment the filling process, they are still expected to develop and maintain policies and procedures that ensure that medication is dispensed correctly. A comparison of the original prescription, the label, the leaflet and the product to be dispensed would be a prudent element of that process.

10. Regardless of the process a pharmacy elects, if an error does occur, the Board's long-standing position has been to hold responsible, at a minimum, the pharmacist who made the error and the pharmacist who performed the product verification and approved the product for dispensing.

11. The Board's practice of holding pharmacies and pharmacists responsible for the actions of others is not foreign to Nevada pharmacy law. NRS 639.220, for example, states that a "managing pharmacist is responsible for the activities of [his or her] designee," where a staff pharmacist is left in charge of a pharmacy in the manager's absence.

Similarly, NAC 639.252 states that a "pharmacist supervising [a] pharmaceutical technician is responsible for the filled prescription," including verification of the "selection and strength of the drug . . . [t]he dosage form; and . . . [t]he labeling of the prescription." That is true, even where the pharmacist did not personally make the error. A pharmacist's responsibility over the actions of others in his or her charge is further set forth in NAC 639.702, which states:

> The owner of a pharmacy, the managing pharmacist of the pharmacy and the *registered pharmacist on duty at the pharmacy* are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.

(Emphasis added.)

Moreover, NAC 639.268 makes a pharmacist responsible for the acts of any pharmaceutical technician under his/her supervision; NAC 639.945(2) makes a supervising pharmacist responsible for the acts of any intern pharmacist under his/her supervision; and NAC 639.467 states that "a staff pharmacist [in a medical facility] is responsible for any delegated act performed by pharmaceutical technicians under his or her supervision."

12. Consistent with those authorities and the Board's long-standing position that a final verifying pharmacist can be held responsible for approving an error, even if it was previously approved and passed along by other pharmacists in the filling process, the Board concludes here that Respondent Mr. Meyers violated NAC 639.945(1)(d) and (i) by unskillfully failing to strictly follow the instructions of patient A.P.'s physician and verifying as accurate simvastatin 20 mg. tablets, instead of the Zoloft 200 mg. tablets the patient's physician prescribed.

13. Mr. Meyers is responsible for that error on multiple levels. He was the pharmacist on duty and had direct supervisory responsibility over the pharmaceutical technician who erred during data entry.

14. Mr. Meyers, as the pharmacist on duty, is likewise responsible for the error of Walgreens Mail Service employee Ms. Wagner—who, due to her unlicensed status in Nevada, the Board deems to be "other personnel who are not pharmacists working in or for the pharmacy." Ms. Wagner failed to detect the technician's data entry error during data verification.

15. Mr. Meyers was still the pharmacist on duty when the prescription returned to Walgreens Retail in Nevada and proceeded through the filling process. Mr. Meyers performed product verification and *personally* failed to detect the error. He approved simvastatin, a medication indicated for high cholesterol, when the patient's physician prescribed Zoloft, a medication indicated for depression. In doing so, the Board concludes that Mr. Meyers failed to strictly follow the instructions of the patient's physician as alleged in the First Cause of Action.

16. Those violations are grounds for discipline pursuant to NRS 639.255.

17. During the hearing, Respondents argued that Mr. Meyers should not be held responsible due to the Board's findings and conclusions in *Nevada State Board of Pharmacy v. Doan et al.*, Case No.

14-076-RPH. The Board concludes that the *Doan* case is factually distinguishable from the instant matter. In *Doan*, the prescription required a prior authorization. The pharmacy prepared the authorization, but input the wrong medication and sent it to the prescriber for approval. The prescriber did not detect the error, authorized the fill, and returned the authorization, which the pharmacy scanned into its computer system as the prescription. Since the authorization indicated the wrong medication, the Board found that even if the pharmacist had reviewed the original document during product verification, that document contained no information that would have alerted the pharmacist to the error.

18. The facts in *Doan* are distinguishable from the facts here. Here, Walgreens Retail had the original prescription. It was available for Mr. Meyers to review. Looking at the prescription to verify that it matched the label, leaflet and product could have alerted Mr. Meyer to the error. In any event, the findings and conclusion in *Doan* are not necessarily binding on the Board here, and do not bar it from finding against Mr. Meyers in this action.

19. Based upon the forgoing finding of guilt, Mr. Meyers shall, related to the violations alleged in the First Cause of Action, (i) pay a fine of $250.00, and (ii) complete two one-hour CE units on the topics of pharmacy record keeping (1 CE) and proper error prevention techniques (1 CE).

20. During the hearing, the Board made no findings or conclusions regarding Walgreens Retail's responsibility for Mr. Meyer's error. The Board hereby dismisses the Fourth Cause of Action as to that issue only.

21. Each party is to bear its own costs and attorney fees.

22. The two (2) CEs ordered in the foregoing paragraph are in lieu of the two (2) addition CEs Mr. Meyer's agreed to in the Stipulation and Order, are in addition to the CEs Mr. Meyer is ordinarily required to complete for maintenance of licensure, and must be completed within thirty (30) days of entry of this order.

23. Respondents shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within thirty (30) days of the effective date of this Order. If circumstances so merit, Board Staff

has the discretion and authority to establish a payment plan under which any of these Respondents may pay the fine(s) set forth herein through installments without further action or vote by the Board.

24. Respondents shall pay the administrative fees set forth herein by cashier's or certified check of money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office within thirty (30) days of the effective date of this Order.

25. Any failure by any Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of that respondent's registrations/licenses until all terms have been satisfied. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 4 day of February, 2016.

Leo Basch, President

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. TINA RIZZOLO, RPH Certificate of Registration No. 17665, LUCAS MEYERS, RPH Certificate of Registration No. 16064, WALGREENS PHARMACY #3922 Certificate of Registration No. PHN01127, and WALGREENS MAIL SERVICE, INC. Certificate of Registration No. PH01964, Respondents.	)	CASE NO. 15-028-RPH-A-S CASE NO. 15-028-RPH-B-S CASE NO. 15-028-PH-S CASE NO. 15-028-PH-O STIPULATION AND ORDER

S. PAUL EDWARDS, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Tina Rizzolo (Ms. Rizzolo), Certificate of Registration No. 17665, Lucas Meyers (Mr. Meyers), Certificate of Registration No. 16064, Walgreens Pharmacy #3922 (Walgreens #3922), Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, (collectively Respondents), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the

Respondents on or about December 10, 2015, which each Respondent received.

3. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that any Respondent failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

a. In failing to maintain a recordkeeping system and/or records that would allow for readily retrievable prescription records for patient A.P.'s prescription, Mr. Meyers violated NRS 639.210(4) and (17), NRS 639.236, NAC 639.482, NAC 639.706 and NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.255.

b. In failing to provide adequate counseling on the patient's new prescription, Respondent Tina Rizzolo violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which

violations are grounds for action pursuant to NRS 639.255.

c. As the pharmacy in which Florida pharmacist Ellen Wagner, R.Ph. failed to strictly follow the instructions of A.P.'s physician and verified *simvastatin 20 mg. tablets (generic Zocor)* as the correct medication, instead of the *Zoloft 200 mg. tablets* the physician prescribed, Walgreens Mail Service, Inc. is responsible, pursuant to NAC 639.945(2), for the unprofessional conduct of its employee, and is therefore subject to discipline under NRS 639.255.

7. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

8. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this Stipulation by the Board:

a. Board Staff and Respondents have not reached an agreement as to ~~a penalty, if any, related to~~ the First Cause of Action.

b. Lucas Meyer.: Related to the record keeping violations alleged in the Second Cause of Action, Mr. Meyer shall: (i) pay a fine of $500.00, and (ii) complete two one-hour CE units on the topics of pharmacy record keeping requirements (1 CE) and ethics (1 CE).

c. Tina Rizzolo, R.Ph.: Related to the violations alleged in the Third Cause of Action, Ms. Rizzolo shall: (i) pay a fine of $750.00, and (ii) complete two one-hour CE units on the topics of error prevention (1 CE) and elements of proper counseling (1 CE).

d. Walgreens #3922: Related to the Fourth Cause of Action, which relates back to the violations of Walgreens #3922's employees in the Second Cause of Action (Meyer - Record Keeping) and Third Cause of Action (Rizzolo - Counseling), Walgreens #3922 shall: (i), distribute a copy of the Accusation and Order(s) from this case, with the individual Respondents' names redacted, to all of its pharmacists who participate in filling prescriptions for Nevada residents, for their review and education as to pharmacists' responsibilities under Nevada law, and (ii) pay an administrative fee of $495.00.

e. Walgreens Mail Service: Related to the violations alleged in the Fifth Cause of Action, Walgreens Mail Service shall: (i) pay a fine of $1,000 for the violations of Ms. Wagner while working at its facility, and (ii) pay an administrative fee of $495.00.

9. The CE units agreed to above are in addition to the CE units each pharmacist is ordinarily required to complete to maintain a pharmacist license.

10. Board Counsel will present this Stipulation to the Board for approval at its meeting on January 13, 2016, in Las Vegas, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding the Stipulation even if one or more Respondent is absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

11. Except as to the allegations relating to the First Cause of Action, which remain unresolved, if the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's April 13, 2016 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Respondents shall pay the *fines* agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

14. Respondents shall pay the *administrative fees* agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within ninety (90) days of the effective date of the Board's Order.

15. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this ___ day of January, 2016

S. PAUL EDWARDS, Esq.
General Counsel – Board of Pharmacy

Signed this ___ day of January, 2016

LUCAS MEYERS, RPH
Certificate of Registration No. 16064

Signed this ___ day of January, 2016

Tina Rizzolo, RPH
Certificate of Registration No. 17665

Signed this ___ day of January, 2016

WALGREENS PHARMACY
Certificate of Registration No. PHN01127

Signed this ___ day of January, 2016

WALGREENS MAIL SERVICE, INC.
Certificate of Registration No. PH01964

DECISION ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Tina Rizzolo, Certificate of Registration No. 17665, Lucas Meyers, Certificate of Registration No. 16064, Walgreens Pharmacy #3922, Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, respectively, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this ___ day of January, 2016

Leo Basch, President
Nevada State Board of Pharmacy

Signed this 13 day of January, 2016

Tina Rizzolo, RPH
Certificate of Registration No. 17665

Signed this ___ day of January, 2016

WALGREENS PHARMACY
Certificate of Registration No. PHN01127

Signed this ___ day of January, 2016

WALGREENS MAIL SERVICE, INC.
Certificate of Registration No. PH01964

DECISION ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Tina Rizzolo, Certificate of Registration No. 17665, Lucas Meyers, Certificate of Registration No. 16064, Walgreens Pharmacy #3922, Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, respectively, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 13 day of January, 2016

Leo Basch, President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
JAN 14 2016
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **LUCAS MEYERS, RPH** **Certificate of Registration No. 16064,** **WALGREENS PHARMACY #3922** **Certificate of Registration No. PHN01127, and** **WALGREENS MAIL SERVICE, INC.** **Certificate of Registration No. PH01964,** **Respondents.** /	**CASE NO. 15-028-RPH-A-S** **CASE NO. 15-028-RPH-B-S** **CASE NO. 15-028-PH-S** **CASE NO. 15-028-PH-O** **STIPULATED FACTS**

S. PAUL EDWARDS, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Tina Rizzolo (Ms. Rizzolo), Certificate of Registration No. 17665, Walgreens Pharmacy #3922 (Walgreens #3922), Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, (collectively Respondents), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS:

1. Walgreens Mail Service, Inc. is a Nevada licensed mail service pharmacy (certificate of registration PH01964) located in Orlando, Florida. The facility provides support to Walgreens' retail pharmacies in Nevada by shifting work load.

2. At the time of the events alleged herein (May 5, 2015 through May 8, 2015), Walgreens Mail Service, Inc. provided data verification support to five Walgreens' pharmacies in Las Vegas, Nevada, including Respondent Walgreens Pharmacy #3922.

3. On May 5, ~~205~~ 2015, Walgreens #3922 accepted a prescription through its drive-thru window for patient AP for thirty (30) Zoloft 200 mg. tablets with instructions to take 200 mg. by mouth daily.

4. Walgreens Pharmacy #3922 filled AP's prescription with Zocor 20 mg. instead of Zoloft 200 mg.

5. AP's prescription was filled as follows.

   a. Pharmaceutical technician Noelle Mallari (Ms. Mallari) performed the data entry for AP's prescription (Rx #3094107-3922) at Walgreens #3922. Ms. Mallari incorrectly entered the prescription as Zocor 20 mg. tablets, rather than Zoloft 200 mg. tablets prescribed by PA's physician.

   b. Ms. Mallari sent the prescription data into the data entry verification queue for approval by a pharmacist.

   c. Ellen Wagner (Ms. Wagner) is a pharmacist licensed in Florida and an employee of Walgreens Mail Service, Inc. Ms. Wagner retrieved the data for Rx #3094107-3922 from the queue to perform data verification. Ms. Wagner failed to detect the data entry error and verified Zocor 20 mg. tablets as accurate. After verifying the data as accurate, Ms. Wagner sent the prescription to the queue for filling in Nevada by Walgreens #3922.

d. At Walgreens #3922, pharmaceutical technician Courtney Watkins retrieved Rx #3094 I 07-3922 from the queue. She filled the prescription with simvastatin (generic for Zocor) 20 mg. tablets and staged it for the pharmacist to conduct the final product verification.

e. Pharmacist Lucas Meyers performed the final product verification at Walgreens #3922 to verify the label, leaflet, and product match. He staged the final product for customer pickup.[1]

f. On May, 7, 2015, AP picked up his prescription at Walgreens #3922 drive-thru window. Pharmacist Tina Rizzolo documented that she completed patient consultation for AP's prescription.

6. AP received simvastatin 20 mg. (Zocor generic) tablets.

7. AP ingested one tablet of the dispensed medication on May 8, 2015, per his doctor's instructions. After he discovered that the label on the prescription bottle indicated Zocor 20 mg. rather than Zoloft 200 mg., AP telephoned Walgreens and verified that the wrong medication was dispensed. Walgreens personnel then dispensed Zoloft 200 mg. to AP.

[1] In a written statement, Mr. Meyers explained: "My duties for product verification are to match the label, leaflet and product to each other . . . ." All parties agree that Mr. Myers did not write "even if they do not match the prescription" as alleged in Paragraph XIV of the Notice of Intended Action and Accusation.

8. AP reported no negative impact from ingesting Zocor 20 mg.

Signed this 13 day of January, 2016

S. PAUL EDWARDS, Esq.
General Counsel – Board of Pharmacy

Signed this 13th day of January, 2016

WILLIAM J. STILLING
PARSONS BEHLE & LATIMER
Counsel for Respondents

FILED
DEC 10 2015
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **LUCAS MEYERS, RPH** **Certificate of Registration No. 16064,** **WALGREENS PHARMACY #3922** **Certificate of Registration No. PHN01127, and** **WALGREENS MAIL SERVICE, INC.** **Certificate of Registration No. PH01964,** **Respondents.**	**CASE NO. 15-028-RPH-A-S** **CASE NO. 15-028-RPH-B-S** **CASE NO. 15-028-PH-S** **CASE NO. 15-028-PH-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondents Tina Rizzolo (Ms. Rizzolo), Certificate of Registration No. 17665, and Lucas Meyers (Mr. Meyers), Certificate of Registration No. 16064, were pharmacists licensed with the Board, and Respondents Walgreens Pharmacy #3922 (Walgreens), Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, were pharmacies licensed with the Board.

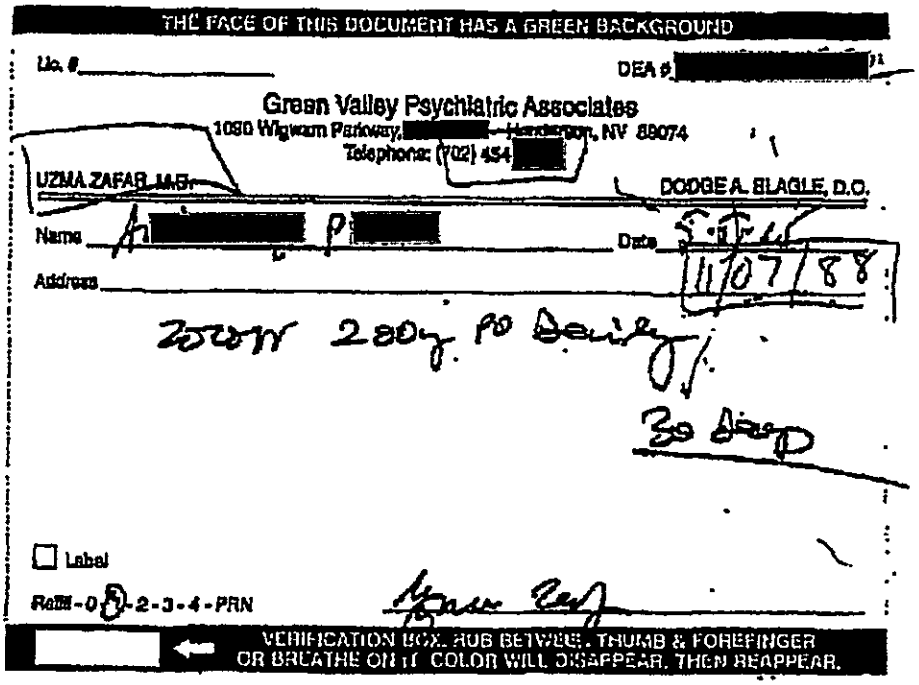
II.

Walgreens Mail Service, Inc. is a work shifting operation located in Orlando, Florida. The facility provides support to Walgreens' retail pharmacies in Nevada. At the time of the

events alleged herein, it provided data verification support to five Walgreens' pharmacies in Las Vegas, Nevada, including Respondent Walgreens Pharmacy #3922.

III.

On May 5, 2015, patient A.P. saw his physician, who prescribed a quantity of thirty (30) Zoloft tablets with instructions to take 200 mg. by mouth daily. The prescription appears as follows:



IV.

Walgreens #3922 accepted the prescription at the pharmacy drive-thru window on May 5, 2015. It filled the prescription that day, and dispensed it to A.P. through the drive through on May 7, 2015.

V.

A.P. ingested one tablet of the dispensed medication on May 8, 2015, per his doctor's instructions. He later discovered that the label on the prescription bottle indicated Zocor 20 mg. tablets, rather than the *Zoloft 200 mg.* tablets his physician prescribed.

VI.

A.P. telephoned Walgreens and verified that it dispensed the wrong medication. He returned the medication to Walgreens, which replaced it with the correct medication. A.P. reported no negative impact from ingesting the medication Walgreens initially dispensed.

VII.

According to pharmacy records, the filling error originated with pharmaceutical technician Noelle Mallari (Ms. Mallari), who performed the data entry for A.P.'s prescription (Rx #3094107-3922) at Walgreens #3922.[1]

VIII.

During data entry, Ms. Mallari read the prescription as calling for *Zocor 200 mg.* tablets, rather than the *Zoloft 200 mg.* tablets P.A.'s doctor prescribed. Zocor does not come in 200 mg. tablets, so Ms. Mallari instead selected Zocor 20 mg. tablets.

IX.

Ms. Mallari sent the prescription data into the data entry verification queue for approval by a pharmacist.

X.

Ellen Wagner (Ms. Wagner) is a registered pharmacist in Florida. She is not licensed to practice pharmacy in Nevada. She is employed by Respondent Walgreens Mail Service, Inc. in Florida.

XI.

At the facility in Florida, Ms. Wagner retrieved the data for Rx #3094107-3922 from the queue to perform data verification. Ms. Wagner failed to detect the data entry error and verified Zocor 20 mg. tablets as accurate in lieu of the Zoloft 200 mg. tablets that P.A.'s

[1] The *Audit/Board of Pharmacy Inspection Report Fill History Entered By* field records E. Wagner (Ellen Wagner) for Rx #3094107-2. Walgreens' transactional data indicates that E. Wagner updated the prescriber field subsequent to Ms. Mallari performing data entry. The system records the name of the last individual who adjusted the field.

physician prescribed. After verifying the data as accurate, Ms. Wagner sent the prescription to the queue for filling in Nevada by Walgreens #3922.

XII.

Back at Walgreens #3822, pharmaceutical technician Courtney Watkins retrieved Rx #3094107-3922 from the queue. She filled the prescription with simvastatin (generic for Zocor) 20 mg. tablets, and staged it for the pharmacist's final product review.

XIII.

Pharmacist Lucas Meyers performed the final product verification at Walgreens #3922. He did not detect that the prescription bottle contained simvastatin 20 mg. tablets, instead of the Zoloft 200 mg. tablets P.A.'s doctor prescribed. Without looking at the original prescription or image of the prescription available to him, Mr. Meyers verified and approved the prescription as accurate and complete. He staged the final product for customer pickup.

XIV.

In a written statement, Mr. Meyers explained that under Walgreen's model, his duty is limited to verifying that the product in the vial matches the information on the label and leaflet, even if they do not match the prescription. In this case, the label and leaflet do not match the prescription, as they were generated based on the incorrect data verified by Ms. Wagner at the Florida facility.

XV.

Walgreens #3922 has no mandatory procedure to detect a data entry or verification error by the Florida work shifting facility and/or an out-of-state pharmacist after data verification is complete.

XVI.

Pharmacist Tina Rizzolo's initials are recorded on the Audit/Board of Pharmacy Inspection Report documenting that patient consultation was completed. Ms. Rizzolo did not detect the medication error during counseling.

XVII.

A.P. alleges that counseling was not provided at the pharmacy drive-thru window for Rx #3094107-3922. He informed the Board Investigator that he never receives counseling when he utilizes Walgreens pharmacy drive-thru window.

XVIII.

Walgreens was not able to produce a record of the errant prescription label because Mr. Meyers deleted the errant prescription from A.P.'s patient profile, rather than closing the prescription. The counseling log was also electronically removed from the store level view when the prescription was deleted.

FIRST CAUSE OF ACTION
(Respondent Lucas Meyers)

XIX.

In failing to strictly follow the instructions of A.P.'s physician by verifying and dispensing a prescription for *simvastatin 20 mg. tablets (generic Zocor)*, rather than the *Zoloft 200 mg. tablets* the patient's doctor prescribed, Mr. Meyers violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Lucas Meyers)

XX.

In failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for patient A.P.'s prescription, Mr. Meyers violated NRS 639.210(4) and/or (17), NRS 639.236, NAC 639.482, NAC 639.706 and/or NAC 639.945(1)(h) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4) and (17) and/or NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Tina Rizzolo)

XXI.

In failing to provide adequate counseling for A.P.'s new prescription, which may have detected the medication error, Ms. Rizzolo violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Walgreens Pharmacy #3922)

XXII.

As the pharmacy in which the foregoing alleged violations occurred, Walgreens Pharmacy #3922 is responsible for the actions of its employees, Respondents Lucas Meyers and Tina Rizzolo, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

FIFTH CAUSE OF ACTION
(Respondent Walgreens Mail Service, Inc.)

XXIII.

As the pharmacy in which the violations alleged herein occurred, Walgreens Mail Service, Inc. is responsible, pursuant to NAC 639.945(2), for the unprofessional conduct of its employee, Ellen Wagner. That conduct includes Ms. Wagner's:

(1) failure to strictly follow the instructions of the prescriber and verifying *simvastatin 20 mg. tablets (generic Zocor)* as the correct medication, instead of the *Zoloft 200 mg. tablets* the physician prescribed, (*see* NAC 639.945(1)(d) and/or (i)); and

(2) failure to confer with A.P.'s physician to verify the medication name and strength, which are illegible and subject to question here. *See* (NAC 639.945(1)(e). This respondent is therefore subject to discipline under NRS 639.210(4), (11) and (12), and NRS 639.255.

Therefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and/or certificates of registration of these respondents.

Signed this 9th day of December, 2015.

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

NOTICE TO RESPONDENT(S)

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

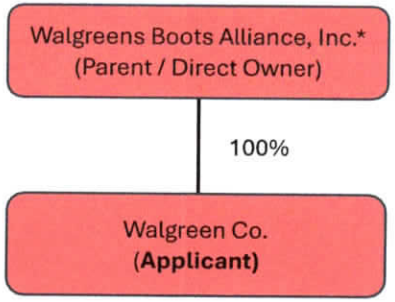
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

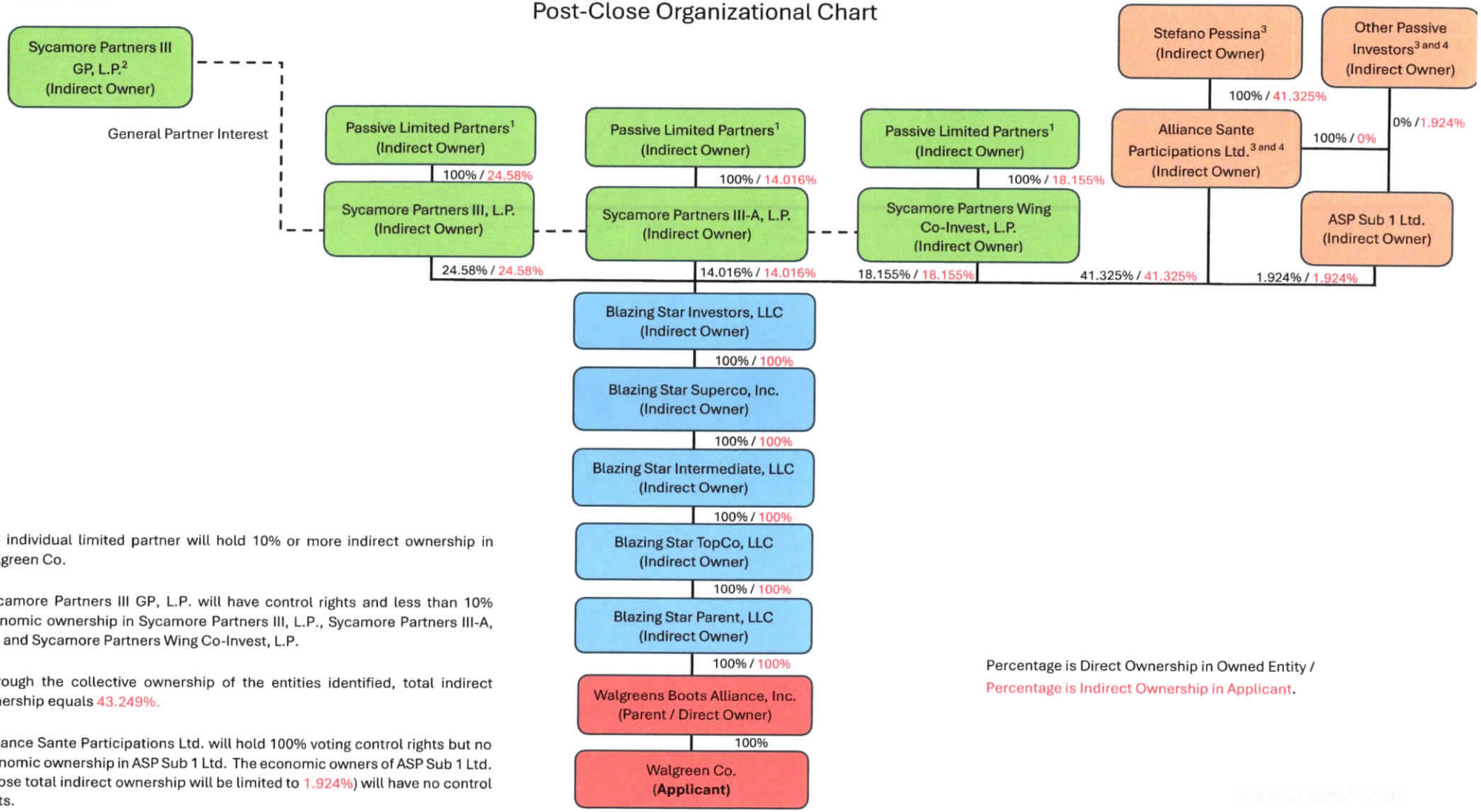
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

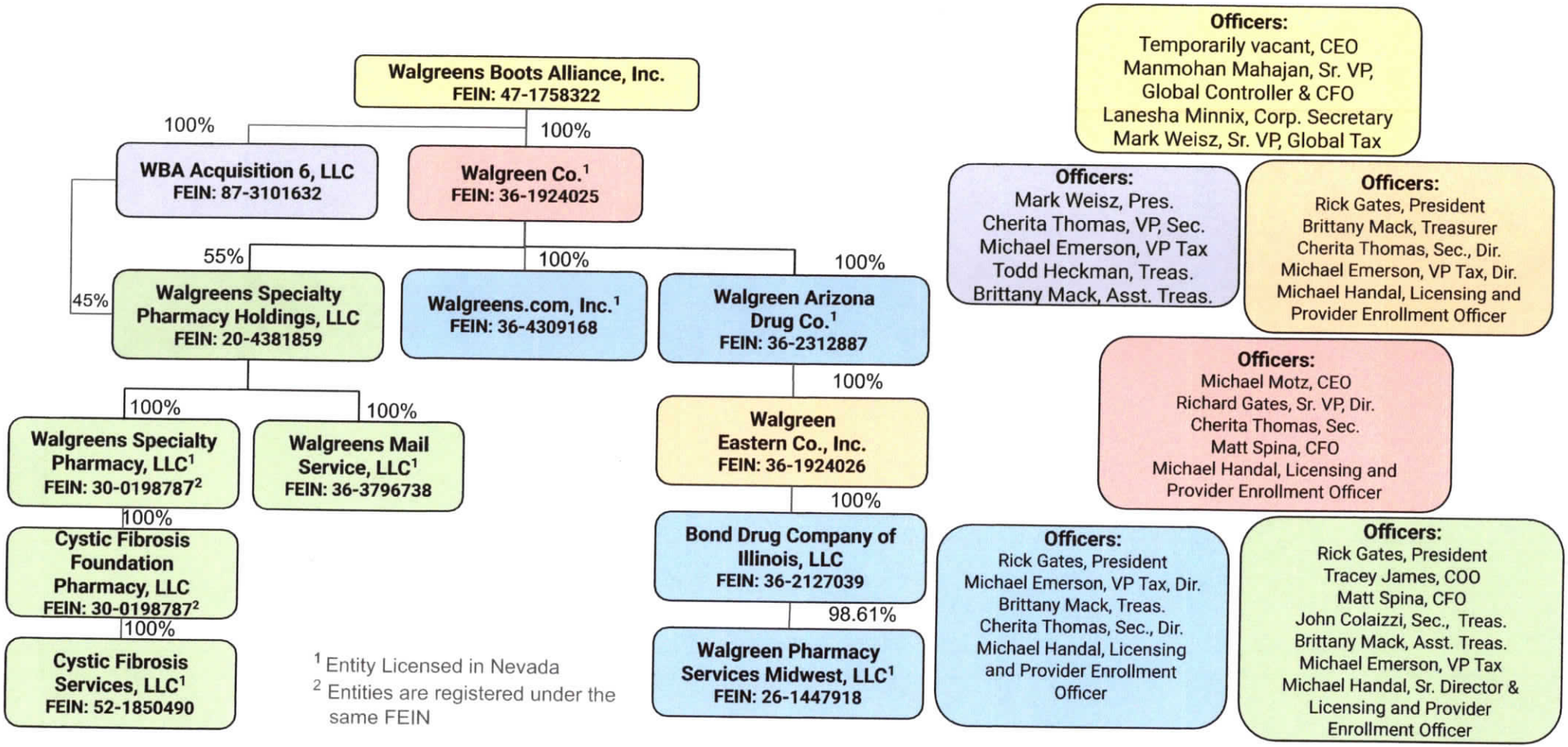
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4SSS

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01248	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW5707522 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04086

Physical Address: 4470 E BONANZA RD

City: LAS VEGAS State: NV Zip: 89110-6330

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)531-8006 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)531-8013 Contact Email: rxm.04086@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): WITHANIA NEAL

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17708

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: WITHANIA NEAL	NV Pharmacist Registration #: 17708
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck. JP03-30001111 29

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: WITHANIA NEAL Pharmacist Registration #: 17708

Pharmacy Name: WALGREENS #04086

Initial each statement below to indicate you have read and agree with the following:

WTN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

WTN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

WTN I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

WTN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

WTN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

WITHANIA NEAL

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 13 / 2025

Date

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Shelly Verma, Rachel McDonald,**
	)	**Suzette Jacobs, Walgreens**
SUZETTE JACOBS, RPH	)	**Pharmacy #03845, Walgreens**
Certificate of Registration No. 17642,	)	**Pharmacy #04086, Walgreens**
	)	**Pharmacy #15035 and Walgreens**
WALGREENS PHARMACY #15035	)	**Co.)**
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. William J. Stilling, Esq., of Kimball Legal, appeared on behalf of Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens #04086),

Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co.

Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board finds that evidence exists to support each of the factual allegations in the Accusation and enters Findings of Fact, Conclusions of Law, and Orders as follows:

FINDINGS OF FACT

On July 19, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, admitted in the *Stipulated Facts* are as follows:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

15. In a separate Order on file in this matter, the Board found that

> By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days

between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

See Findings of Fact, Conclusions of Order and Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S (2017), attached hereto as **Exhibit 2**, and incorporated herein by reference.

16. Additionally, during the hearing the Board heard testimony and accepted into evidence Exhibit 1, along with certain written evidence, including the prosecution's Hearing Exhibits 1 through 4, Respondents' Hearing Exhibits A and B.

Based on the evidence presented during the hearing, the Board finds that evidence exists to support each of the factual allegations stated in the Accusation.

CONCLUSIONS OF LAW

From the forgoing findings of fact, the Board concludes as a matter of law:

17. The Board has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs, were registered pharmacists with the Board.

18. Similarly, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035, were pharmacies registered with the Board.

19. As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

20. As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT

registration for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

21. As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one (1) day, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

22. By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and (15), and under NRS 639.255.

23. NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each employees of one of the Walgreens Pharmacies. As such, that Walgreens Pharmacies are responsible for each of the violations alleged herein.

ORDER

24. For the violations described in the Second[i] and Fifth Causes of Action, Respondent Ms. Verma shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of*

[i] The Board resolved the First Cause of Action in this matter through a separate Order. *See* Exhibit 2 (*Findings of Fact, Conclusions of Order and* Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S)(2017).

continuing education (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of five hundred dollars* ($500.00).

25. For the violations described in the Third and Fifth Causes of Action, Respondent Ms. McDonald shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of one hundred and sixty dollars* ($160.00).

26. For the violations described in the Fourth and Fifth Causes of Action, Respondent Ms. Jacob shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities,* and (3) *pay a fine of forty dollars* ($40.00).

27. As to Ms. Verma, Ms. McDonald and Ms. Jacob, the extra hours of CE ordered herein are in addition to any continuing education hours each must otherwise complete to maintain or renew her licensure.

28. For the Sixth Cause of Action, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035 shall each (1) *pay a fine of five hundred dollars* ($500.00)(for a total of $1,500 between the three Walgreens Pharmacies), and (2) pay a combined administrative fee of *one thousand five hundred dollars* ($1,500.00).

29. The Prosecution withdraw the Seventh Cause of Action.

30. Respondents, and each of them, shall pay the fines ordered herein when due, and by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

31. Respondents, and each of them, shall pay the administrative fees ordered herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

32. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of their respective license or registration.

33. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

Exhibit 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**STIPULATED FACTS**
Certificate of Registration No. 18416,	)	**(All Respondents)**
	)	
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens

#04086), Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co., by and through their counsel, William J. Stilling, Esq., of Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016 through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records the Walgreens Pharmacies provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day

- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

I, the undersigned, William J. Stilling, Esq., of and for the law firm Kimball Legal, have consulted with Respondents in this action, and each of them, regarding factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. Each Respondent has freely and voluntarily agreed to the factual statements set forth herein, and each has authorized me to sign below on their individual behalf.

Signed this 17th day of July, 2017

William J Stilling, Esq.
Kimball Legal

Counsel for Respondents Shelly Verman, Suzette Jacobs, Rachael McDonald, Walgreens Pharmacy #03845, Walgreens Pharmacy #4086 Walgreens Pharmacy #15035, and Walgreens Co., an Illinois Corporation

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Hakeem Sanchez-Bravo Only)**
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration No. PT17763, a pharmaceutical technician in training (PTT) at the time of the events alleged in the *Notice of Intended Action and Accusation* (Accusation) on file herein, did not file an answer in response to the Accusation. He did not respond to the Accusation in any way, and failed to appear at the hearing.

Having received no pleading and no response from Mr. Sanchez-Bravo, the Board hereby enters default against him as follows:

FINDINGS OF FACT

The allegations in the Accusation and on which the Board enters default against Mr. Sanchez-Bravo are as follows:

1. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

2. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

3. Certificate of Registration No. PT17763 expired on October 31, 2016.

4. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

5. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

6. A Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

7. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at three Walgreens pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

8. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and

- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

9. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

10. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

11. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

12. During the hearing, the Board admitted into the record, among other evidence, the prosecution's Exhibit 4, which is a written statement from Mr. Sanchez-Bravo supporting the allegations that Board Staff eventually filed against him by way of the Accusation.

13. Additionally, on May 5, 2017, Board Staff served the Accusation in this matter on Mr. Sanchez-Bravo by certified mail, return receipt requested, using the address Mr. Sanchez-Bravo most recently provided to the Board.

14. Based on evidence and testimony presented during the hearing, the Board finds that Board Staff satisfied the service requirements of NRS 639.242.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

15. The Board has jurisdiction over this matter because at the time of the events alleged herein, Respondent Mr. Sanchez-Bravo was a registered pharmaceutical technician in training with the Board.

16. A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

17. Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

18. By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

19. Those violations are grounds for discipline pursuant to NRS 639.210(4), and (13), as well as NRS 639.255.

ORDER

20. For the violations described above, Respondent Mr. Sanchez-Bravo shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding his obligations as a pharmaceutical technician in training, (2) *pay a fine of two hundred dollars* ($200.00), and (3), *complete 2 hours of continuing education* (CE) on the topics of *ethics* and *Nevada law*. Those extra hours of CE are in addition to any continuing education hours Mr. Sanchez-Bravo must otherwise complete to maintain or renew his registration.

21. Mr. Sanchez-Bravo shall pay the fine ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 30 days of the effective date of the Board's Order.

22. Any failure by Mr. Sanchez-Bravo to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of his registration, or be grounds for the denial of any application by him for registration or licensure with the Board, until all terms have been satisfied.

23. Mr. Sanchez-Bravo may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has a valid registration.

24. In the event Mr. Sanchez-Bravo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

FILED
MAY 05 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. HAKEEM SANCHEZ-BRAVO, PTT Certificate of Registration No. PT17763, SHELLEY VERMA, RPH Certificate of Registration No. 17761, WALGREENS PHARMACY #03845 Certificate of Registration No. PHN01064, RACHAEL MCDONALD, RPH Certificate of Registration No. 18416, WALGREENS PHARMACY #04086 Certificate of Registration No. PH01248, SUZETTE JACOBS, RPH Certificate of Registration No. 17642, WALGREENS PHARMACY #15035 Certificate of Registration No. PH02742, and WALGREENS CO., an Illinois Corporation, Respondents.	)	CASE NOS. 16-080-PTT- S 16-080-RPH-A-S 16-080-PH-A-S 16-080-RPH-B-S 16-080-PH-B-S 16-080-RPH-C-S 16-080-PH-C-S 16-080-PH-D-S NOTICE OF INTENDED ACTION AND ACCUSATION

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration PT17763, was a registered pharmaceutical technician in training with the Board; Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; and Suzette Jacobs

(Ms. Jacobs), Certificate of Registration 17642, were registered pharmacists with the Board. Similarly, Respondent Walgreens Pharmacy #03845, Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086, Certificate of Registration PH01248; and Walgreens Pharmacy #15035, Certificate of Registration PH02742, were pharmacies registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of each of the individual Walgreens pharmacies named in this matter.

II.

Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

III.

Additionally, a trainee may be employed as a technician in training at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5). If a pharmaceutical technician in training changes pharmacy locations (even within the same chain), the trainee must submit a new application and become registered for the new site. *Id.* Termination of employment at a pharmacy voids the trainee's registration and the trainee must reapply for registration before working at any other pharmacy.

FACTUAL ALLEGATIONS

IV.

On or about January 8, 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo).

V.

Certificate of Registration No. PT17763 was valid at Walgreens Pharmacy #4790.

VI.

Certificate of Registration No. PT17763 expired on October 31, 2016.

VII.

On November 7, 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During that discussion with Board Staff, Mr. Sanchez-Bravo indicated that he has been working at Walgreens Pharmacy #03845 for the prior four months.

VIII.

Board Staff learned that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

IX.

Records provided to the Board Investigator by Walgreens' District Manager Jaclyn Latteri show that from April 2016, through November 2016, Mr. Sanchez-Bravo worked as a technician in training at three separate Walgreens' where he did not have a registration. Those records show that he worked unregistered at those locations for a combined total of approximately one-hundred and forty (140) days.

X.

Table 1 below shows the number of hours and the pharmacy manager at each location where Mr. Sanchez-Bravo worked without a registration.

Walgreens Store #	Number of Days Sanchez-Bravo Worked Unregistered	Pharmacy Manager at Each Walgreens Location
03845	135	Shelley Verma
04086	4	Rachael McDonald
15035	1	Suzette Jacobs
Total	**140**	

XI.

Ms. Latteri, Walgreens' District Manager, confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

XII.

The Board Investigator also requested Walgreens' records documenting the hours Mr. Sanchez-Bravo was on duty during the pharmacies' hours of business. The records Walgreens

provided indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

XIII.

The following summarizes the number of days Mr. Sanchez-Bravo worked but failed to log his hours on duty during the 140-day period:

- Walgreens #03845 – 84 days
- Walgreens #04086 – 3 days
- Walgreens #15035 – 1 day

XIV.

Walgreens Co. has a history of allowing employees to work unlicensed in its stores, as evidenced by a number of prior disciplinary actions taken by the Board against various Walgreens' pharmacies for unlicensed activity. Those cases include each of the following:

Prior Disciplinary Actions Taken Against Walgreen Respondents for Unlicensed Practice

A. *Board of Pharmacy v. Respondent Walgreens Pharmacy #05646,* Case No. 07-062-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #03844, Case No. 07-063-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #05646, Case No. 07-064-PH-S
B. *Board of Pharmacy v. Respondent Walgreens Pharmacy #06310,* Case No. 07-021-PH-S
C. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12646,* Case No. 10-007-PH-S
D. *Board of Pharmacy v. Respondent Walgreens Pharmacy #04855,* Case No. 11-044-PH-S
E. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12488,* Case No. 13-016-PH-S

XV.

A copy of the Findings of Fact, Conclusions of Law and Order and/or the Stipulation and Order for each of those cases are attached hereto as **Exhibits A through E**, respectively, the contents of which are incorporated herein by reference.

XVI.

FIRST CAUSE OF ACTION
(Respondent Hakeem Sanchez-Bravo)

A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he

did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1), which violations are grounds for discipline pursuant to NRS 639.210(4), and/or (13), or alternatively, under NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Shelley Verma)

XVII.

As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Rachael McDonald)

XVIII.

As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Suzette Jacobs)

XIX.

As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one (1) day, and in failing to verify that

Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FIFTH CAUSE OF ACTION

(Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs)

XX.

NAC 639.245(1) requires that "[a] written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business." The record must be "[r]eadily retrievable" and "[r]etained for 2 years. *Id.* NAC 639.945(m) defines unprofessional conduct to include "failing to provide any document, data or information that is required to be made and maintained...to a member of the Board or member of the staff of the Board . . ." upon request.

By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and/or (15), or alternatively, under NRS 639.255.

SIXTH CAUSE OF ACTION

(Respondents Walgreens #03845, Walgreens #04086, and Walgreens #15035)

XXI.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each Walgreens' employees. As such, Walgreens is responsible for each of the violations alleged herein.

The violations alleged above, including in causes of action one through five, are grounds

for discipline against the licenses of Ms. Verma, Mr. McDonald, Ms. Jacobs, as well as Walgreens #03845, Walgreens #04086 and Walgreens #15035 pursuant to NRS 639.210(4), (11), (12), (15) and/or (17) as well as NRS 639.255.

SEVENTH CAUSE OF ACTION
(Respondent Walgreens Co.)

XXII.

In being repeatedly negligent in its registration verification process, as evidenced by the allegations in this action, and the outcome in Case Nos. 07-062-PH-S, 07-063-PH-S, 07-064-PH-S, 07-021-PH-S, 10-007-PH-S, 11-044-PH-S, and 13-016-PH-S, Walgreens Co., through its pharmacies, violated NRS 639.210(4), (12) and/or (16), as well as NAC 639.945(1)(i). Collectively they are responsible for those actions under NAC 639.945(2), and are subject to discipline pursuant to NRS 639.210(4), (11), (12), (15) and (17), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 12th day of May, 2017.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

AMANDA L. WEAVER, P.T.,
Certificate of Registration No. PT06996,

Case No. 07-021-PT-S

WALGREENS #06310,
Certificate of Registration No. PH01549,

Case No. 07-021-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Amanda L. Weaver appeared and represented herself. Mr. Ling represented to the Board that Board Staff had entered into an oral stipulation with Robert Graham, counsel for Walgreens #06310, pursuant to which the parties had agreed that Mr. Ling would present the terms of the oral stipulation and that Mr. Graham or representatives of Walgreens were excused from appearing in the matter. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Weaver appeared, testified, and represented herself. Because of the oral stipulation between Mr. Ling and Mr. Graham, Board Staff presented no witnesses or evidence. Instead, Board Staff represented the terms of the

oral stipulation between himself and Mr. Graham, namely that Walgreens #06310 admitted that it had employed Ms. Weaver for 16 days while Ms. Weaver's pharmaceutical technician's registration was expired and that Walgreens #06310 was willing to pay whatever fine and fees and costs as might be assessed by the Board up to but not to exceed the regulatorily established amount of $100.00 per day for each day that Ms. Weaver was employed on an expired registration. Board Staff further explained that Walgreens #06310's employment of Ms. Weaver appeared to be an isolated incident because other similar incidences were not noted after November 1, 2007 in any other Walgreens pharmacy. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. All registrations of pharmaceutical technicians were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician may lawfully be employed as a pharmaceutical technician on an expired registration.

3. On March 9, 2007, Board Staff learned that Ms. Weaver had failed to renew her pharmaceutical technician's registration and that she had worked at Walgreens #06310 while her registration was expired. Subsequent investigation showed that Mr. Weaver had been employed as a pharmaceutical technician a total of 16 days between November 1, 2006 and March 7, 2007.

4. At hearing, Ms. Weaver explained that prior to November 1, 2006, she had accepted temporary employment as an intern at Walt Disney World in Orlando, Florida and that during her internship she had inadvertently forgotten to renew her registration. When she returned to Nevada, she recommenced employment at Walgreens #06310.

After working for a few weeks, Ms. Weaver and Walgreens #06310 discovered that she had failed to renew her registration. Ms. Weaver apologized to the Board for her actions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a pharmaceutical technician registered by the Board and Respondent Walgreens #06310 is a pharmacy licensed by the Board.

2. In working as a pharmaceutical technician on and expired registration, Respondents Weaver violated NRS 639.210(4) and (13) and NAC 639.945(1)(i) and (k).

3. In owning and operating the pharmacy that employed Ms. Weaver as a pharmaceutical technician while her registration was expired, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(i) and (k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Walgreens #06310 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Respondent Walgreens #06310 shall pay the Board's costs and attorney's fees of $210.00 and the Board's administrative fee of $290.00, for a total of $500.00 by cashier's or certified check or money order made payable to "Nevada State Board of

Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondent Weaver shall pay a fine of $125.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Respondent Weaver shall attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff. Additionally, Respondent Weaver shall complete three hours of continuing education regarding legal issues related to her practice as a pharmaceutical technician, which hours must be completed before October 31, 2008.

5. The failure by Respondent Weaver to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by Respondent Walgreens #06310 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 28th day of June, 2007.

J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LISA A. HEATHCOCK, PT,
Certificate of Registration No.: PT02628,

Case No. 10-007-PT-S

WALGREENS #12646,
Certificate of Registration No.: PH02353,

Case No. 10-007-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, and Ms. Heathcock was not present because of a family emergency and her matter was continued until the October, 2010 Board meeting. Walgreens #12646 (Walgreens) was represented by Robert Graham, Esq. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were essentially true and correct regarding the issues related to Ms. Heathcock working for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Mr. Graham advised that Walgreens did check to ensure all of their staff had renewed their licenses and that their computer system was working properly, however Walgreens staff was given false

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not following through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #12646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #12646 shall pay the Board's administrative fee of $295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.

4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 9th day of August, 2010.

Candy Nalley for
Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.
_____/

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents, Yvonne Jett, Walgreens #04855 and Walgreens Corporation, all represented by Rob Graham, Esq., of Rob Graham and Associates, stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First, Second and Third Causes of Action.

2. Respondents admit that although there are systems in place to prevent a licensed employee who has not renewed his or her license from working in Respondent's pharmacy, those systems did not work and additional steps must be taken to prevent this from happening again.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and the Respondent Jett will recommend that the Board impose discipline for the First Cause of Action by suspending her pharmaceutical technician registration for 120 days during which time she cannot work in any facility that is licensed pursuant the Nevada Board of Pharmacy and pay a total fine of $2,500 by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 180 days after her suspension ends. The suspension of Respondent Jett's pharmaceutical technician registration will start with the effective date of this order and run through November 10, 2011.

5. Board Staff and Respondents Walgreens Corporation and Walgreens #04855 will recommend that the Board impose discipline on Respondents for the Second and Third Causes of Action by requiring that all Nevada Walgreens pharmacies be trained on and use the licensing computer program that is in place in Nevada. In addition, Walgreens pharmacies in Nevada will be required to implement a statewide policy requiring all managing pharmacists, or if none is present staff pharmacists, to personally verify that the personnel they are working with are properly licensed or registered before they work. If the managing pharmacist, or if no managing pharmacist is present the staff pharmacist, fails to personally verify that all registered personnel are properly licensed or registered and may lawfully work, the managing pharmacist or staff pharmacist will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

6. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Yvonne Jett, PT.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ANGELIQUE CHEYENNE STINSON, PT Certificate of Registration No. PT06175 LUDWIG JOSEPH, PTT Certificate of Registration No. PT14490 AMBER SHORE, RPH Certificate of Registration No. 17498 WALGREENS #12488 Certificate of Registration No. PH02741 Respondents.	)	CASE NOS. 13-016-PT-N 13-016-PTT-N 13-016-RPH-N 13-016-PH-N STIPULATION AND ORDER

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and ANGELIQUE CHEYENNE STINSON, PT, Certificate of Registration No. PT06175; LUDWIG JOSEPH, PTT, Certificate of Registration No. PT14490; AMBER SHORE, RPH, Certificate of Registration No. 17498 and WALGREENS #12488, Certificate of Registration No. PH02741 (collectively Respondents), by and through their counsel, Williams J. Stilling of Parsons Behle & Latimer, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. Respondents, and each of them, admit to the factual allegations set forth in paragraphs I through III of the Accusation on file herein.

2. Respondent Ms. Stinson agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

3. Respondent Mr. Joseph agrees that the facts he admits above subject him to fines under NRS 639.255 and NAC 639.955.

4. Respondent Ms. Shore agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

5. Respondent Walgreens #12488 agrees that the facts it admits above subject it to fines under NRS 639.255 and NAC 639.955.

6. Based on Respondents' admissions, Board Staff and Respondents will recommend that the Board impose discipline as follows:

a. Ms. Stinson, PT, shall pay a fine of $480.00 ($20/day for each of the twenty-four (24) days she worked without a current registration).

b. Mr. Joseph, PTT, shall pay a fine of $100.00 ($20/day for each of the five (5) days he worked without a current registration).

c. Ms. Shore, RPh., shall pay a fine of $250.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work under her supervision without a current registration.

d. Walgreens shall pay a fine of $500.00 and an administrative fee of $395.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work in its store without a current registration.

e. Walgreens shall establish policies and procedures to prevent unlicensed and/or unregistered personnel from performing tasks that require a license or registration in any of its Nevada stores. Walgreens shall further demonstrate to Board Staff, within 30 days of entry of this Order, that all of its pharmacists, intern pharmacists, pharmaceutical technicians, and pharmaceutical technicians in training have read, and expressly agree to strictly comply with, those policies and procedures.

7. Board Counsel will present this Stipulation to the Board at its regular meeting on September 4, 2013.

8. Respondents will appear at the September 4, 2013, meeting to answer questions, if any, put to them by the Board. The Board may discuss and deliberate, and at its sole discretion, may enter a Decision and Order accepting this Stipulation and imposing discipline as recommended by the parties, but it is not obligated to do so.

9. If the Board adopts the recommendations set forth above, respondents shall pay the fine(s) set forth herein by cashier's check, certified check or money order made payable to

the "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

10. Respondents shall pay the administrative fees ordered herein by cashier's check, certified check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

11. If the Board adopts the recommendations set forth above, the Board and Respondents, and each of them, each agree to release the other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's December 4, 2013 meeting.

13. The terms and admissions in this Stipulation may not be used or referred to in a full hearing on the merits of this matter.

Signed this 4th day of September, 2013

S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of September 2013

ANGELIQUE CHEYENNE STINSON, PT

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this ___ day of September, 2013.

Kamlesh Gandhi, President

Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this 4 day of September, 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

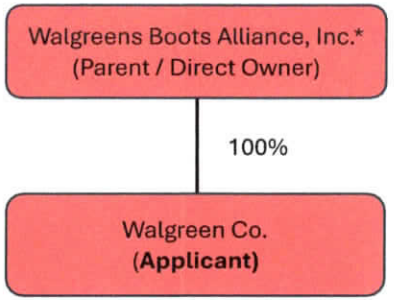
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

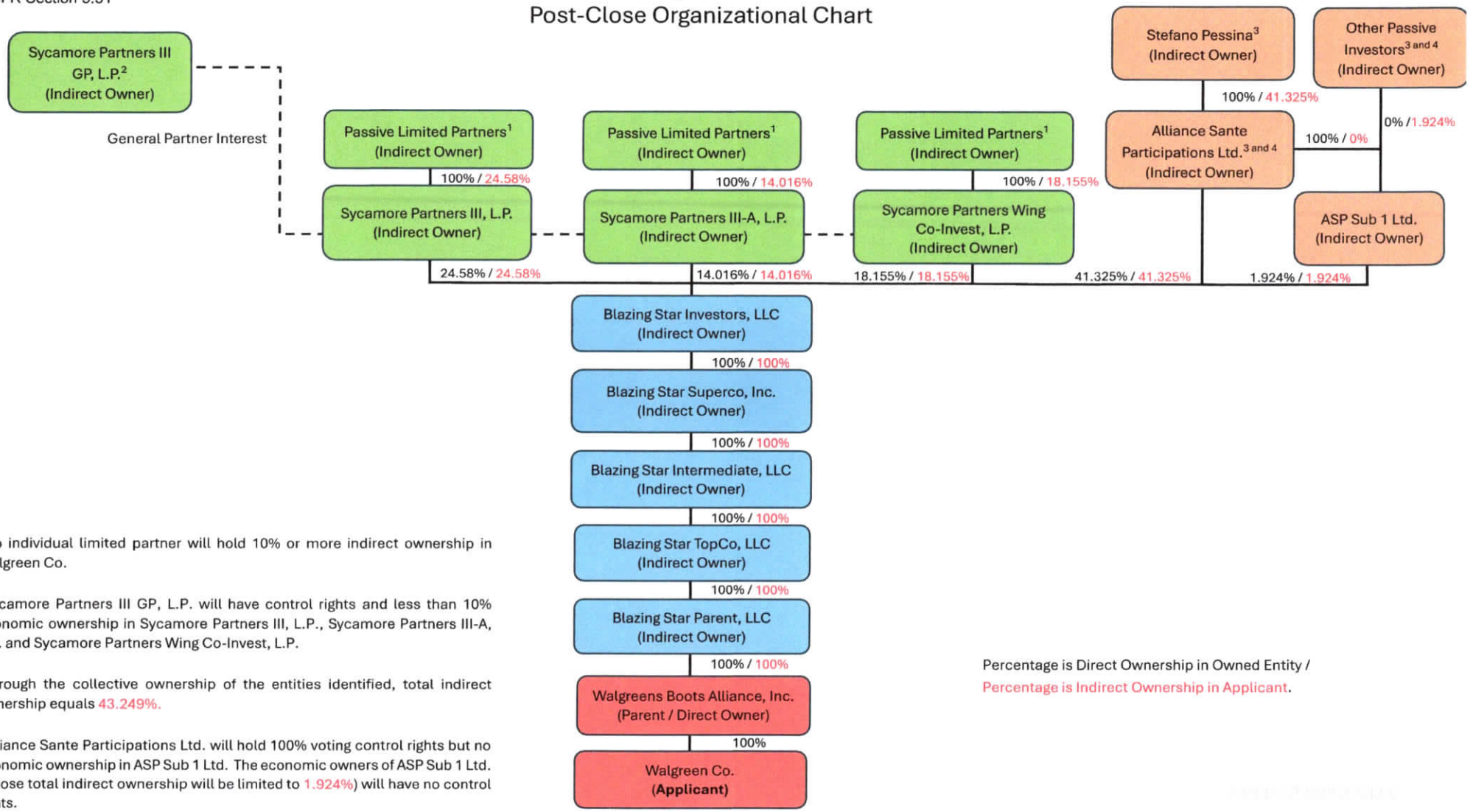
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

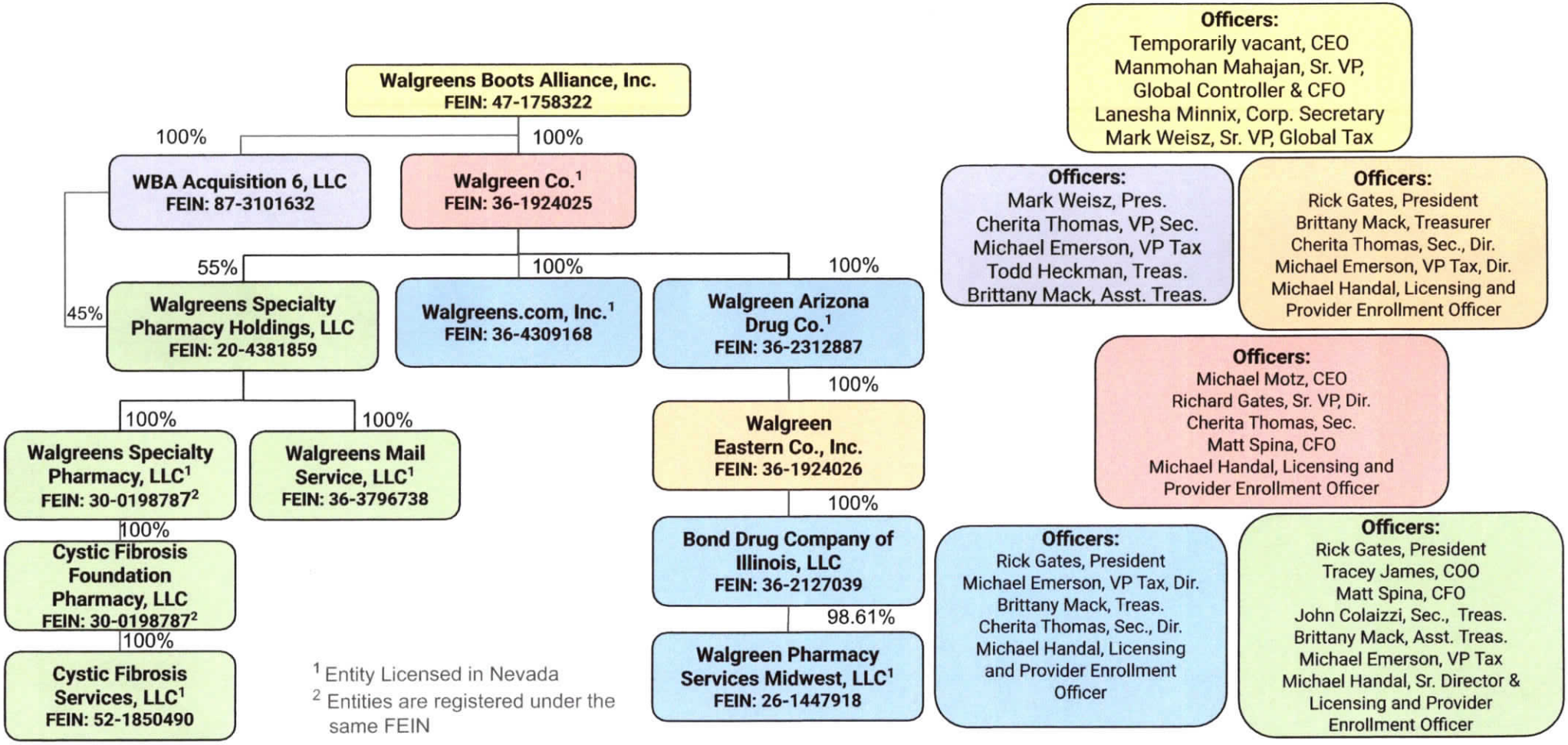
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4TTT

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01132	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW5412642 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04137

Physical Address: 9415 W DESERT INN RD

City: LAS VEGAS State: NV Zip: 89117-6765

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)233-8935 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)233-8955 Contact Email: rxm.04137@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): NICHOLE BAKER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18342

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: NICHOLE BAKER	NV Pharmacist Registration #: 18342
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

If you marked YES to any of the number questions (1-5) above, a <u>signed statement of explanation must be attached</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck DP03-30004129

Document Ref: TT9JY-UHEOQ-G92PU-65MT5

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NICHOLE BAKER Pharmacist Registration #: 18342

Pharmacy Name: WALGREENS #04137

Initial each statement below to indicate you have read and agree with the following:

N.B. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

N.B. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

N.B. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

N.B. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

N.B. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

NICHOLE BAKER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WENDELL C. WEEKS, R.Ph.,
Certificate of Registration #13944,

WALGREENS #04137
Certificate of Registration No. PH01132

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 06-044-RPH-S

Case No. 06-044-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Wendell C. Weeks is a pharmacist licensed by the Board and Walgreens #04137 is a pharmacy licensed by the Board, located at 9415 West Desert Inn Road, Las Vegas, Nevada.

II.

On or about July 24, 2006, Mr. K picked up a refill prescription (Rx 0809534) for Ambien 10 mg. #30 for his wife. Patient K began taking the medication on July 25, 2006, and she took the medication for thirteen days but was not receiving the desired sleeping results she normally got from taking Ambien. During that period of time, Patient K was experiencing lack of sleep, heart tremors/fluttering, cold sweats, shakiness, and a lack of concentration and energy. Patient K examined the medication

she had been taking more closely and noticed that the label was correct but the medication contained in the prescription container were white oblong tablets and the surface was not smooth like previous Ambien tablets she had taken were. Patient K noted that the tablets had the number "50" on one side and "266" on the other.

III.

Patient K contacted Walgreens #04137 and described the tablets she had been taking. At that time it was discovered that Patient K received Levothyrixine 50 mcg. tablets that were for the treatment of a thyroid condition. It was also determined that Mr. Weeks was the pharmacist that filled the prescription. Patient K was already being treated for a thyroid condition and was taking Levoxyl 100 mcg. tablets. Thus, Patient K had been ingesting twice the prescribed thyroid medication. Fortunately, Patient K suffered no harm beyond her discomfort previously described.

FIRST CAUSE OF ACTION

IV.

In failing to follow the order of Patient K's physician, namely by filling Patient K's prescription with Levothyrixine 50 mcg. tablets rather than Ambien 10 mg. tablets that had been ordered, Mr. Weeks violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Mr. Weeks's violation occurred and from which Patient K's prescription was dispensed incorrectly, Walgreens #04137 violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

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

Signed this 20th day of June, 2007.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

JUL 16 2007

NEVADA STATE BOARD OF PHARMACY,

Petitioner, **STIPULATION AND ORDER**

v.

WALGREENS #04137 **Case No. 06-044-PH-S**
Certificate of Registration No. PH01132

Respondent.
_____/

The Nevada State Board of Pharmacy and Respondent Walgreens #04137, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $200.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

7/11/07
DATED

Matt Forster - Pharmacy Supervisor
type or print name
Las Vegas West District

for Walgreens #04137

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 25th day of July, 2007.

7/26/07
DATED

J. David Wuest, President
Nevada State Board of Pharmacy

FILED
OCT 12 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4137, Pharmacy License No. PH01132,** **HIEP TRAN, RPH, Certificate of Registration No. 17091, and** **THUTHAPORN WONGSE-SANIT, RPH, Certificate of Registration No. 16891,** **Respondents.**	**Case Nos. 18-072-PH-S** **18-072-RPH-A-S** **18-072-RPH-B-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4137 ("Walgreens"), Pharmacy License No. PH01132, Respondent Hiep Tran, RPh ("Tran"), Certificate of Registration No. 17091, and Respondent Thuthaporn Wongse-Sanit, RPh ("Wongse-Sanit"), Certificate of Registration No. 16891, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about August 31, 2022, Board's staff served Respondents Walgreens, Tran, and Wongse-Sanit with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

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

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Tran failed to strictly follow the instructions of a prescriber M.H. by dispensing the wrong dosage of Morphine Sulfate **30 mg**, prescription number 2844442, instead of the correct dosage 15 mg, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d).

B. Respondent Tran performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review for prescription number 2844442, which was the wrong dosage of Morphine Sulfate **30 mg** instead of the correct dosage 15 mg, failed to properly verify medication during final review, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i).

C. Respondent Wongse-Sanit performed her duties in an incompetent, unskillful or negligent manner when she overrode DUR flag(s) for prescription number 2844442, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i).

D. As the pharmacy where Respondent Tran, Respondent Wongse-Sanit, and PT C.S. violated the laws as alleged herein, Walgreens is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2).

E. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, failing to record the correct pharmacy personnel who performed each step of data entry, verification and dispensing, Walgreens violated NRS 453.246; NRS 453.326; NAC 453.480; NAC 639.245; NAC 639.482; NAC 639.485; NAC 639.487; 21 CFR § 1304.21.

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

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Tran, Certificate of Registration No. 17091, stipulate to the following penalties and/or conditions:

A. Respondent Tran shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Tran shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Wongse-Sanit, Certificate of Registration No. 16891, stipulate to the following penalties and/or conditions:

C. Respondent Wongse-Sanit shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

D. Respondent Wongse-Sanit shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens, Pharmacy License No. PH01132 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

12. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

16. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

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

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

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4137,
Pharmacy License No. PH01132

Signed this ___ day of October, 2022

HIEP TRAN, RPH,
Certificate of Registration No. 17091

Signed this ___ day of October, 2022

THUTHAPORN WONGSE-SANIT, RPH,
Certificate of Registration No. 16891

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4137,
Pharmacy License No. PH01132

Signed this 19 day of October, 2022

HIEP TRAN, RPH,
Certificate of Registration No. 17091

Signed this ___ day of October, 2022

THUTHAPORN WONGSE-SANIT, RPH,
Certificate of Registration No. 16891

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this day of October, 2022

WALGREENS PHARMACY #4137,
Pharmacy License No. PH01132

Signed this ___ day of October, 2022

HIEP TRAN, RPH,
Certificate of Registration No. 17091

Signed this ___ day of October, 2022

THUTHAPORN WONGSE-SANIT, RPH.
Certificate of Registration No. 16891

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 7 day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4137,
Pharmacy License No. PH01132

Signed this ___ day of October, 2022

HIEP TRAN, RPH,
Certificate of Registration No. 17091

Signed this ___ day of October, 2022

THUTHAPORN WONGSE-SANIT, RPH,
Certificate of Registration No. 16891

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4137, Pharmacy License No. PH01132, Respondent Hiep Tran, RPH, Certificate of Registration No. 17091, and Respondent Thuthaporn Wongse-Sanit, RPH, Certificate of Registration No. 16891, in Case Nos. 18-072-PH-S, 18-072-RPH-A-S, 18-072-RPH-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
AUG 31 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **WALGREENS PHARMACY #4137, Pharmacy License No. PH01132,** **HIEP TRAN, RPH, Certificate of Registration No. 17091, and** **THUTHAPORN WONGSE-SANIT, RPH, Certificate of Registration No. 16891,** **Respondents.**	Case No. 18-072-PH-S 18-072-RPH-A-S 18-072-RPH-B-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Walgreens Pharmacy #4137 ("Walgreens"), Pharmacy License No. PH01132, Respondent Hiep Tran, RPH ("Tran"), Certificate of Registration No. 17091, and Respondent Thuthaporn Wongse-Sanit, RPH ("Wongse-Sanit"), Certificate of Registration No. 16891 were licensed/registered with the Board.

FACTUAL ALLEGATIONS

1. Respondent Walgreens is located at 9415 W. Desert Inn, in Las Vegas, Nevada.

2. Respondent Tran was a staff pharmacist at Walgreens during the alleged and relevant timeframes.

3. Respondent Wongse-Sanit was a staff pharmacist at Walgreens during the alleged and relevant timeframes.

4. On April 5, 2018, practitioner M.H. wrote patient K.J. a prescription for Morphine Sulfate 15 mg Immediate Release, quantity 120, which was designated prescription number 2844442 by Walgreens.

5. Walgreens' records showed that pharmaceutical technician ("PT") S.V. scanned the prescription on April 5, 2018.

6. Drug utilization review ("DUR") flag(s) were overridden by Respondent Wongse-Sanit on April 5, 2018.

7. It was later discovered that PT S.V. was not the PT who scanned and entered the prescription information incorrectly for prescription number 2844442 on April 5, 2018. PT C.S. entered the information incorrectly as Morphine Sulfate 15 mg **Extended Release** instead of Immediate Release. PT S.V. forgot to sign out of his computer terminal, and PT C.S. failed to sign in, resulting in the recording of data entry under the wrong PT's name. Respondent Tran discovered the PT's data entry mistake and attempted to correct from **Extended Release** to the prescribed Immediate Release, but in attempting to correct the prescription, Tran selected the wrong dosage **30 mg**, instead of the prescribed 15 mg.

8. The final product review was performed by Respondent Tran on April 5, 2018 for the prescription, Morphine Sulfate at a higher dosage of **30 mg** than prescribed. This prescription was dispensed on April 10, 2018.

9. In addition, although Respondent Tran did not work on April 10, 2018, the date of dispensed prescription number 2844442, his name was kept on the dispensing record because Respondent Tran was the last recorded pharmacist who performed final review. A Walgreens' representative explained that a "MSC exception" was utilized instead of a "TPR exception", and that only a rebilling to a different insurance occurred, so that the original entry user was still responsible for the data entered.

10. Patient K.J. ingested all 120 tablets. Patient K.J. initially experienced dizziness and nausea when she took the increased and incorrect prescribed dosage of Morphine Sulfate, prescription number 2844442. The error was discovered upon a follow-up visit with practitioner M.H. on May 1, 2018.

APPLICABLE LAW

11. A licensee/registrant commits unprofessional conduct when he fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

12. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

13. Persons registered to dispense controlled substances and/or dangerous drugs shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law, and maintain proper personnel on duty records. NRS 453.246; NRS 453.326; NAC 453.480; NAC 639.245; NAC 639.482; NAC 639.485; NAC 639.487; 21 CFR § 1304.21.

14. NAC 639.252(2) states in relevant part: "If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription."

15. "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

16. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

17. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

18. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Failure to Strictly Follow Directions of Prescriber
(Respondent Tran)

19. Respondent Tran failed to strictly follow the instructions of a prescriber M.H. by dispensing the wrong dosage of Morphine Sulfate **30 mg**, prescription number 2844442, instead of the correct dosage 15 mg, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct- Incompetent, Unskillful, or Negligent Conduct
(Respondents Tran and Wongse-Sanit)

20. Respondent Tran performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review for prescription number 284444, which was the wrong dosage of Morphine Sulfate **30 mg** instead of the correct dosage 15 mg, failed to properly verify medication during final review, and engaged in unprofessional

conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

21. Respondent Wongse-Sanit performed her duties in an incompetent, unskillful or negligent manner when she overrode DUR flag(s) for prescription number 2844442, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

22. As the pharmacy where Respondent Tran, Respondent Wongse-Sanit, and PT C.S. violated the laws as alleged herein, Walgreens is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

23. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, failing to record the correct pharmacy personnel who performed each step of data entry, verification and dispensing, Walgreens violated NRS 453.246; NRS 453.326; NAC 453.480; NAC 639.245; NAC 639.482; NAC 639.485; NAC 639.487; 21 CFR § 1304.21, and is subject to discipline pursuant to NRS 639.210, and/or NRS 639.255.

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WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license(s)/registration(s) of these Respondents.

Signed this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner. v. WALGREENS PHARMACY #4137, Pharmacy License No. PH01132, Respondent.	CASE NO. 18-072-PH-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #4137, Pharmacy License No. PH01132, Respondent.	CASE NO. 18-072-PH-S ANSWER AND NOTICE OF DEFENSE

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

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

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

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

DATED this _____ day of _____, 2022.

_____
TYPE OR PRINT NAME

_____
AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4137

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JENNIFER CHAN, RPH.,
Certificate of Registration #14660,

Case No. 10-032-RPH-S

WALGREENS #04137,
Certificate of Registration #PH01132,

Case No. 10-032-PH-S

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jennifer Chan is a pharmacist licensed by the Board and Walgreens #04137 is a pharmacy licensed by the Board, located at 9415 West Desert Inn Road, Las Vegas, Nevada.

FIRST CAUSE OF ACTION

II.

On or about February 14, 2010 Edward Eckels was released from St. Rose Hospital San Martin Campus after having double bypass surgery. Mr. Eckels was given a prescription blank with three medications written on it. The medication in question is for metoprolol tartrate 12.5 mg. with directions to take one tablet twice daily. Janice Eckles, Mr. Eckels wife, took Mr. Eckels home and had her son take the prescriptions to Walgreens #04137 to be filled. Mr. Eckels son waited for the prescriptions to be filled and brought them home for Mr. Eckels to continue his therapy after his bypass surgery.

III.

Mr. Eckels began taking his medication that evening. On February 22, 2010 a home health care nurse was attending to Mr. Eckels and commented that the metoprolol 125 mg. tablets taken twice daily seemed like a high dosage and she suggested that Mr. Eckels discuss the dosage with his cardiologist. Mr. Eckels saw his cardiologist on February 25, 2010 and he, also, thought that was an unusually high dosage and reduced the dose to 50 mg. per day to be taken twice daily – 25 mg. in the morning and 25 mg. at night. Mr. and Mrs. Eckels returned to Walgreens #4137 and asked to see the original prescription their son had filled on February 14th, 2010. Mrs. Eckels asked various pharmacy staff to read the metoprolol dosage and each of them read it as 12.5 mg. and was surprised that the original prescription was filled to take 125 mg. Mr. Eckels had been taking 10 times the amount of metoprolol than prescribed.

IV.

During the investigation of this matter it was learned that Jennifer Chan was the pharmacist responsible for this error. In a written statement Ms. Chan indicated that she checked the dosage several times during the filling of the prescription and stated that she did not see a decimal point between the 2 and the 5. Ms. Chan apologized to the Eckles' and advised that they were short staffed that evening and that probably contributed to making the error since she input, filled and verified the prescription for metoprolol for Mr. Eckels. Ms. Chan has changed her pharmacy practice since this incident to never solely type the label and fill the prescription as there would not be a second set of eyes to verify that the prescription was filled correctly.

V.

In failing to strictly follow the instructions of Mr. Eckels' physician by filling his prescription with incorrect dosing directions that ultimately caused him to ingest 10 times the amount of metoprolol than was prescribed , Ms. Chan violated Nevada

Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

At its regularly scheduled Board meeting on January 11, 2011 in Las Vegas, Nevada, the Board heard another matter (Case No. 09-102-RPH-S) which involved Jennifer Chan. Ms. Chan did not contest that she dispensed twenty-one methylprednisolone 4 mg. tablets instead of ten dosage units of medroxyprogesterone acetate 10 mg. tablets to a patient that was trying to regulate her menstrual cycle. The patient in this matter claimed to experience dizziness, headaches and an unbalanced feeling. Ms. Chan was Ordered to pay the Board's investigation, attorney's fees and an administrative fee totaling $1,394.19 in this matter.

VII.

In being repeatedly negligent for having misfilled a prescription in Case No. 09-102-RPH-S that was heard at the January 11, 2011 Board meeting, Ms. Chan violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Mr. Eckels' prescription with the wrong dosage, namely metoprolol 125 mg. rather than the prescribed metoprolol 12.5 mg., Walgreens #04137 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2).

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

Signed this 28th day of April, 2011.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

JENNIFER CHAN, R.Ph.
Certificate of Registration #14660,

Case No. 10-032-RPH-S

WALGREENS #04137,
Certificate of Registration #PH01307,

Case No. 10-032-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents and Rob Graham, Esq. of Rob Graham & Associates., stipulate and agree as follows:

1. Respondent Chan admits the factual allegations made in the First and Second Causes of Action.

2. Respondent Walgreens #04137 admits the factual allegations of the Third Cause of Action.

3. The Board Staff concluded after investigation that Respondent Chan's inattention and being overwhelmed as reported by Respondent Chan was due short staffing and led to the errors in this case.

4. Respondent Chan fully recognizes the errors that were made and understands that she must take corrective action to avoid such errors in the future.

5. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the

parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

6. Board Staff and Respondent Chan recommend that the Board impose as discipline that she successfully complete the Your Success Rx program at her own expense including the following:

a. That Respondent Chan shall cooperate fully and genuinely with the needs, demands, and requirements of the program and contact the program within 10 days of the acceptance of the Stipulation and Order by the Board.

b. That Respondent Chan shall inform and assure that her employing pharmacy accommodate the program's needs regarding Respondent Chan's time needed to participate in the program and the program's potential need to be present in the employing pharmacy.

c. When Respondent Chan has completed the program, the program shall submit to Board Staff a final report regarding Respondent Chan's participation in the program. Board Staff will set a meeting with Respondent Chan and the program administrator to review and to discuss the report.

7. Respondent Chan be placed on probation for a period of two years subject to the following terms and conditions:

a. Respondent Chan shall report any errors to the Board within seven days of the incident.

b. Respondent Chan shall not work as a managing pharmacist during the period of probation.

c. Respondent Chan shall not work any more than 32 hours per week.

d. Respondent Chan shall comply with all laws related to the practice of pharmacy, whether state or federal and whether statutory or regulatory.

8. The failure by Respondent Chan to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the license.

9. If Respondent Chan is employed fulltime at one pharmacy she may petition the Board to reduce the period of probation.

10. Board Staff and Respondent Walgreens #04137 recommend that the Board impose discipline that it receive a letter of reprimand issued by the Executive Secretary.

11. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

12. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

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Signed this 13th day of July, 2011.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Jennifer Chan, R.Ph.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7-13-2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

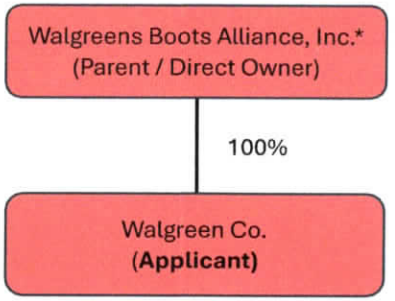
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

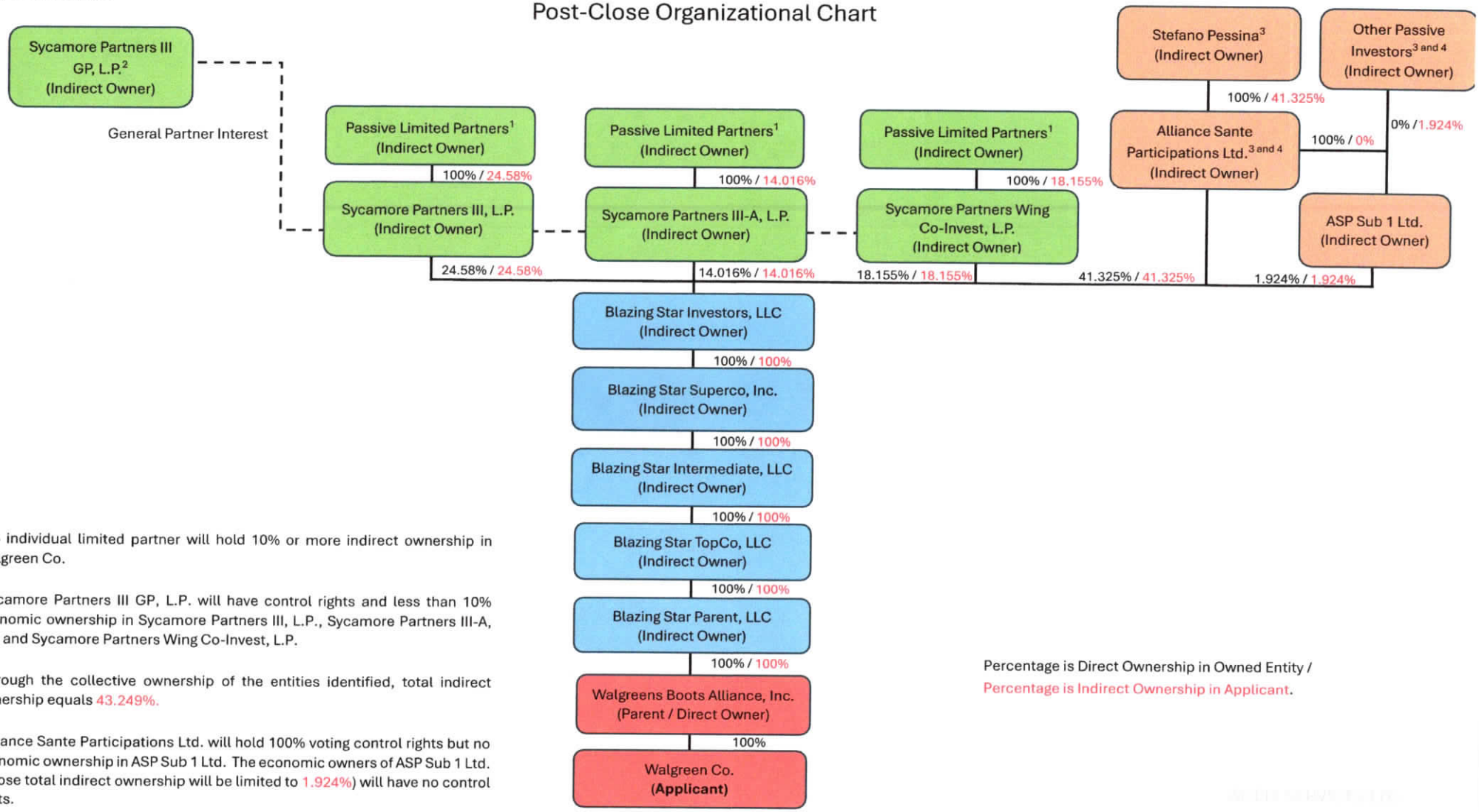
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

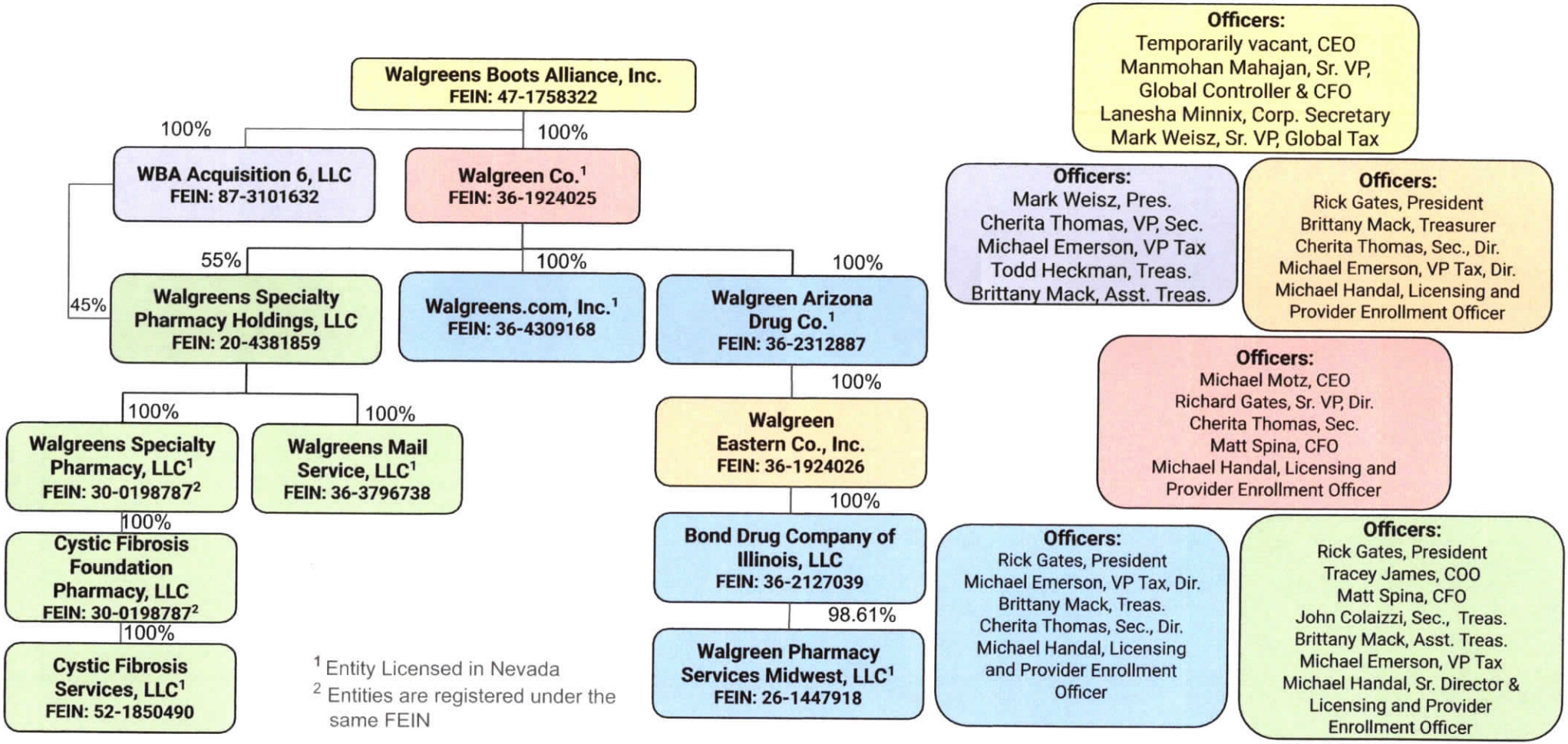
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4UUU

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW5495026
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01142		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04197

Physical Address: 8500 W CHEYENNE AVE

City: LAS VEGAS State: NV Zip: 89129-7262

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)655-7258 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)655-7295 Contact Email: rxm.04197@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JUDE EZIDIEGWU

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17036

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JUDE EZIDIEGWU	NV Pharmacist Registration #: 17036
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP05-250071111729

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JUDE EZIDIEGWU Pharmacist Registration #: 17036

Pharmacy Name: WALGREENS #04197

Initial each statement below to indicate you have read and agree with the following:

Jce — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

Jce — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

Jce — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Jce — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

Jce — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

JUDE EZIDIEGWU

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Document Ref: DHSXB-LS54F-B5BTT-GLQN2

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

v.

CHANICE NEWCOMER, R.PH.
Certificate of Registration No. 17439

Case No. 11-113-R.PH.-S

WALGREEN'S PHARMACY #04197
Certificate of Registration No. PH01142

Case No. 11-113-PH-S

Respondents.
_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Chanice Newcomer (Certificate Number 17439) is a registered pharmacist with the Board and Respondent Walgreen's Pharmacy (Walgreen's #04197) is a pharmacy licensed by the Board, located at 8500 West Cheyenne Avenue, Las Vegas, Nevada.

II.

On or about November 9, 2011, Board staff received a complaint from Jennifer Buitrago, Certified Pediatric Nurse Practitioner with the Children Specialty Center, on behalf of her patient, seven year old KP, and the patient's parents. On October 12, 2011, Ms. Buitrago wrote a prescription for patient KP for Methotrexate 2.5 mg. with directions to take 7.5 tablets weekly. Ms. Buitrago claimed that the prescription which was dispensed to the patient was labeled Methotrexate 2.5 mg. with instructions to take 3 tablets weekly, which was less than half of the dosage that was originally prescribed. Ms. Buitrago discovered the error when patient KP's Methotrexate levels were not within the normal range for the dosage written. On or about November 2, 2011,

Ms. Buitrago contacted Walgreen's Pharmacy to verify the prescription and it was discovered that the dosing instructions were entered incorrectly. Ms. Buitrago alleged that the mislabeling of the dosing instructions resulted in a delay in therapy for the patient.

III.

During the investigation of this matter, it was learned that the original prescription was input into the pharmacy computer system by a pharmaceutical technician. During input, the pharmaceutical technician entered the incorrect dosing instructions as "take 3 tablets weekly". Chanice Newcomer was the verifying pharmacist. Ms. Newcomer failed to catch the dosing instruction error during verification and the medication was approved and dispensed.

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the directions of KP's nurse practitioner by mislabeling her prescription for Methotrexate 2.5 mg. with incorrect dosing instructions, namely "3 tablets by mouth every week" rather than 7.5 tablets every week, Ms. Newcomer violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Ms. Newcomer committed the above violations, Walgreen's #04197 violated NRS 639.210(4) and/or NAC and/or 639.945(1)(d) and/or (i) and (2).

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

Signed this 26th day of September, 2012.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND AGREEMENT

CHANICE NEWCOMER, R.Ph.,
Certificate of Registration #17439,

Case No. 11-113-RPH-S

WALGREEN'S PHARMACY #04197
Certificate of Registration No. PH01142

Case No. 11-113-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondent Newcomer and Robert C. Graham, Esq., of LAWYERSWEST, LTD., stipulate and agree as follows:

1. The Respondent Newcomer admits the factual allegations made in the First Cause of Action. Respondent admits to the factual allegations made in the Second Cause of Action.

2. The Board Staff concluded after investigation that Respondent Newcomer's inattention led to the error in this case.

3. Respondent Newcomer fully recognizes the error that was made and recognizes that she must take corrective action to avoid such an error in the future.

4. The parties shall present this Stipulation and Agreement to the Board at its meeting on January 16, 2013. The parties agree that the Board may ask questions of the parties counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

5. Board Staff and the Respondent Newcomer will recommend that the Board impose discipline that she successfully completes the Your Success Rx program at her own expense.

a. That Respondent Newcomer shall cooperate fully and genuinely with the needs, demands, and requirements of the program and contact the program within 10 days of the acceptance of the Stipulation and Order by the Board.

b. That Respondent Newcomer shall inform and assure that her employing pharmacy accommodates the program's needs regarding Respondent Newcomer's time needed to participate in the program and the program's potential need to be present in the employing pharmacy.

c. When Respondent Newcomer has completed the program, the program shall submit to Board Staff a final report regarding Respondent Newcomer's participation in the program. Board Staff will set a meeting with Respondent Newcomer and the program administrator to review the report and to discuss the report.

6. Board Staff and Respondent Walgreen's #04197 recommend that the Board impose discipline on Respondent Walgreen's #04197 by having Walgreens #04197 accept a letter issued by the Executive Secretary on this matter.

7. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on April 17, 2013. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

8. The Board and each Respondent shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 16th day of January, 2013.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Robert C. Graham, Esq.

Ohanice Newcomer, R.Ph.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 16th day of January 2013.

1/16/13
DATED

Kirk Wentworth, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

CHETANKUMAR PATEL, R.Ph.
Certificate of Registration No.: 16319

Case No. 10-090-RPH-S

WALGREENS #04197
Certificate of Registration No.: PH01142

Case No. 10-090-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 18, 2012, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents Chetankumar Patel, R.Ph. and Walgreens #04197 were represented by Rob Graham, Esq., of Rob Graham and Associates, agree and stipulate as follows:

1. Respondent Patel admits the factual allegations made in the First and Second Causes of Action. Respondent Walgreens #04197 admits the factual allegations made in the Third and Fourth Causes of Action.

2. Respondent Patel shall pay a total fine of $500.00 for the First Cause of Action by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's office within 90 days of the effective date of this Order.

3. Respondent Patel shall pay a total fine of $1,000.00 for the Second Cause of Action by cashier's check or money order made payable to "State of Nevada, Office of

the Treasurer" to be received by the Board's office within 90 days of the effective date of this Order.

4. Respondent Patel shall successfully complete a continuing education class on ethics approved by Board Staff prior to taking it, and provide proof of completion. Respondent Patel shall review the computer record deletion policy for Walgreens and send a letter to Board Staff that Respondent Patel has completed that review.

5. Walgreens shall pay a total fine of $1,000.00 for the Third Cause of Action by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's office within 90 days of the effective date of this Order. In addition, Walgreens will commit to modifying the audit report so that deletions show on the report. Board Staff will report to the Board when that has been completed.

6. Walgreens shall pay a total fine of $1,000.00 for the Fourth Cause of Action by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's office within 90 days of the effective date of this Order.

Signed this 10th day of August, 2012.

Beth Foster, RPh

Beth Foster, President
Nevada Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

CHETANKUMAR PATEL, R.Ph.
Certificate of Registration No. 16319 — **Case No. 10-090-RPH-S**

WALGREENS #04197
Certificate of Registration No: PH01142 — **Case No. 10-090-PH-S**

Respondents.

/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Chetankumar Patel is a pharmacist licensed by the Board and Respondent Walgreens #04197 is a pharmacy licensed by the Board, located at 2125 West Cheyenne Avenue, Las Vegas, Nevada.

II.

On or about December 27, 2010 Board staff received a complaint from Terry Hirni regarding four refills he requested from Walgreens #04197. Mr. Hirni was refilling his prescriptions for Simvastatin 20 mg. tablets, metropolol tartrate 25 mg. tablets,

amiodarone 200 mg. tablets and aspirin 325 mg. EC tablets. Since these refills needed approval from Mr. Hirni's physician, he was given a three day supply by the pharmacy and called his physician's office and asked that his refills be approved. Mr. Hirni returned to the pharmacy a few days later to pick up his prescriptions. He was given Simvastatin 20 mg. tablets, metoprolol tartrate 50 mg. tablets and amiodarone 200 mg. tablets. Mr. Hirni was advised that his physician had changed the dosage of his metoprolol tartrate from 25 mg. tablets to 50 mg. tablets. When he asked about the aspirin 325 mg. EC tablets he was told he could purchase that over the counter.

III.

That evening Mr. Hirni took one of the 50 mg. tablets of metoprolol tartrate. Since Mr. Hirni did not discuss the change in medication with his physician, he telephoned the physician's office and spoke with Maria who called in Mr. Hirni's refills to Walgreens #04197. Maria assured him that his metoprolol tartrate had not been changed and that the doctor still wanted Mr. Hirni to take the prescribed aspirin 325 mg. EC tablets.

IV.

Mr. Hirni returned to Walgreens #04197 and spoke with Mr. Patel. Mr. Hirni indicated that Maria from his physician's office called to correct the metoprolol tartrate prescription. Mr. Patel checked the computer system and realized that a mistake had been made and refilled Mr. Hirni's prescription with the correct metoprolol tartrate 25 mg. tablets. The following day, Mr. Hirni received a telephone call from Maria and she told Mr. Hirni there was no record of him being dispensed 50 mg. metoprolol tartrate

tablets at Walgreens #04197. Again, Mr. Hirni returned to Walgreens #04197, however Mr. Patel was not in the pharmacy that day. Mr. Hirni spoke with a woman pharmacist who confirmed that Maria was correct and there was no record in the Walgreens #04197 computer records to indicate that 50 mg. metoprolol tartrate tablets were ever filled or dispensed to Mr. Hirni. Mr. Hirni asked if the error had been reported however considering there was no record of the misfilled prescription, Mr. Hirni believed Mr. Patel was trying to cover up his error.

V.

During the investigation of this matter, it was learned that when Mr. Patel had corrected the error, he completely deleted prescription number 1655905 for 50 mg. metoprolol tartrate and the only record in Walgreens #04197 computer system for Mr. Hirni was for prescription number 1656846 which was the corrected prescription. Board staff contacted Holly Prievo, the district pharmacy supervisor for Walgreens #04197, and requested information regarding prescription number 1655905. Ms. Prievo provided Board staff with information from Walgreens IT department that detailed that the deletion occurred at 2:42 PM pacific time, however there were three pharmacists on duty at that time and they could not identify who deleted the prescription. No STARS report was completed by anyone for this error as required by Walgreens. It was determined from his written statement that Mr. Patel was the filling pharmacist that made the error and since he was the pharmacist that corrected the error he assumes he was the pharmacist that inadvertently deleted the erred prescription. It was also learned that a STARS report cannot be made if a prescription had been deleted.

Considering that Mr. Patel was the managing pharmacist for Walgreens #04197 and a Walgreens trainer for new pharmacists to Walgreens, interns and pharmaceutical technicians, Board staff found this troubling.

VI.

After review of the Walgreens prescription taken from the voice mail left by Maria for refilling Mr. Hirni's four prescriptions, the pharmacist transcribed the aspirin 325 mg. EC tablets as Afrin and noted that it was OTC. Eventually, Mr. Hirni's aspirin prescription was filled for him.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing Mr. Hirni's prescription for metoprolol tartrate 25 mg. tablets with metoprolol tartrate 50 mg. tablets, Mr. Patel violated Nevada Revised Statute (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945 (1)(i).

SECOND CAUSE OF ACTION

VIII.

By failing to maintain a record of the misfilled metoprolol tartrate 50 mg. prescription in the pharmacy computer records by deleting the prescription from the pharmacy computer, Mr. Patel violated NRS 639.210(4) and/or NAC 639.930(3)(d) and/or 639.935 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

By failing to maintain a record of the misfilled metoprolol tartrate 50 mg.

prescription in the pharmacy computer records and being unable to positively identify the person who deleted the metoprolol tartrate 50 mg. prescription from the pharmacy computer, Walgreens #04197 violated NRS 639.210(4) and/or NAC 639.930(3)(d) and/or 639.935 and/or 639.945(1)(i) and 2.

FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which these errors took place, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945 (1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 11th day of April, 2012.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

v.

GEORGE E. MOORE, R.PH
Certificate of Registration No. 14703

Case No. 04-049-RPH-S

WALGREENS #04197
Certificate of Registration No. PH01142
Respondents.

Case No. 04-049-PH-S

/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and this Respondent because Respondent George E. Moore, R.Ph, (Certificate Number 14703) is a registered pharmacist with the Board and Respondent Walgreens #04197 (Certificate Number PH01142) is a pharmacy licensed with the Board.

II.

Patient Z was given two prescriptions by his physician. One prescription was for Halcion 0.125 mg tablets #40 with directions to take one tablet by mouth every night at bedtime, for helping Patient Z sleep. Patient Z's physician advised Patient Z that he could take two Halcion tablets, if needed, for sleep. The other prescription was for DDAVP 0.2 mg. tablets #30 with directions to take two tablets by mouth every night at bedtime, for a urinary problem. These prescriptions were transferred to Walgreens #04197 from two other Walgreens pharmacies.

III.

A pharmaceutical technician pulled the drugs and printed the labels for the

Halcion and the DDAVP. Walgreens #04197 only had three bottles of #10 Halcion and had to order the fourth bottle. Halcion is dispensed in stock bottles of 10 and patient labels are adhered to the stock bottles. In the meantime, the pharmaceutical technician labeled the three stock bottles of Halcion however inadvertently put the label for DDAVP on one of the Halcion stock bottles. Mr. Moore reviewed the pharmaceutical technicians' work and did not notice the mislabeled bottle of Halcion.

IV.

Patient Z and his daughter picked up Patient Z's prescriptions at the drive through window. Even though these were new prescriptions for Patient Z at Walgreens #04197, neither Patient Z nor his daughter spoke to a pharmacist during this transaction and they were not counseled regarding the transferred prescriptions. Patient Z began taking his medication that evening before bed and took two tablets from one of the prescription bottles labeled Halcion and two tablets from the bottle labeled DDAVP. Patient Z's wife noticed after Patient Z had taken his medication that he had ingested four Halcion tablets and actually had not taken any DDAVP.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the prescription written for Patient Z by mislabeling his DDAVP 0.2 mg. prescription and with a Halcion 0.125 mg. tablets label, Mr. Moore violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the above acts and violations were committed by Mr. Moore, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

THIRD CAUSE OF ACTION

VII.

On August 23, 2002, the Board entered a Findings of Fact, Conclusions of Law and Order regarding Walgreens #04197. The facts of the matter were that a patient

dropped off a new prescription for Clomiphene Citrate at Walgreens #04197. The patient returned later to pick up his prescription at the drive through window and was not counseled. The Board ordered Walgreens #04197, along with six other Walgreens pharmacies, to pay a fine of $5,600.

IX.

On May 23, 2003, the Board entered a Findings of Fact, Conclusions of Law and Order regarding Walgreens #04197. The facts were that the pharmacist of Walgreens #04197 filled a prescription for morphine sulfate with directions to take 5 ml. (1 teaspoon) by mouth every 4 hours as needed. The patient received 20 times more morphine sulfate than the physician had ordered. The Board ordered Walgreens #04197 to pay a fine of $6,000 plus costs and fees totaling $5,444.14. Walgreens #04197 was on probation for one year with conditions including completion of the ISMP Self Assessment.

X.

In being repeatedly negligent as evidenced by the Board's Orders in Case Nos. 02-050-PH-S and 03-011-PH-S, Walgreens #04197 violated NRS 639.210(4) and (16).

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

Signed this 14 day of September, 2004.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

GEORGE E. MOORE, R.Ph.,
Certificate of Registration #14703,

Case No. 04-049-RPH-S

WALGREENS #04197,
Certificate of Registration #PH01142,

Case No. 04-049-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 13, 2004 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondents George E. Moore and Walgreens #04197 were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated and agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct. Based upon this agreement, Board Staff presented no testimony or evidence. The parties stipulated to the entry into evidence of one exhibit that was thereafter accepted into evidence. Respondents presented the testimony of Mr. Moore, Michael Scowalski and Samina Sam. Based on the presentations of the parties and the public records in the

possession and control of the Board, the Board finds the following to be the facts of this matter.

2. Patient Z received two prescriptions from his physician. One prescription was for Halcion 0.125 mg. tablets #40 with directions for use to take one tablet by mouth every night at bedtime. Patient Z's physician advised Patient Z that he could take two Halcion tablets if needed for sleep. The second prescription was for DDAVP 0.2 mg. tablets #30 with directions for use to take two tablets by mouth every night at bedtime. Patient Z had the two prescriptions transferred from a different Walgreens to Walgreens #04197 to have them filled.

3. At Walgreens #04197, a pharmaceutical technician generated the prescription label and obtained the drugs to fill the prescription from the pharmacy's shelves. Halcion is dispensed in stock bottles that each contains 10 dosage units. At the time that Walgreens #04197 filled Patient Z's prescriptions, it only had 3 stock bottles of Halcion #10 and, therefore, had to order the fourth bottle. In the course of placing the labels upon the stock bottles of Halcion, the pharmaceutical technician inadvertently placed the DDAVP label on one of the three Halcion stock bottles. Mr. Moore reviewed the prescriptions filled by the pharmaceutical technician, but, unfortunately, did not notice the Halcion stock bottle that had been mistakenly labeled with the DDAVP label.

4. Patient Z and his daughter picked up Patient Z's prescriptions at the drive-through window at Walgreens #04197. Even though these were new prescriptions for Patient Z at Walgreens #04197, neither Patient Z nor his daughter spoke to a pharmacist during the transaction at the drive-through window and they were not

counseled, therefore, regarding these prescriptions. Patient Z began taking tablets from the prescriptions that evening before bed and took two tablets from one of the prescription bottles labeled Halcion and two tablets from the bottle labeled DDAVP (which was also Halcion). Patient Z's wife noticed after Patient Z had taken the drugs that he had actually ingested four Halcion tablets and had not taken any DDAVP.

5. At hearing, Mr. Moore and Mr. Scowalski testified that the scan-verification software installed at the time of the filling of Patient Z's prescriptions was not functioning properly, and, therefore, the scan-verification system was not in use. Mr. Moore admitted that he should have caught the erroneous placement of the DDAVP label upon the Halcion stock bottle, and he could not explain why he had not. Mr. Moore and Mr. Scowalski believed that the new, revised scan-verification software would have prevented the error that occurred with Patient Z because the new software prohibits the operation of the cash register for any prescription that has not been scan-verified.

6. At hearing, the parties discussed with the Board the past disciplinary history of Walgreens #04197, namely Case Nos. 02-050-PH-S and 03-011-PH-S. Commonalities between those cases and the present case were noted, including that Case No. 02-050-PH-S involved a failure to counsel a patient at the drive-through window and Case No. 03-011-PH-S involved the mislabeling of a prescription that was ultimately dispensed to and used by a patient. None of the Respondents could explain why this particular Walgreens pharmacy had been subject to three consumer complaints that resulted in disciplinary action.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Moore is a pharmacist licensed by the Board and Walgreens #04197 is a pharmacy licensed by the Board.

2. By incorrectly labeling Patient Z's Halcion stock bottle with a DDAVP label, Mr. Moore violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Mr. Moore's violations occurred, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

4. In being repeatedly negligent as evidenced by the Board's Orders in Case Nos. 02-050-PH-S and 03-011-PH-S, Walgreens #04197 violated NRS 639.210(4) and (16).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Moore shall pay a fine of $150.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Mr. Moore shall pay one-half of the Board's costs and attorney's fees of $1,080.00 and one-half of the Board's administrative fee of $250.00, for a total of $665.00 ($1,080.00 + $250.00 / 2 = $665.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 30 days of the effective date of this Order.

3. Mr. Moore shall take and successfully complete three hours of continuing education regarding prescription errors. The continuing education credits to satisfy this

paragraph must be submitted to the Board's Reno office within 30 days of the effective date of this Order and will be in addition to and will not be counted toward the 30 hours of continuing education required to be verified by the time Mr. Moore submits his renewal application. Board staff shall review the continuing education submitted to satisfy this paragraph. If the continuing education is appropriate to satisfy this paragraph and is from an ACPE-approved provider, it will immediately be counted toward satisfying the requirements of this paragraph. If the continuing education is appropriate to satisfy this paragraph and is not from an ACPE-approved provider, then Board staff will submit the continuing education to the Board's continuing education committee, and if the continuing education committee approves the continuing education, then it will be counted toward satisfying the requirements of this paragraph.

4. Walgreens #04197 shall pay a fine of $2,500.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. Walgreens #04197 shall pay one-half of the Board's costs and attorney's fees of $1,080.00 and one-half of the Board's administrative fee of $250.00, for a total of $665.00 ($1,080.00 + $250.00 / 2 = $665.00) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 30 days of the effective date of this Order.

6. Walgreens #04197 shall be on probation for a period of one year from the effective date of this Order according to the following terms and conditions:

a. For a period of six months commencing with the effective date of this Order, Walgreens #04197 shall integrate into its operating policies and procedures a

requirement that for all prescriptions for which counseling is mandated by Nevada law or for which a patient requests counseling, the pharmacist shall include in his or her counseling the opening of each of the prescription containers and the showing a sample of the contents of the containers to the patient ("show-and-tell" counseling).

b. For the period during which the pharmacist is engaged in "show-and-tell" counseling, the pharmacist shall record on the pharmacy's counseling log or a separate document that he or she has provided the "show-and-tell" counseling.

c. If the pharmacist discovers preparatory to or during "show-and-tell" counseling any variance from what was ordered by the physician, the pharmacist shall correct the variance and shall note on the counseling log or a separate document (1) the name of the pharmacist, (2) the date the variance was discovered, (3) the variance noted, and (4) the remediation made as a result of the variance.

d. At the end of the period during which the pharmacists at Walgreens #04197 are engaged in "show-and-tell" counseling, Walgreens #04197 shall compile all of the records made and kept as directed by this Order and make a written report to the Board of the compiled results. The report shall provide detail regarding the number of patients who received "show-and-tell" counseling, the number of variances noted and a generic description of the variances noted (e.g. wrong drug, wrong strength, wrong directions, etc.). The report

shall be sent to the Board's Reno office within two weeks of the end of the six-month period during which "show-and-tell" counseling is required.

e. Upon receiving the report required in the preceding paragraph, Board Staff shall schedule an appearance before the Board at its next following regularly scheduled meeting in Las Vegas. At the meeting, Walgreens shall appear and shall have present the managing pharmacist at Walgreens #04197 to discuss with the Board the results contained in the report.

f. The records made in compliance with this Order shall be considered proprietary information and shall only be available to staff of Walgreens as Walgreens so directs and to Board Staff as Board Staff deems necessary to review, verify, and understand the report submitted by Walgreens #04197. The report provided by Walgreens #04197 shall be a public record, but the underlying logs and data shall not be.

g. Walgreens #04197's operations shall conform with all applicable laws, whether federal or state and whether statutory or regulatory.

5. The failure by Mr. Moore to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of his license. The failure by Walgreens #04197 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of its license.

Signed this 2nd day of November, 2004.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT
CONCLUSIONS OF LAW AND
ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, Certificate of Registration #PH01142,	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., Certificate of Registration #15598,	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, Certificate of Registration #PH01371,	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., Certificate of Registration #15357,	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, Certificate of Registration #PH01309,	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph Certificate of Registration #15397,	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, Certificate of Registration #PH01549,	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph Certificate of Registration #13632,	**Case No. 02-019-RPH-S**

Respondents.

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 5th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

PETER S. TRINH, R.Ph.,
Certificate of Registration #12898,

Case No. 03-011-RPH-S

WALGREENS #04197,
Certificate of Registration #PH01142,

Case No. 03-011-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on April 23, 2003 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondents Peter S. Trinh and Walgreens #04197 were represented by Robert C. Graham and Graham & Wilde, P.C. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Carol Passos, Robin Shoemaker, Gail Shoemaker, and Fred Ackermann. The parties stipulated to and jointly introduced nine documents that were accepted into evidence. Respondents presented the testimony of Mr. Trinh and Duane Pinon. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. Phanetta Shoemaker was a 79-year-old female who had been treated for colon cancer. According to her daughter, Ms. Passos, Mrs. Shoemaker's medical and mental condition declined after the treatment for the colon cancer. At some point, the family members could no longer care for Mrs. Shoemaker themselves, so they arranged for Ms. Shoemaker to stay at "As Time Goes By" group home.

3. On January 1, 2003, Mrs. Shoemaker was transported from "As Time Goes By" to Mountain View Hospital where she was admitted with symptoms of a possible heart attack. On January 2, 2003, the physician who admitted Mrs. Shoemaker into the hospital ordered that Mrs. Shoemaker be discharged back to "As Time Goes By" on noon of the next day, January 3, 2003.

4. On the morning of January 3, 2003, various members of Mrs. Shoemaker's family met with a hospice representative to discuss Mrs. Shoemaker's transfer back to "As Time Goes By." One of the results of the meeting was that Mrs. Shoemaker's physician wrote a prescription for Roxanol 20 mg./ml. #120 cc with directions for use of "5 mg. po q 4° prn." The Roxanol prescription was intended to allow the group home to provide pain relief for Mrs. Shoemaker.

5. According to family members who were with Mrs. Shoemaker on January 3, 2003, Mrs. Shoemaker was eating normally in her hospital bed and could converse with them.

6. Because there were problems with the travel arrangements to get Mrs. Shoemaker from the hospital to "As Time Goes By," and because Mrs. Shoemaker seemed to be suffering some pain, Robin Shoemaker, Mrs. Shoemaker's daughter, took the Roxanol prescription to Walgreens #04197 to have it filled. Mrs. Shoemaker's

Roxanol prescription was a new prescription to Mrs. Shoemaker's profile as Mrs. Shoemaker had not taken any morphine products before. Robin Shoemaker arrived at the pharmacy at approximately 11:15 a.m., and she described the pharmacy as not being busy. Robin Shoemaker was told that the prescription would be filled while she waited, so she waited at the pharmacy for approximately fifteen minutes.

7. Mrs. Shoemaker's Roxanol prescription was filled by a pharmaceutical technician with generic morphine sulfate and was verified by Mr. Trinh. The directions for use reviewed and approved by Mr. Trinh were: "Take 5 ml. (1 teaspoon) by mouth every 4 hours as needed."

8. When the prescription was ready, Robin Shoemaker was given the prescription by Mr. Trinh. Robin Shoemaker testified that Mr. Trinh spoke to her for only a few seconds and that he did not mention anything about the dose of the morphine sulfate.

9. Robin Shoemaker returned to the hospital with the morphine sulfate prescription. Because Mrs. Shoemaker appeared to be having pain, Robin Shoemaker administered one dose to Mrs. Shoemaker according to the directions for use sometime between 1:00 p.m. and 2:00 p.m. At hearing, Robin Shoemaker explained that she took a plastic teaspoon from Mrs. Shoemaker's lunch tray, filled the teaspoon with the morphine sulfate, and administered the teaspoon of morphine sulfate to Mrs. Shoemaker.

10. The family members who were with Mrs. Shoemaker after the dose of morphine sulfate was administered described Mrs. Shoemaker as being clammy and cold, with her eyes rolled back into her head so that all that could be seen were the

whites of her eyes. They described Mrs. Shoemaker's breathing as difficult and labored, and they feared that she was having a heart attack.

11. Because the family had executed a do-not-resuscitate order for Mrs. Shoemaker, the transport took Mrs. Shoemaker to "As Time Goes By," even though Mrs. Shoemaker's condition was very poor.

12. Gail Shoemaker, Mrs. Shoemaker's daughter-in-law, stated that she discovered that Mrs. Shoemaker had been given an overdose of the morphine sulfate when Gail Shoemaker conversed with a caregiver at "As Time Goes By" about the dose. The caregiver had indicated that the dose seemed very high. After some additional inquiry, it was determined that the dose on the prescription label was 5 ml., not the 5 mg. ordered by the physician. Thus, Mrs. Shoemaker received 20 times more morphine sulfate than the physician had ordered.

13. According to the family members who testified, after Mrs. Shoemaker received the overdose of morphine sulfate, Mrs. Shoemaker was never the same as she was before the overdose. Mrs. Shoemaker could only eat infrequently, and when she did eat she could only eat soft foods. Mrs. Shoemaker could no longer converse with the family members. Most of the time, Mrs. Shoemaker seemed to be comatose or was incapable of communication.

14. On January 12, 2003, Mrs. Shoemaker died. Though the cause of death shown on the death certificate was colon cancer, Mrs. Passos testified that the family disagreed with the cause of death as shown on the death certificate. No medical testimony was taken regarding the actual or proximate cause of Mrs. Shoemaker's death.

15. At hearing, Mr. Trinh testified that when he reviewed Mrs. Shoemaker's prescription, he believed that it said 5 ml. instead of 5 mg. Mr. Trinh said he was aware that the 5 ml. dosage of morphine sulfate was very high, but he also admitted that he did not contact the physician, Robin Shoemaker, or anybody or any reference in the pharmacy about his concerns regarding the dosage. Mr. Trinh explained that the pharmacy's computer system did provide a high-dose warning that he personally bypassed. Mr. Trinh said that he does not check a patient's profile unless he is prompted to do so by the pharmacy's computer, so the only drug utilization review concerns addressed by Mr. Trinh are those raised by the pharmacy's computer, not by Mr. Trinh's independent examination of the patient's prescription record. Mr. Trinh also explained that when he counseled a patient, he merely imparted information to the patient and did not ask the patient questions to assure that the drug was correct or to assure that the patient understood the information given by Mr. Trinh. Mr. Trinh related that when he counseled Robin Shoemaker he was so concerned about the dosage that he checked the prescription again as he was talking with Robin Shoemaker, but he yet again saw 5 ml. instead of 5 mg. Mr. Trinh testified that he warned Robin Shoemaker that the dose was high. Mr. Trinh could not explain how every time he looked at the prescription – a prescription that clearly states "5 mg.," not "5 ml." on its face – he saw the incorrect, extremely high dose of 5 ml.

16. Because Robin Shoemaker testified that she received essentially no counseling and because Mr. Trinh testified that he did counsel Robin Shoemaker, including explaining to her that the dose was high, we must resolve the conflicting testimony. We find that Mr. Trinh either did not counsel Robin Shoemaker (just as she

testified) or that if he did, he did not do so adequately to assure that Robin Shoemaker was apprised of the potential threat and harm that could result from the 5 ml. dose of morphine sulfate. We find that many factors should have alerted Mr. Trinh to the severity of the dosing error, such as Mrs. Shoemaker's age, Mrs. Shoemaker's previous lack of history with opiate or morphine products, the product's inclusion of 1 ml. dropper that would have required five dropper's full for a single dose, and the general knowledge of the increased dangers of the use of morphine sulfate in elderly patients because of morphine sulfate's CNS depressive effects. Mr. Trinh's explanations regarding his actions, none of which were witnessed or testified to by Robin Shoemaker, seem inconsistent with his profession that he had spotted and was concerned about the high dosage he was dispensing. Our view of the evidence is that either Mr. Trinh did not actually catch the high dose or that if he did, he did not act professionally and reasonably to resolve what should have been very obvious concerns with the dose.

17. Board staff raised a concern with the number of disciplinary cases that have recently been brought against Walgreens pharmacies operated throughout the Las Vegas area. We share this concern. The particular Walgreens pharmacy at issue in this matter, Walgreens #04197, was already on probation for a failure to counsel that was found as part of a disciplinary proceeding in which nine different matters were heard and determined. Several of the prescription errors in the combined proceeding were serious and caused harm to the patients involved. Most of the cases in the combined proceeding involved unacceptable violations of the patient counseling laws. At the same Board meeting at which the hearing in this matter occurred, another

prescription error was also resolved by this Board by stipulation of the parties. The cluster of patient complaints that has produced eleven disciplinary actions since August 2002 concerns both Walgreens and this Board. We must agree with Board staff that these disciplinary actions must be viewed as a totality, not as isolated incidents, because the incidents show a systemic dysfunction that seems to underlie these matters. We must find, therefore, that Walgreens #04197 was guilty of repeated negligence, the negligence being a failure to counsel or adequately counsel patients being served by Walgreens #04197, especially while Walgreens #04197 was on probation for its previous violation of the same patient counseling laws.

18. Board staff was concerned regarding the staffing, recordkeeping and prescription volume at Walgreens #04197. Walgreens disagreed with Board staff. Once the records were explained by Mr. Pinon, they seem not to indicate any actionable concern regarding the staffing of Walgreens #04197 at the time that Mr. Trinh made the error regarding Mrs. Shoemaker's Roxanol prescription. In support of this finding is Robin Shoemaker's testimony that the pharmacy was not busy at approximately 11:15 a.m. when she brought the prescription to the pharmacy. We find, therefore, that the evidence did not support Board staff's assertion that the pharmacy was inadequately or improperly staffed for the prescription volume processed by the pharmacy.

19. This Board's findings of fact regarding Mrs. Shoemaker's medical condition and treatment are intended for the purpose of determining the basis for and extent of disciplinary action in this matter. This Board's findings of fact regarding Mrs. Shoemaker's medical condition and treatment are not intended to preclude or

determine issues outside the scope of this Board's authority such as whether and how damages should be assessed in a court of competent jurisdiction.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Peter S. Trinh is a pharmacist licensed by the Board and Walgreens #04197 is a pharmacy licensed by the Board.

2. By incorrectly labeling Mrs. Shoemaker's prescription for morphine sulfate with incorrect dosing directions, Mr. Trinh violated NRS 639.210(4) and NAC 639.700(6) and 639.945(1)(d) and (i).

3. By inadequately counseling Robin Shoemaker regarding Mrs. Shoemaker's morphine sulfate prescription, Mr. Trinh violated NRS 639.210(4) and NAC 639.707(1) and (3) and 639.945(1)(i).

4. In having a second disciplinary action regarding negligent patient counseling and while it was on probation for a previous disciplinary action, Walgreens #04197 violated NRS 639.210(4) and (16).

5. In owning and operating the pharmacy in which the violations noted in Conclusions of Law #2, 3, and 4 occurred, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

6. The Fourth Cause of Action regarding Walgreens #04197's maintaining a pharmacy with inadequate staffing to safely and effectively serve the public is dismissed.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Trinh shall pay a fine of $3,250.00 ($2,500 for the First Cause of Action and $750 for the Second Cause of Action) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Trinh shall take eight hours of APCE approved continuing education regarding pain management and four hours of continuing education regarding patient counseling. The continuing education credits to satisfy this paragraph must be submitted to the Board's Reno office within six months of the effective date of this Order and will be in addition to and will not be counted toward the 30 hours of continuing education required to be verified by the time Mr. Trinh submits his renewal application. Board staff shall review the continuing education submitted to satisfy this paragraph.

3. Walgreens #04197 shall pay a fine of $6,000.00 ($1,000.00 for the Third Cause of Action and $5000.00 for the Fifth Cause of Action) in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order. Walgreens #04197 shall pay the Board's costs and attorney's fees of $5,194.14 and the Board's administrative fee of $250.00, for a total of $5,444.14 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #04197 shall be on probation for a period of one year from September 10, 2003 according to the following terms and conditions:

a. Staff for Walgreens #04197 shall obtain and complete the ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy (ISMP Self Assessment) available from the Institution on Safe Medication Practices at www.ismp.org under the "Self Assessment" tab. After completing the ISMP Self Assessment, the managing pharmacist for Walgreens #04197 shall submit the information from the ISMP Self Assessment to ISMP through the process available on ISMP's website. The managing pharmacist shall obtain and print from the ISMP's website the preliminary aggregate results available only after the ISMP Self Assessment information has been submitted to ISMP.

b. The managing pharmacist shall provide the preliminary aggregate results to the Board's Reno office and Walgreens' district management no later than July 23, 2003. The Board's staff shall assure that the preliminary aggregate results are included in the Board's materials provided in advance of the Board's meeting scheduled for August 6 and 7, 2003.

c. The staff of Walgreens #04197 shall obtain, prepare, and complete the tasks in the preceding subparagraphs 4(a) and 4(b) without any the assistance, oversight, interference, or other involvement of Walgreens' regional, district, or national management. The Board intends that the information provided by the staff of Walgreens #04197 to be honest, truthful, accurate, complete, and free from any real or perceived concern about adverse employment consequences because the ISMP process can only work to the pharmacy's, the Board's, and the public's benefit if the information used in the process is

trustworthy and accurate. The Board may provide oversight of the completion of the ISMP Self Assessment process if requested by the staff of Walgreens #04197 or if the Board's staff deems such oversight necessary to maintain the integrity of the process.

d. The Board will review the results of the ISMP process, including the preliminary aggregate results provided under subparagraph 4(b) above, at the Board meeting on August 6 and 7, 2003. Walgreens #04197 shall assure that the managing pharmacist and other management personnel shall be available when the ISMP results are discussed.

e. The Board reserves the right and ability in its discretion to add other terms and conditions to Walgreens #04197's probation as the Board deems necessary or appropriate in view of the ISMP results and the discussion of those results with Walgreens' personnel.

f. Walgreens #04197's operations shall conform with all applicable laws, whether federal or state and whether statutory or regulatory.

5. The failure by Mr. Trinh to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of his license. The failure by Walgreens #04197 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 23rd day of May, 2003.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

PETER S. TRINH, R.PH
Certificate of Registration No. 12898

Case No. 03-011-RPH-S

WALGREENS #04197,
Certificate of Registration No. PH01142;

Case No. 03-011-PH-S

Respondents.

/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Peter S. Trinh, R.Ph, (certificate number 12898) is a pharmacist licensed by the Board.

B. Respondent Walgreens #04197 is a pharmacy licensed by the Board located at 8500 West Cheyenne Avenue, Las Vegas, Nevada.

II.

Patient S was a 79-year-old female with metastasizing colon cancer who resided in a group home. On January 1, 2003, Patient S was transported from the group home

to the emergency room of Mountain View Hospital where she was admitted with symptoms of a possible heart attack. On January 2, 2003, the physician who admitted Patient S into the hospital ordered her discharge for noon on January 3, 2003.

III.

The morning of January 3, 2003, Patient S' family members were meeting with a hospice facility representative where Patient S was being transferred to from the hospital. The hospice representative asked Patient S's physician for a prescription for Roxanol (morphine sulfate). The hospice representative explained that Roxanol was standard procedure for terminal patients to ensure they were comfortable during their illness. Patient S' daughter, Ms. RS, was given a prescription for Patient S to be filled prior to her release from the hospital. The prescription was written for Roxanol 20 mg./ml. #120 cc with directions for use of 5 mg by mouth every four hours as needed.

IV.

Ms. RS took the prescription to Walgreens #04197 to be filled. By noon, the discharge papers were complete for Patient S and she and various family members were waiting for transport to the group home. While waiting, Patient S was sitting up in bed, eating her lunch and conversing with family members.

V.

Mr. Trinh was the pharmacist responsible for checking Patient S's Roxanol prescription. The directions for use approved by Mr. Trinh were: "Take 5 ml. (1 teaspoon) by mouth every 4 hours as needed."

VI.

When Ms. RS picked up Patient S's prescription, Mr. Trinh spoke to Ms. RS for a few seconds. Based on this translation of a few seconds' duration, Mr. Trinh indicated that he had provided counseling to Ms. RS.

VII.

Mr. Trinh indicated that he knew at the time that he dispensed Patient S's Roxanol prescription to Ms. RS that 5 ml. of Roxanol was a high dose. Nonetheless, Mr. Trinh dispensed Patient S's Roxanol prescription without taking any action to verify or clarify the high dosage except, according to Mr. Trinh, to review the prescription.

VIII.

Ms. RS returned to the hospital, noted her mother was becoming agitated and appeared to be experiencing some pain, so Ms. RS administered the medication to Patient S between 1:00 and 2:00 p.m. according to the directions on the label of the bottle of Roxanol, meaning that Ms. RS gave Patient S one teaspoon (approximately 5 ml.) of Roxanol.

IX.

By approximately 4:00 p.m. after ingesting the medication, Ms. RS reported that Patient S became very cold and clammy, had difficulty breathing, her eyes rolled back in her head and she began twitching and shaking. When the transport arrived at approximately 7:00 p.m., they were cautious about transporting her to the hospice. Transport employees went to the nursing station and obtained a copy of the "do no resuscitate" (DNR) form that was on file for Patient S and transported her to the hospice.

X.

After Patient S was settled into her room, her family members gave Patient S's medication to the night caregiver. The caregiver questioned the family regarding the unusually high dosage of morphine sulphate. It was at this juncture that the incorrect directions for use were discovered. Because of the incorrect directions for use, Patient S received 100 mg. of Roxanol liquid, 20 times the amount of morphine sulphate than she was prescribed.

XI.

As the days past, Patient S became more and more unresponsive. Patient S died on January 12, 2003. Patient S was a terminally ill person and none of her health care professionals could attribute the overdose of the morphine sulphate as the cause for her death.

FIRST CAUSE OF ACTION

XII.

By incorrectly labeling Patient S's prescription for morphine sulphate with incorrect dosing directions, Mr. Trinh violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.700(6) and 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

XIII.

In inadequately counseling Ms. RS regarding Patient S's Roxanol prescription, Mr. Trinh violated NRS 639.210(4) and NAC 639.707(1) and (3) and 639.945(1)(i).

THIRD CAUSE OF ACTION

XIV.

On July 24, 2002, Walgreens #04197 was one of nine Walgreens pharmacies that had a disciplinary hearing. During the course of those administrative hearings, it was determined that Walgreens #04197 was guilty of owning and operating a pharmacy that failed to properly counsel patients. Walgreens #04197 was placed on one-year probation with conditions.

XV.

In having a second disciplinary matter at Walgreens #04197 while that pharmacy is on probation constituting repeated negligence, Respondent Walgreens #04197 violated NRS 639.210(4) and (16).

FOURTH CAUSE OF ACTION

XVI.

The time records and prescription volume of Walgreens #04197 indicate that Walgreens #04197 was inadequately staffed to safely and effectively serve the public.

XVII.

In maintaining a pharmacy with inadequate staffing to safely and effectively serve the public, Walgreens #04197 violated NRS 639.210(4) and NAC 639.945(1)(l).

FIFTH CAUSE OF ACTION

XVIII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Walgreens #04197 violated NRS 639.210(4) and NAC 639.945 (1) (d) and (l) and (2).

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

Signed this 25th day of March, 2003.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

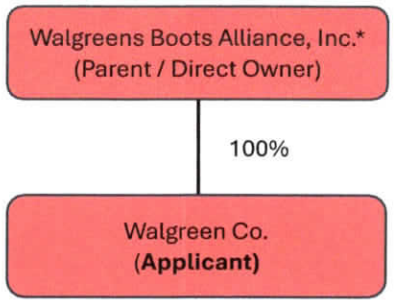
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

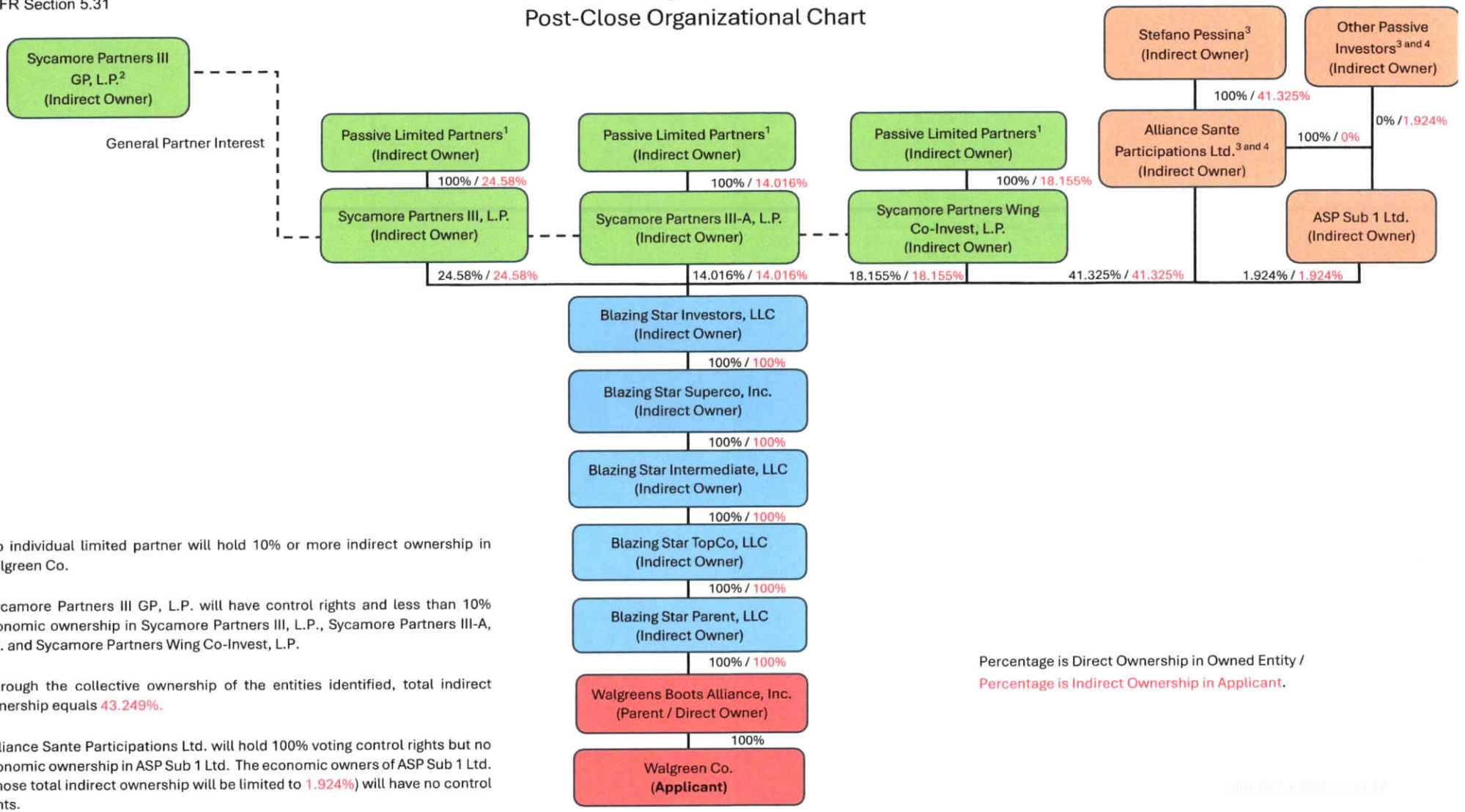
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

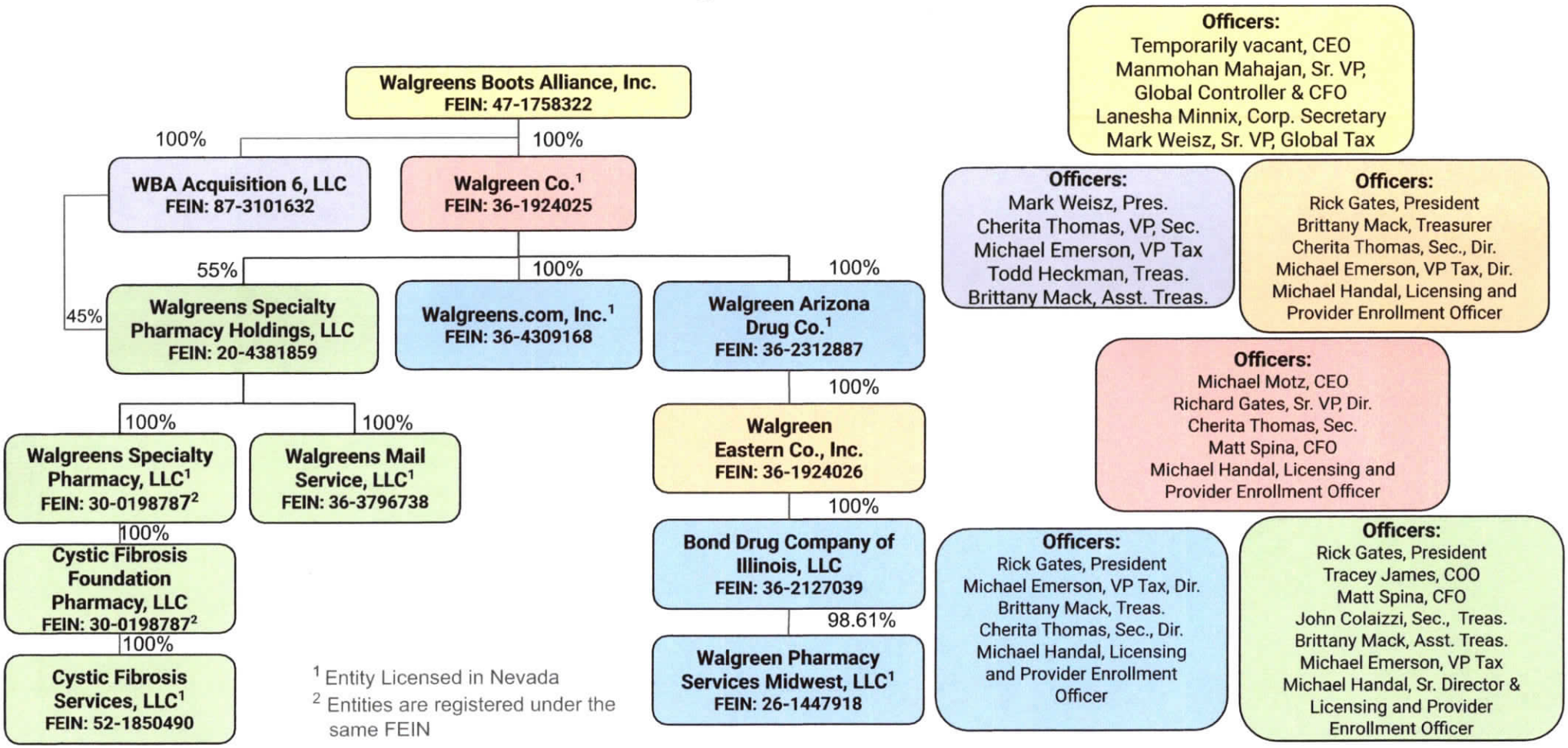
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4VVV

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

4

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW5495026
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01165		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04242

Physical Address: 9420 W LAKE MEAD BLVD

City: LAS VEGAS State: NV Zip: 89134-8312

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)363-5247 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)363-5023 Contact Email: rxm.04242@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MADELEINE WHEELER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17119

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MADELEINE WHEELER	NV Pharmacist Registration #: 17119
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500-CK JPOS-3000111129

Document Ref: TT9JY-UHEOQ-G92PU-65MT5

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MADELEINE WHEELER Pharmacist Registration #: 17119

Pharmacy Name: WALGREENS #04242

Initial each statement below to indicate you have read and agree with the following:

Madeleine Wheeler — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

Madeleine Wheeler — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

Madeleine Wheeler — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Madeleine Wheeler — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

Madeleine Wheeler — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

MADELEINE WHEELER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Document Ref: I3WUZ-XGNWS-OGM8F-RDDVG

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	**CASE NO. 13-024-RPH-S**
v.	)	**CASE NO. 13-024-PH-S**
	)	
NAZIDA ZEBARI, R.PH.	)	**STIPULATION AND ORDER**
Certificate of Registration No. 17786,	)	
	)	
WALGREENS PHARMACY #04242	)	
Certificate of Registration No. PH01165,	)	
	)	
Respondents.	/	

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy, and Respondents Nazida Zebari, R.Ph., Certificate of Registration No. 17786 ("Ms. Zebari") and Walgreens Pharmacy #4242, Certificate of Registration No. PH001165 ("Walgreens Pharmacy #4242") (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about September 16, 2014.

3. Respondents filed a joint written Answer and Notice of Defense (Answer) with the Board on or about October 9, 2014.

4. Respondents, and each of them, were fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

NEVADA STATE BOARD OF PHARMACY
OCT 15 2014
FILED

5. Respondents (Ms. Zebari, R.Ph., and Walgreens Pharmacy #4242), and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

a. By filling and dispensing a prescription for ondansetron 4 mg. tablets with instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. every four hours as needed, Nazida Zebari violated Nevada Administrative Code (NAC) 639.945(1)(d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

b. In failing to provide adequate counseling for JF's new prescription, Nazida Zebari violated NRS 639.266(1), NAC 639.707(1) and/or 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.255.

c. As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Walgreens Pharmacy #04242 is responsible for the actions of its

employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is grounds for action pursuant to NRS 639.255.

8. Based on Respondents' admissions, cause for disciplinary action against Ms. Zebari exists under the statutes and regulations cited above.

9. Based on Respondents' admissions, Walgreens Pharmacy #4242 is responsible for the acts of its employees under NAC 639.945(2).[1]

10. Said violations are grounds for discipline pursuant to Nevada Revised Statutes NRS 639.255.

11. The foregoing is for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

12. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this agreement by the Board:

a. Related to the violation alleged in the First Cause of Action, Ms. Zebari shall: (i) receive a public letter of reprimand from the Board's Executive Secretary; (ii) pay an administrative fee of $49 dollars to cover the costs of fingerprinting as required by Nevada law; and (iii) complete a one hour CE on the topic of error prevention.

b. Related to the violation(s) alleged in the Second Cause of Action, Ms. Zebari shall: (i) pay a fine of $750.00 and (ii) complete a one hour CE on the topic of counseling.

c. Related to the allegations in the Third Cause of Action, Walgreens' Pharmacy #4242 will pay an administrative fee of $500.00.

---

[1] Walgreens Pharmacy #4242 does not stipulate to have acted negligently in this matter.

13. Board Counsel will present this stipulation to the Board for approval at its meeting on October 15, 2014 in Las Vegas, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding the stipulation even if a Respondent or both of them are absent. The Board has discretion to approve this stipulation, but it has no obligation to do so.

14. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the Accusation, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

15. If the Board rejects any part or all of this Stipulation and Order, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's January 21, 2015 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

17. Respondents shall pay the administrative fees agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

18. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this ~~15~~ 14 day of October, 2014

S. Paul Edwards,
General Counsel
Nevada State Board of Pharmacy

Signed this 15 day of October, 2014

Nazida Zebari, R.Ph.
Certificate of Registration No. 17786

Signed this 15 day of October, 2014

Authorized Representative
Walgreens Pharmacy #4242

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Nazida Zebari, R.Ph., Certificate of Registration No. 17786 and Walgreens Pharmacy #4242, Certificate of Registration No. PH01165, in case numbers 13-024-RPH-N and 13-024-RH-N, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

10/14/2014
DATED

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
SEP 16 2014
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	**CASE NO. 13-024-RPH-S**
v.	)	**CASE NO. 13-024-PH-S**
	)	
NAZIDA ZEBARI, R.PH.	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. 17786,	)	**AND ACCUSATION**
	)	
WALGREENS PHARMACY #04242	)	
Certificate of Registration No. PH01165,	)	
	)	
Respondents.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the alleged conduct, Respondent Nazida Zebari, Certificate of Registration No. 17786 (Ms. Zebari), was a registered pharmacist with the Board, and Respondent Walgreens Pharmacy #04242, Certificate of Registration No. PH01165 (Walgreens), was a pharmacy registered with the Board.

II.

On April 28, 2013, Dr. Ellen Martin of Southwest Medical Associates Urgent Care prescribed to ten-year-old patient JF ondansetron 4 mg. tablets with instructions to take 2 mg. (half a tablet) every four hours as needed. Dr. Martin transmitted the prescription electronically to Walgreens #04242. JF's mother, S. Hakes (Ms. Hakes), picked up the prescription from Walgreens the same day.

III.

The prescription, designated as prescription number 431719 (ondansetron 4 mg. tablets), was a new prescription for JF.

IV.

Ms. Hakes stated in the complaint, and again during an interview with a Board Investigator, that Respondent Ms. Zebari offered no counseling regarding JF's new medication. Respondent Ms. Zebari wrote in her written statement dated June 23, 2014, that counseling was offered and declined. Ms. Zebari disclosed during an interview with the Board investigator that she asked Ms. Zebari: "Do you have any questions?"

V.

On April 29, 2013, Ms. Hakes started to give JF a dose of the ondansetron that Walgreens dispensed. Ms. Hakes noticed that the dose directed on the label was significantly more than the dose that JF received during her visit with Dr. Martin. The instructions on the electronic prescription read: "Ondansetron 4 MG Oral Tablet Dispersible *TAKE 2 mg every 4 hours PRN*" (as needed). The label reads: "ONDANSETRON ODT 4MG TABLETS GIVE "J" 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED", which is approximately four times the prescribed dose.

VI.

Ms. Hakes contacted Walgreens pharmacy manager, Joseph Henderson, who confirmed that the instructions on the prescription label were not correct.

VII.

Respondent Ms. Zebari was the pharmacist who initiated the processing of JF's prescription. During data entry, Ms. Zebari input the incorrect dosing instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. (one-half tablet) every four hours as needed.

VIII.

The dosing instructions entered into the computer by Ms. Zebari prompted two Drug Utilization Review (DUR) warnings to appear on the screen: 1) "6 EA OF ONDANSETRON ODT 4MG TABLETS EXCEEDS THE RECOMMENDED PEDIATRIC DOSAGE: 1 – 3 EA PER DAY"; and, 2) "HD-DOSE TOO HIGH." Ms. Zebari overrode both DUR warnings.

IX.

Ms. Zebari filled and verified the prescription as accurate. When interviewed by the Board Investigator, Ms. Zebari said that she did not verify what she had typed against the scanned image in the pharmacy computer or the original electronic prescription. She only verified the drug.

FIRST CAUSE OF ACTION

X.

By filling and dispensing a prescription for ondansetron 4 mg. tablets with instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. (one-half tablet) every four hours as needed, Nazida Zebari violated Nevada Administrative Code (NAC) 639.945(1)(d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

SECOND CAUSE OF ACTION

XI.

In failing to provide adequate counseling for JF's new prescription, Nazida Zebari violated NRS 639.266(1), NAC 639.707(1) and/or 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.255.

THIRD CAUSE OF ACTION

XII.

As the owner of the pharmacy in which the foregoing violations, or any one of them,

occurred, Walgreens Pharmacy #04242 is responsible for the actions of its employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is grounds for action pursuant to NRS 639.255.

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

Signed this 16th day of September, 2014.

David Wuest, Pharm.D., Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

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

FILED
APR 22 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. NAZIDA ZEBARI, RPh. Certificate of Registration No. 17786, and WALGREENS PHARMACY #4242 Certificate of Registration No. PH01165, Respondents.	CASE NOS. 17-076-RPH-S 17-076-PH-S STIPULATION AND ORDER

Peter Keegan, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent Nazida Zebari ("Zebari"), Certificate of Registration No. 17786, through her counsel, Lyn Beggs, Esq., and Respondent Walgreens Pharmacy #4242 ("Walgreens"), Pharmacy License No. PH 01165, by and through its counsel, William Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 16, 2022, Board Staff properly served Zebari and Walgreens with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 9, 2022, Zebari filed an Answer and Notice of Defense to the Accusation.

4. Zebari and Walgreens are fully aware of their right to seek the advice of counsel in this matter and have obtained the advice of counsel prior to entering into this Stipulation.

5. Zebari and Walgreens are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights

which may be accorded to them pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

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

7. Respondents, and each of them, admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Zebari engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and NAC 639.945(1)(i) by failing to strictly follow the instructions of a practitioner to discontinue a prescription for Lisinopril 10 mg, which caused the erroneous dispensing of said prescription via auto-refill on four (4) occasions. Respondent Zebari is therefore subject to discipline pursuant to NRS 639.210(4).

B. Walgreens, as the pharmacy at which the violations of law alleged herein occurred, is responsible for any violations of law by Zebari pursuant to NRS 639.230(5) and NAC 639.945(2).

8. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210, NRS 639.230(5), and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Zebari stipulate to the below listed penalties. Respondent Nazida Zebari, Certificate of Registration No. 17786, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations;

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

10. Based upon the Accusation and the foregoing admissions, the Board and Walgreens stipulate to the below listed penalties. Respondent Walgreens Pharmacy #4242, Pharmacy License No. PH01977, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

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

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 13, 2022. Respondents and their authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

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

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

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

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

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

AGREED:

Signed this 25th day of March 2022.

NAZIDA ZEBARI, RPH
Certificate of Registration No. 17786

Signed this 29th day of March 2022.

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 28 day of March 2022.

LYN BEGGS, ESQ.
Counsel For Nazida Zebari, RPH

Signed this ___ day of March 2022.

WALGREENS PHARMACY #4242,
Pharmacy License No. PH01165

Signed this ___ day of March 2022.

PETER KEEGAN
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this ___ day of March 2022.

WILLIAM J. STILLING, ESQ.
Counsel for Walgreens Pharmacy #4242

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

AGREED:

Signed this ___ day of March 2022.

NAZIDA ZEBARI, RPH
Certificate of Registration No. 17786

APPROVED AS TO FORM AND CONTENT this ___ day of March 2022.

LYN BEGGS, ESQ.
Counsel For Nazida Zebari, RPH

Signed this ___ day of March 2022.

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

Signed this 23 day of March 2022.

WALGREENS PHARMACY #4242,
Pharmacy License No. PH01165

APPROVED AS TO FORM AND CONTENT this 28th day of March 2022.

WILLIAM J. STILLING, ESQ.
Counsel for Walgreens Pharmacy #4242

Signed this 29th day of March 2022.

PETER KEEGAN
Assistant General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Nazida Zebari, Certificate of Registration No. 17786, and Respondent Walgreens Pharmacy #4242, Pharmacy License No. PH01165, in Case No. 17-076 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 22nd day of April 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
JAN 21 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **and** **WALGREENS PHARMACY #4242** **Certificate of Registration No. PH01165,** **Respondents.**	**Case No. 17-076-RPH-S** **17-076-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Nazida Zebari, RPh. ("Zebari"), Certificate of Registration No. 17786 was a pharmacist registered with the Board and Respondent Walgreens Pharmacy #4242 ("Walgreens #4242"), License No. PH01165, was a pharmacy licensed by the Board.

DISCIPLINARY HISTORY

2. On October 15, 2014, the Board approved a Stipulation and Order in Case No. 13-024-RPH-S, wherein Respondent agreed to discipline on the basis that evidence existed to establish a factual basis that she had violated NAC 639.945(1)(d), and/or (i) by providing incorrect instructions on a dispensed prescription, as well as NRS 639.266(1), NAC 639.707(1), and/or NAC 639.945(1)(i) by failing to provide adequate patient counseling.

FACTUAL ALLEGATIONS

3. Respondent Zebari was employed by Walgreens #4242 at the time of the events alleged herein.

4. On July 18, 2016, a prescription for Lisinopril 10 mg tablets was processed by Walgreens #4242 for patient L.I. and designated as prescription no. 1783706 by Walgreen's computer system. Prescription no. 1783706 was placed on auto-refill.

5. On December 6, 2016, a prescription for Terazosin HCL 2 mg issued to patient L.I. was entered into the Walgreen's #4242 computer system by Respondent Zebari. The prescription was designated prescription no. 1829306 by Walgreen's computer system. Respondent Zebari typed "DISCONTINUE LISINOPRIL (ACE: ALLERGY; COUGH)" in Walgreen's computer system under the drug directions for prescription no. 1829306; however, no notifications were placed into patient L.I.'s profile in the Walgreen's computer system.

6. On December 6, 2016, Respondent Zebari performed the prescription review, overrode the Drug Utilization Review ("DUR") checks for therapeutic duplication, filled prescription no. 1829306, and conducted the product verification. Walgreen's records for prescription no. 1829306 reflect that patient L.I. declined the patient consultation.

7. Respondent Zebari failed to follow the prescribing practitioner's orders to "Discontinue Lisinopril" as written on the Terazosin HCL 2mg prescription which caused four (4) erroneous prescriptions for a dangerous drug to be dispensed to patient L.I. after December 6, 2016.

8. On December 24, 2016, an automatic refill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Dominic Ortega, RPh. ("Ortega"), Certificate of Registration No. 16810, the managing pharmacist for Walgreens #4242 and pharmacist of record. The refill of prescription no. 1783706 was sold to patient L.I. on December 26, 2016.

9. On January 22, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Pharmacist Brijesh Patel, RPh. ("Patel"), Certificate of Registration No. 18040, the pharmacist of record, and the prescription refill was sold to patient L.I. on January 24, 2017.

10. On February 20, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Respondent Zebari, the pharmacist of record, and the prescription refill was sold to patient L.I. on February 28, 2017.

11. On March 27, 2017, an automatic re-fill entry in the Walgreens Pharmacy #4242 computer system was initiated for prescription no. 1783706 for Lisinopril 10 mg tablets. The product review was performed by Respondent Zebari, the pharmacist of record, and the prescription refill was sold to patient L.I. on March 30, 2017.

12. Patient L.I. complained to Walgreens #4242 about the erroneous Lisinopril prescriptions she was dispensed; however, patient L.I. did not report taking any of the erroneously dispensed Lisinopril or suffering any harm.

COUNT ONE

Unprofessional Conduct
(Respondent Zebari)

13. Unprofessional conduct includes the failure by a licensee to strictly follow the instructions of a practitioner when labeling and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

14. Respondent Zebari engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she failed to strictly follow the instructions of a practitioner by not discontinuing the Lisinopril 10 mg prescription, which caused the erroneous dispensing of said

prescription via auto-refill on four (4) occasions. Respondent Zebari is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4242)

15. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." Further, the owner of any business of facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

16. To the extent the erroneous dispensing errors were attributable to Respondent Zebari, Walgreens #4242 is responsible for those violations pursuant to NRS 639.230(5) and NAC 639.945(2).

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

Signed this 21st day of January 2022.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **Respondent.**	**CASE NO. 17-076-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

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

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZIDA ZEBARI, RPh.** **Certificate of Registration No. 17786,** **Respondent.**	**CASE NO. 17-076-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2022.

_____

NAZIDA ZEBARI, RPh

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

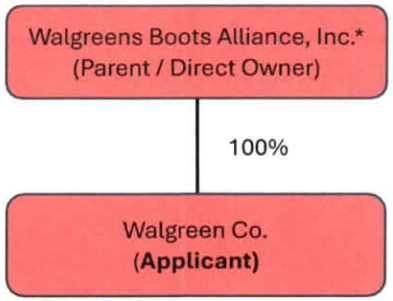
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

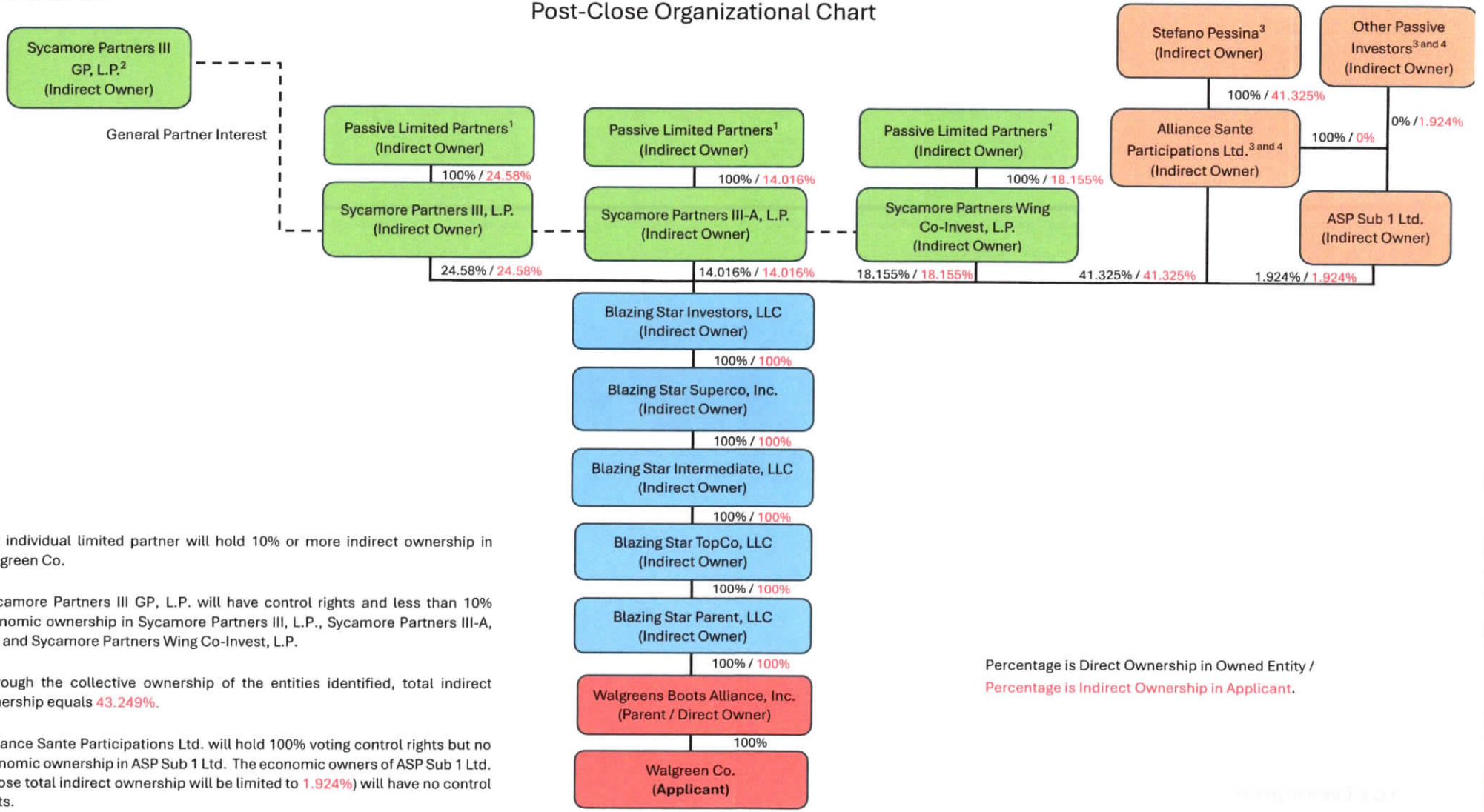
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

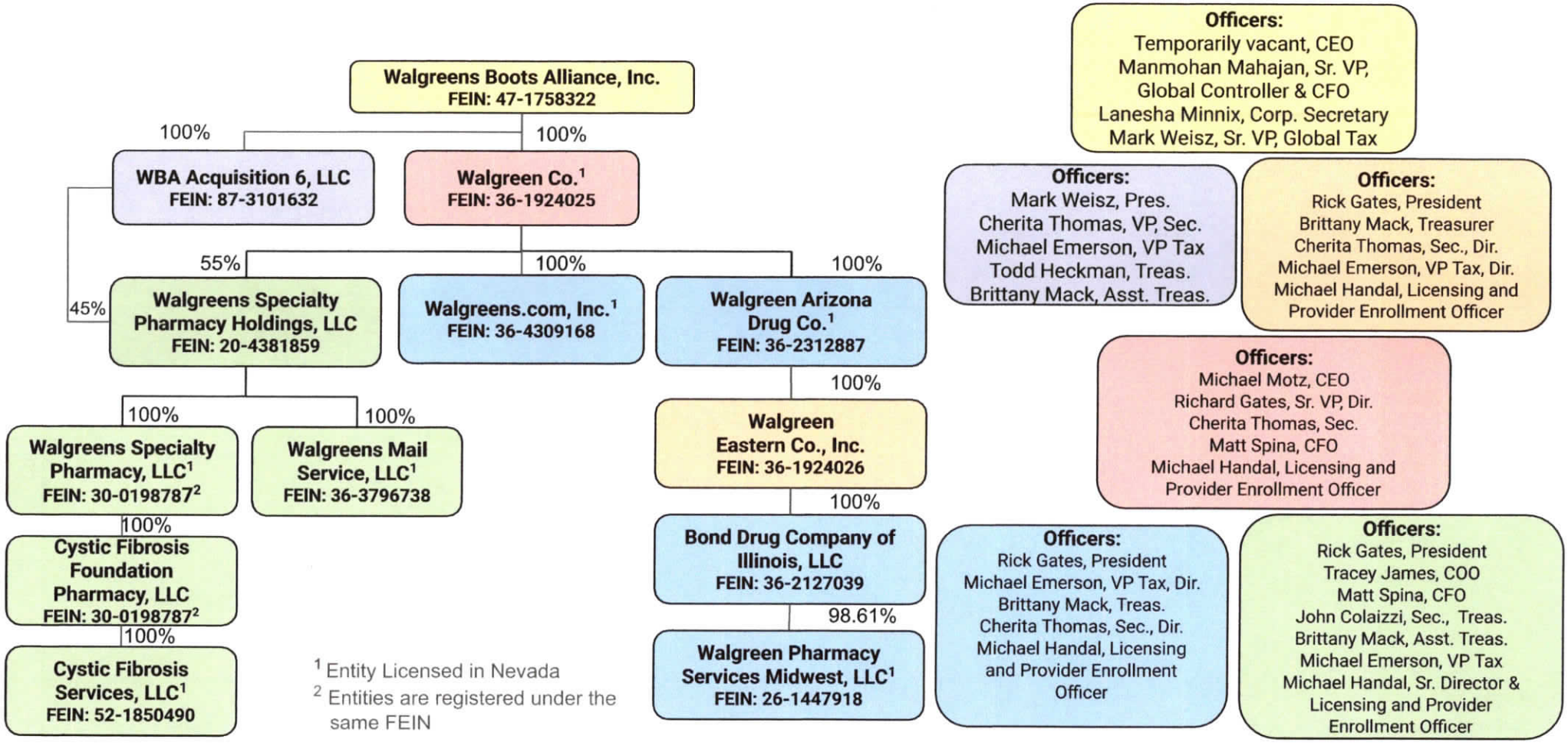
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4WWW

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☒ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6349636
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01383		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04755

Physical Address: 3480 S JONES BLVD

City: LAS VEGAS State: NV Zip: 89146-6709

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)871-1405 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)871-1657 Contact Email: rxm.04755@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ELAINE SANTIAGO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 13454

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ELAINE SANTIAGO	NV Pharmacist Registration #: 13454
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $850 ck OP03-30601111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ELAINE SANTIAGO Pharmacist Registration #: 13454

Pharmacy Name: WALGREENS #04755

Initial each statement below to indicate you have read and agree with the following:

ebs — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ebs — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ebs — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ebs — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ebs — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

Elaine B. Santiago
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025
Date

Document Ref: FFJVM-LONK6-BOKUU-KPKCQ

STEVE SISOLAK
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

October 25, 2022

VIA CERTIFIED U.S. MAIL & ELECTRONIC MAIL

Elaine B. Santiago, RPH
Pharmacist Registration No. 13454
3036 Palace Gate Court
Las Vegas, NV 89117
elainebsantiago@gmail.com

Re: Notice of Nevada Citation and Fine (Case No. 21-110)

Greetings:

The Nevada State Board of Pharmacy ("Board") has determined that you misfilled the following prescription:

On or about 8/19/2021, patient K.H. was prescribed tramadol 50 mg, quantity 90 tablets, which was filled at Walgreens Pharmacy #4755, designated prescription number 283472. This prescription was misfilled as it contained 16 tablets of trazadone intermixed with the prescribed medication, tramadol.

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unprofessional conduct by a pharmacist under NAC 639.945(1)(d) for "failing strictly to follow the instructions of the person writing, making or ordering a prescription as to its filling or refilling." Furthermore, pharmacists are responsible for errors committed by pharmaceutical technicians and other personnel who are not pharmacists pursuant to NAC 639.252 and NAC 639.702.

The Board has assessed an administrative fine of five hundred dollars ($500.00) pursuant to NRS 639.2895(3). This administrative fine must be paid within 30 days of receipt of this citation. Payment must be by *personal check, business check, cashier's check, certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521. Please include a copy of this notice with payment.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

9171 9690 0935 0278 8963 33

FILED
OCT 11 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MONA MATAR, RPH,** **Certificate of Registration No, 20104,** **and,** **WALGREENS PHARMACY #04755,** **Pharmacy License No. PH01383,** **Respondents.**	**Case No. 22-370-RPH-S** **22-370-PH-S** **STIPULATION AND ORDER**

Gregory L. Zunino, Senior General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Mona Matar, RPh (Matar), Certificate of Registration No. 20104, and Respondent Walgreens Pharmacy #04755, Pharmacy License No. PH01383, jointly by and through counsel, William J. Stilling, of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondents Walgreens and these matters.

2. The Board's staff properly served Respondents with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The undersigned representative of Respondent Walgreens hereby warrants and represents that he/she has all necessary corporate power and authority to execute this Stipulation and Proposed Order ("Stipulation") on behalf of Respondent Walgreens.

4. Respondents Walgreens and Matar acknowledge that they understand the terms of this Stipulation and that they have executed the Stipulation knowingly and voluntarily.

5. Respondents acknowledge that they are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondent Walgreens under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of the paragraphs below, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged against Respondents Matar and Walgreens in Count Two of the Accusation, *to wit*:

A. Respondent Matar knew or should have known that she had prepared an incorrect dose of Energix B for the adult customer. Accordingly, Respondent Matar performed her duties as a pharmacist in an incompetent, unskillful, or negligent manner. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4), NRS 639.255, NAC 639.945(1)(i), and NAC 639.955.

B. As the pharmacy/pharmacy owner, Respondent Walgreens may be held responsible for the acts of Respondent Matar as set forth above pursuant NRS 639.230(5) and NAC 639.945(2).

8. The Board and Respondents agree that Count One and Count Two of the Accusation are duplicative insofar as they address the same underlying conduct. Accordingly, the parties agree that upon approval of this Stipulation by the Board, Count One of the Accusation shall be dismissed.

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

A. Respondent Matar shall pay an administrative fine in the amount of One Thousand and 00/100s Dollars ($1,000.00) for the violation alleged in Count Two of the Accusation. Respondent Matar shall pay the fine by cashier's check, certified check, or money order made payable to **"State of Nevada, Office of the Treasurer."** Respondent Matar shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days after the effective date of the Board's Order as stated below.

B. Respondent Matar shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. Respondent Matar shall pay such attorney's fees and costs by issuance of a cashier's check, certified check, or money order made payable to **"Nevada State Board of Pharmacy."** Respondent Matar shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of the Board's Order as stated below.

10. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Walgreens stipulate to the following penalties:

A. Respondent Walgreens shall pay an administrative fine in the amount of One Thousand and 00/100 Dollars ($1,000.00) for the violation alleged in Count Two of the Accusation. Respondent Walgreens shall pay the fine by company check, cashier's check, certified check, or money order made payable to **"State of Nevada, Office of the Treasurer."** Respondent Walgreens shall remit

payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days after the effective date of the Board's Order as stated below.

B. Respondent Walgreens shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. Respondent Walgreens shall pay such attorney's fees and costs by issuance of a company check, cashier's check, certified check, or money order made payable to **"Nevada State Board of Pharmacy."** Respondent Walgreens shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of the Board's Order as stated below.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non- compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. The undersigned Board counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 11, 2023, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent Walgreens or its attorney fails to appear for the meeting.

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

14. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation at the next regularly

scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this 4th day of October 2023.

WALGREENS PHARMACY #04755
Pharmacy License No. PH01383,

Signed this ___ day of October 2023

MONA MATAR, RPH
Certificate of Registration No. 20104

APPROVED AS TO FORM AND CONTENT
this ___ day of October 2023.

WILLIAM STILLING, ESQ.
Stilling & Harrison, PLLC
Counsel for Respondents

APPROVED AS TO FORM AND CONTENT
this 6th day of October 2023.

GREGORY L. ZUNINO, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ___ day of October 2023.

WALGREENS PHARMACY #04755
Pharmacy License No. PH01383,

Signed this 5 day of October 2023

MONA MATAR, RPH
Certificate of Registration No. 20104

APPROVED AS TO FORM AND CONTENT
this ___ day of October 2023.

WILLIAM STILLING, ESQ.
Stilling & Harrison, PLLC
Counsel for Respondents

APPROVED AS TO FORM AND CONTENT
this ___ day of October 2023.

GREGORY L. ZUNINO, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

AGREED:

Signed this ___ day of October 2023.

WALGREENS PHARMACY #04755
Pharmacy License No. PH01383,

APPROVED AS TO FORM AND CONTENT
this 6th day of October 2023.

WILLIAM STILLING, ESQ.
Stilling & Harrison, PLLC
Counsel for Respondents

Signed this ___ day of October 2023

MONA MATAR, RPH
Certificate of Registration No. 20104

APPROVED AS TO FORM AND CONTENT
this ___ day of October 2023.

GREGORY L. ZUNINO, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Walgreens Pharmacy #04755, Pharmacy License No. PH01383 in Case No. 22-370-PH-S and Mona Matar, RPh., Certificate of Registration No, 20104 in Case No. 22-370-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective immediately upon execution below.

IT IS SO ORDERED.

Entered this 11th day of October 2023.

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

FILED
JUL 28 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MONA MATAR, RPH, Certificate of Registration No. 20104, and, WALGREENS #04755, Pharmacy License No. PH01383, Respondents.	Case No. 22-370-RPH-S 22-370-PH-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Mona Matar, RPH (Matar), because Matar, at the time of the violations alleged herein, held a certificate of registration issued by the Board pursuant to NRS 639.127, authorizing her to engage in the practice of pharmacy within the state of Nevada.

2. The Board has personal jurisdiction over Respondent Walgreens #04755 (Walgreens) because Walgreens, at the time of the violations alleged herein, held a license issued by the Board pursuant to NRS 639.230, authorizing Walgreens to operate a pharmacy located at 3480 S. Jones Boulevard in Las Vegas, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Matar was the pharmacist on duty at the Walgreens pharmacy located at 3480 S. Jones Boulevard in Las Vegas, Nevada, where she engaged in unprofessional conduct by a pharmacist.

FACTUAL ALLEGATIONS

4. Matar is a registered pharmacist authorized by the Board to engage in the practice of pharmacy.

5. On or about September 14, 2022, Matar was the pharmacist on duty at the Walgreens pharmacy located on South Jones Boulevard in Las Vegas, Nevada. While on duty, Matar fielded an adult customer's request to be vaccinated against hepatitis B.

6. Matar prepared a 10 mcg/0.5 ml dose of the Engerix B vaccine for administration by a pharmacy technician. Matar removed this pediatric dose from a refrigerator where it was stored as part of lot number YM444. Lot number YM444 consisted entirely of pediatric doses. At that time, lot number YM444 was the only Energix B remaining in Walgreens' inventory.

7. Matar placed the pediatric dose of Energix B in a bin for administration by a pharmacy technician. The technician subsequently removed the pediatric dose from the bin and injected it into the adult customer.

8. On or about September 15, 2022, a second adult customer requested to be vaccinated against hepatitis B. When a pharmacy employee advised the customer that the pharmacy had run out of adult doses of the hepatitis B vaccine, another Walgreens employee mentioned that an adult dose had been administrated to a customer one day prior. Following that conversation, the employees checked the refrigerator only to discover that lot number YM444 was the only supply of Energix B remaining in inventory.

9. After confirming that the Walgreens pharmacy had exhausted its supply of 20 mcg/ml doses of Energix B, the employees notified the pharmacy manager, Elaine Santiago, who then checked pharmacy records to identify the adult customer who had been vaccinated with the pediatric dose of Energix B. Ms. Santiago quickly identified the customer based upon the informed consent form that Matar had prepared in connection with the vaccination. Matar had noted on the form that the customer received a vaccine dose from lot number YM444.

10. Ms. Santiago telephoned the customer to advise her that she had a received a pediatric dose of the vaccine, advising her that she could return to the pharmacy for the correct dose. The customer later contacted the Board to make a complaint.

11. In response to an inquiry by Board Investigator Kenneth Scheuber, Matar explained in a written statement dated November 21, 2022, that the day of the incident had been a busy workday for her, with many patients waiting for vaccines. Mater stated that she regretted her mistake.

12. Matar was the subject of an unrelated complaint involving a similar allegation that she misfilled a prescription for Levothyroxine while employed at the QHR Pharmacy in Las Vegas, Nevada. This alleged misfill occurred on or about April 20, 2022. Pursuant to NRS 639.2895(3), Matar was separately cited for the April 20 incident.

APPLICABLE LAW

13. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4). In lieu of revoking or suspending such a pharmacist's registration, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

14. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to strictly follow the instructions of the person writing, making, or ordering a prescription as to its filling or refilling. *See* NAC 639.945(1)(i). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. *See* NAC 639.945(1)(i).

15. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy employees under their supervision.

COUNT ONE
Failure to Follow Instructions of Person Ordering Prescription

16. On or about September 14, 2022, as alleged above, Matar failed to strictly follow the instructions of an adult customer who requested to be vaccinated against hepatitis B. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NRS 639.255; NAC 639.945(1)(h); NAC 639.955.

17. As the owner/operator of the pharmacy at which Matar was employed on September 14, 2022, Walgreens is responsible for Matar's unprofessional conduct as alleged above. NRS 639.230(5), NRS 639.255; NAC 639.702; NAC 639.945(2); and NAC 639.955.

COUNT TWO
Performing Duties in a Negligent Manner

18. On or about September 14, 2022, as alleged above, Matar caused an adult customer to be injected with a pediatric dose of Energix B, thus necessitating a second vaccination resulting in unnecessary discomfort to the customer.

19. Matar knew or should have known that she had prepared an incorrect dose of Energix B for the adult customer. Accordingly, Matar performed her duties as a pharmacist in an incompetent, unskillful, or negligent manner. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4), NRS 639.255, NAC 639.945(1)(i), and NAC 639.955.

20. As alleged above, the incident on September 14, 2022, was the second of two incidents involving an alleged mistake by Matar in filling a prescription. Accordingly, the incident on September 14, 2022, warrants administrative disciplinary action and/or the imposition of a fine pursuant to NAC 639.955(1)(c).

21. As the owner/operator of the pharmacy at which Matar was employed on September 14, 2022, Walgreens is responsible for Matar's unprofessional conduct as alleged above. NRS 639.230(5), NRS 639.255; NAC 639.702; NAC 639.945(2); and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent Mona Matar and the pharmacy license of Respondent Walgreens #04755.

DATED this 28th day of July 2023.

Yenh Long, Pharm.D., Deputy Executive Secretary of the
Nevada State Board of Pharmacy, for and on behalf of
J. David Wuest, R.Ph., Executive Secretary of the
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS #04755
Certificate of Registration No. PH01383,
Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 04-006-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent James A. Rustman is a pharmacist licensed by the Board and Walgreens #04755 is a pharmacy licensed by the Board, located at 3480 South Jones Boulevard, Las Vegas, Nevada.

II.

On or about January 13, 2004, Patient L saw physician assistant Carlos Jimenez and was given three prescriptions, one of which was new to Patient L and was for Mexiletine 150 mg. #30 with directions to take one capsule by mouth every day with dinner (Rx #375091-04755). Patient L took her prescriptions to Walgreens #04755 to be filled on January 15, 2004 and picked them up on January 16, 2004.

III.

When Patient L picked up her Mexiletine prescription, she was not counseled by a pharmacist at Walgreens #04755. The Board's investigation showed that there was no record or entry on Walgreens #04755's counseling log at all regarding Patient L's Mexiletine prescription.

IV.

When Patient L arrived home she began ingesting her medication, including Mexiletine 150 mg., according to the instructions on the labels and realized that she had never taken Mexiletine in the past. Patient L contacted Walgreens #04755 and asked what Mexiletine was used for and was advised that it was for an irregular heartbeat. Patient L contacted her physician and asked why she had been prescribed Mexiletine and was told it was to be used in conjunction with her other medications to subside sharp pains.

V.

After discovering what the medication was to be used for and discussing the long term effects of using Mexiletine, Patient L determined she would not continue using this product. Patient L claimed that if she had been counseled when she picked up her medication she would not have accepted it for her drug therapy.

VI.

Mr. Rustman did not remember any specifics of this prescription in particular for Patient L, however after examining his counseling log at Walgreens #04755 he determined that her prescription number for Mexiletine was not on the counseling long and, in probability, Patient L had not been counseled.

FIRST CAUSE OF ACTION

VII.

In failing to counsel Patient L on her new prescription for Mexiletine and in failing to have any record regarding the prescription in the pharmacy's counseling log, Walgreens #04755 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i) and (2).

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

Signed this 17th day of June, 2004.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, STIPULATION AND ORDER

v.

WALGREENS #04755 Case No. 04-006-PH-S
Certificate of Registration No. PH01383

Respondent.

The Nevada State Board of Pharmacy and Respondent Walgreens #04755, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

FROM :WALGREENS DISTRICT OFFICE FAX NO. :702-889-8287 Jun. 21 2004 09:58AM P4

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $750.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a In a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation.**

6-25-04
DATED

DENNIS O'DELL, SENIOR VICE PRESIDENT
type or print name

Dennis O'Dell
for Walgreens #04755

FROM :WALGREENS DISTRICT OFFICE FAX NO. :702-889-8287 Jun. 21 2004 09:58AM P5

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 21st day of July, 2004.

7/21/04
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

FROM :WALGREENS DISTRICT OFFICE FAX NO. :702-889-8287 Jun. 21 2004 09:58AM P6

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

SOTHY HIM, R.Ph.,
Certificate of Registration #15426,

Case No. 02-101-RPH-S

WALGREENS PHARMACY #4755,
Certificate of Registration #PH01383,

Case No. 02-101-PH-S

Respondents.
_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Sothy Him is a pharmacist licensed by the Board and Walgreens Pharmacy #4755 (Walgreens #4755) is a pharmacy licensed by the Board, located at 3480 South Jones Boulevard, Las Vegas, Nevada.

II.

Patient W went to her physician prior to having eye surgery and received two prescriptions for eye drops and a sheet of pre-surgery instructions. Patient W took the prescriptions to Walgreens #4755 to have them filled on or about October 15, 2002.

III.

The first prescription for Patient W was for Acular 5 ml. solution with directions to put one drop in the right eye four times a day starting four days prior to surgery. The directions on the label prepared by Mr. Him and dispensed by Walgreens #4755 were, "Instill 1 drop right eye six times daily (start 6 days before surgery)." The second prescription for Patient W was for Ocuflox 5 ml. solution with directions to put one drop in right eye four times a day starting four days prior to surgery. The directions on the label prepared by Mr. Him and dispensed by Walgreens #4755 were, "Instill 4 drops into right eye daily (start four days before surgery)." Mr. Him was the pharmacist who filled these prescriptions.

IV.

Patient W's daughter administered the medication to Patient W as directed on the labels and discovered the incorrect directions on both prescriptions while making copies of Patient W's pre-surgery medical information.

V.

Patient W had her eye surgery and no harm resulted from using the medication once as directed on the incorrect labels of her two eye drop prescriptions.

FIRST CAUSE OF ACTION

VI.

In failing to follow the order of Patient W's physician, namely by filling Patient W's prescriptions with the wrong directions, Mr. Him violated NRS 639.210(4) and NAC 639.945(1) (b), (d), and (i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Mr. Him's violation occurred, Walgreens Pharmacy #4755 violated NRS 639.210(4) and NAC 639.945(1) (b), (d), and (i) and (2).

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

Signed this 16th day of December, 2002.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, **STIPULATION AND ORDER**

v.

WALGREENS PHARMACY #4755 **Case No. 02-101-PH-S**
Certificate of Registration No. PH01383

Respondent.

The Nevada State Board of Pharmacy and Respondent Walgreens Pharmacy #4755, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i) and (2).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $100.00 certified check, or money order made payable to "State of Nevada, Office of the Treasurer". All moneys shall be mailed to and received by the Board office no later than fifteen days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a in a fine of $1000 per day for every day the term is not complied with, up to a maximum of $30,000, and will result in further discipline, up to and including revocation of the Respondent's license.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation**.

12-31-02
DATED

Dennis O'Dell, Vice President
type or print name

Dennis O'Dell
for Walgreens Pharmacy #4755

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 22nd day of January, 2003.

1/22/03
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

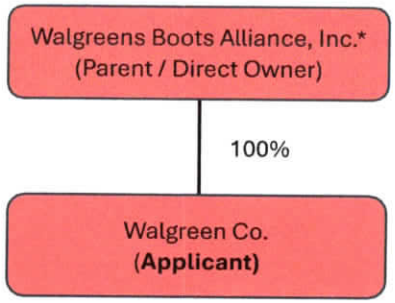
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

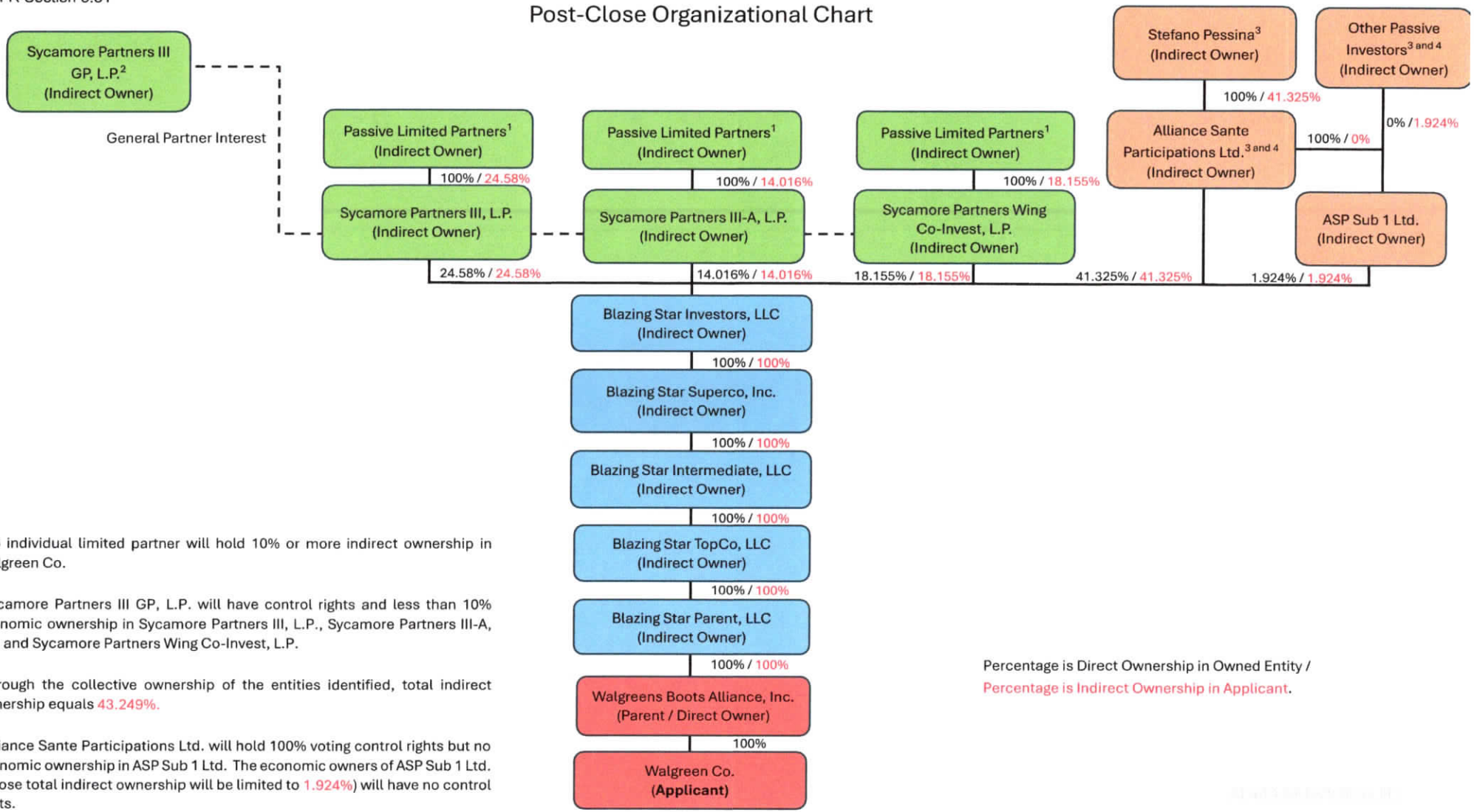
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

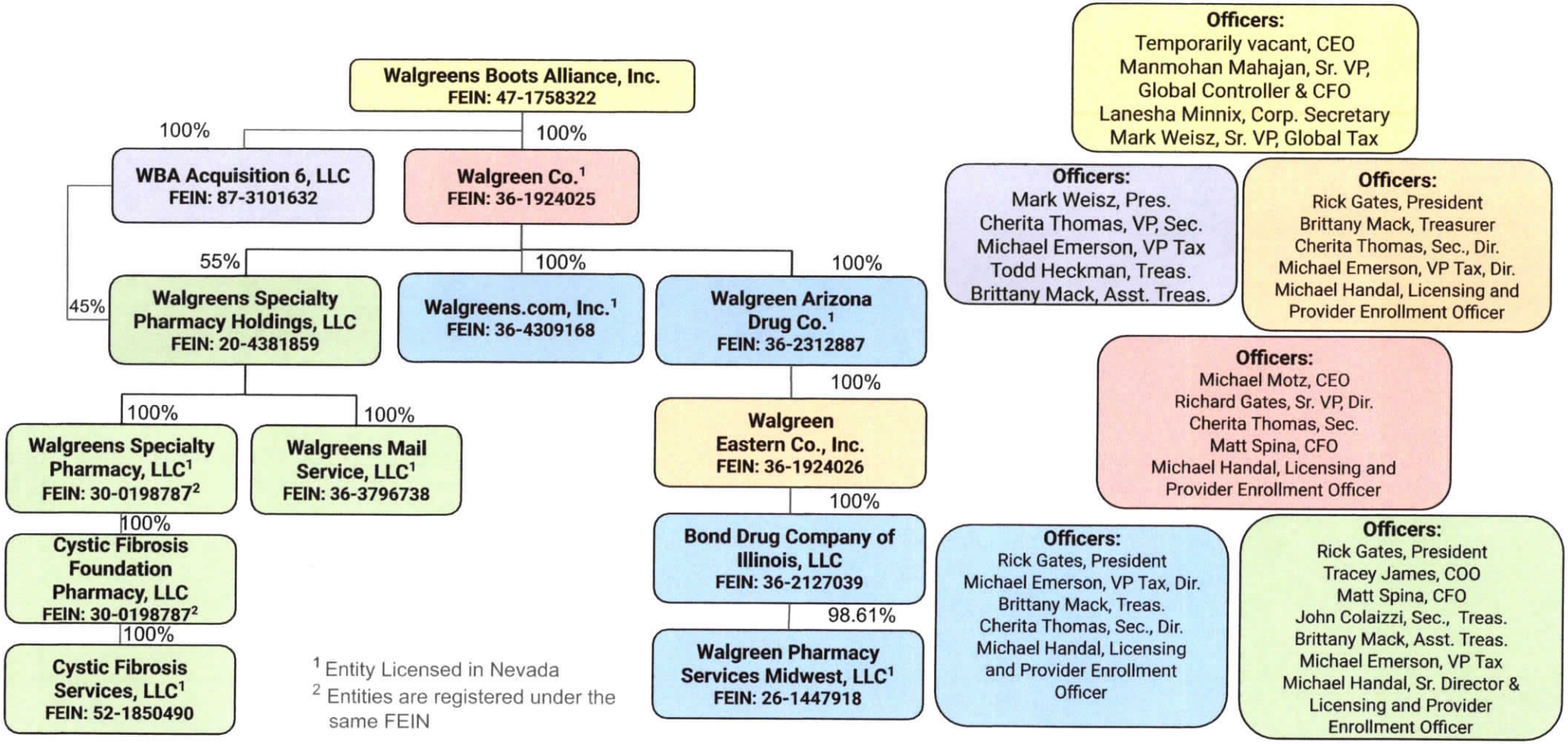
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4XXX

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6176071
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01307		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04855

Physical Address: 6001 W CHEYENNE AVE

City: LAS VEGAS State: NV Zip: 89108-4205

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)396-0917 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)396-0927 Contact Email: rxm.04855@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): STANLEY WONG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16990

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: STANLEY WONG	NV Pharmacist Registration #: 16990
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $250 ck JPB3-3007-111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: STANLEY WONG Pharmacist Registration #: 16990

Pharmacy Name: WALGREENS #04855

Initial each statement below to indicate you have read and agree with the following:

S.T. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

S.T. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

S.T. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

S.T. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

S.T. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

STANLEY WONG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 10 / 2025

Date

Document Ref: ZUV5E-9UZXI-AFXSE-ENNZS

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

JENNIFER CHAN, R.Ph.
Certificate of Registration #14660,

Case No. 09-102-RPH-S

WALGREENS #04855,
Certificate of Registration #PH01307,

Case No. 09-102-PH-S

Respondents.

/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2011 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties stipulated to the admission to all exhibits. The Respondents did not contest that Leilani Chang got twenty-one methylprednisolone 4 mg tablets instead of ten dosage units of medroxyprogesterone acetate 10 mg tablets as prescribed by her doctor. Board Staff presented the testimony of Leilani Chang and Fred Ackermann, Board investigator.

2. Ms. Chang testified that her physician prescribed 10 dosage units of medroxyprogesterone acetate 10 mg tablets, the generic for Provera, to regulate her menstrual cycle. The prescription as called into Walgreens #04855 by her doctor and

she picked it up on or about August 28, 2010. Ms. Chang testified she took all of the medication but did not get her menstrual cycle but instead experienced dizziness, headaches and a feeling of being unbalanced. Ms. Chang testified that she returned to the pharmacy to report the symptoms, showed the pharmacist on duty the medication vial, and asked if the medication was generic for Provera. That is when the pharmacist on duty informed her that she had taken 21 dosage units of generic prednisone, not Provera.

3. Respondents presented the testimony of Ms. Chan. Ms. Chan apologized to the Board and to Ms. Chang for making this error and causing Ms. Chang to experience the adverse effects from her taking prednisone. Ms. Chan testified to the changes that she has made to her practice as a result of the incident and the continuing education courses she has taken on error prevention. Ms. Chan testified that she reviews each segment of a word at input to ensure correct processing and it has helped her focus more closely on filling prescriptions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Chan is a pharmacist licensed by the Board and Walgreens #04855 is a pharmacy licensed by the Board.

2. By failing to strictly follow the instructions of Ms. Chang's physician by filling her prescription for #10 medroxyprogesterone acetate 10 mg tablets with #21 methylprednisolone 4 mg tablets, Ms. Chan violated NRS 639.210(4) and NAC 639.945(1) (d) and/or (i).

3. In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Ms. Chang's prescription with the wrong medication, namely

methylprednisolone 4 mg rather than the prescribed medroxyprogesterone acetate 10 mg, and failed to notice that the dosage was also incorrect, namely dispensing 21 dosage units of methylprednisolone rather than the prescribed 10 dosage units of medroxyprogesterone acetate, Walgreens #04855 violated NRS 639.210(4) and NAC 639.945(1)(d) and/or(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Chan shall pay the Boards investigation and attorney's fees of $1,099.19 and the Board's administrative fee of $295.00, for a total of $1,394.19 by cashier's check or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #004855 shall receive a letter of reprimand

3. The failure by Ms. Chan to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the her license.

Signed this 2nd day of February, 2011.

Beth Foster

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JENNIFER CHAN, RPH.,
Certificate of Registration #14660,

Case No. 09-102-RPH-S

WALGREENS #04855,
Certificate of Registration #PH01307,

Case No. 09-102-PH-S

Respondents.
_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jennifer Chan is a pharmacist licensed by the Board and Walgreens #04855 is a pharmacy licensed by the Board, located at 6001 West Cheyenne Avenue, Las Vegas, Nevada.

FIRST CAUSE OF ACTION

II.

On or about August 28, 2009 Leilani Chang was prescribed 10 dosage units of medroxyprogesterone acetate 10 mg. tablets with directions to take one tablet daily as directed by Dr. Karen Navarro of Southwest Medical Associates. Ms. Chang was trying to get pregnant and Dr. Navarro prescribed the medroxyprogesterone acetate then instructed Ms. Chang to get some blood work after her menstrual cycle. Dr. Navarro faxed the prescription to Walgreens #04855 to be filled.

III.

Ms. Chang picked up her prescription from Walgreens #04855 and began taking her medication immediately. Ms. Chang took all of the medication that she obtained from Walgreens #04855, however she did not have a menstrual cycle. Ms. Chang indicated that she was having dizziness, headaches, a spinning sensation and a general feeling of being unbalanced. Ms. Chang went back to the pharmacy to discuss the problem with the pharmacist and showed the pharmacist what she had taken for 21 days and asked if that was the generic for Provera. The pharmacist that she was speaking with told her that the medication that she had been taking was the generic for prednisone, not Provera.

IV.

During the investigation of this matter it was learned that Jennifer Chan was the pharmacist responsible for this error. Ms. Chan admitted that she had selected the wrong medication and indicated that they had similar spellings, started with the same letter, they sounded similar and had similar directions. Ms. Chan has changed her pharmacy practice since this incident to triple check each step of the filling process for all similar sounding medications.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Ms. Chang's physician by filling her prescription for #10 medroxyprogesterone acetate 10 mg. tablets with #21 methylprednisolone 4 mg. tablets, Ms. Chan violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (l).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Ms. Chang's prescription with the wrong medication, namely

methylprednisolone 4 mg. rather than the prescribed medroxyprogesterone acetate 10 mg., and failed to notice that the dosage was also incorrect, namely dispensing 21 dosage units of methylprednisolone rather than the prescribed 10 dosage units of medroxyprogesterone acetate, Walgreens #04855 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2).

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

Signed this 7th day of September, 2010.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents, Yvonne Jett, Walgreens #04855 and Walgreens Corporation, all represented by Rob Graham, Esq., of Rob Graham and Associates, stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First, Second and Third Causes of Action.

2. Respondents admit that although there are systems in place to prevent a licensed employee who has not renewed his or her license from working in Respondent's pharmacy, those systems did not work and additional steps must be taken to prevent this from happening again.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and the Respondent Jett will recommend that the Board impose discipline for the First Cause of Action by suspending her pharmaceutical technician registration for 120 days during which time she cannot work in any facility that is licensed pursuant the Nevada Board of Pharmacy and pay a total fine of $2,500 by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 180 days after her suspension ends. The suspension of Respondent Jett's pharmaceutical technician registration will start with the effective date of this order and run through November 10, 2011.

5. Board Staff and Respondents Walgreens Corporation and Walgreens #04855 will recommend that the Board impose discipline on Respondents for the Second and Third Causes of Action by requiring that all Nevada Walgreens pharmacies be trained on and use the licensing computer program that is in place in Nevada. In addition, Walgreens pharmacies in Nevada will be required to implement a statewide policy requiring all managing pharmacists, or if none is present staff pharmacists, to personally verify that the personnel they are working with are properly licensed or registered before they work. If the managing pharmacist, or if no managing pharmacist is present the staff pharmacist, falls to personally verify that all registered personnel are properly licensed or registered and may lawfully work, the managing pharmacist or staff pharmacist will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

6. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Yvonne Jett, PT.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Yvonne Jett is a registered pharmaceutical technician with the Board, Walgreens #04855 is a registered pharmacy with the Board and Walgreens Co. is the corporate owner of Walgreens #04855.

II.

On or about April 11, 2011, Ray Seidlinger, the Board's inspector, inspected Walgreens #04855 and during the inspection it was learned that Yvonne Jett had not renewed her pharmaceutical technician registration. Mr. Seidlinger verified this with Board staff and it was determined that Ms. Jett had not completed her renewal application appropriately and it was returned to her for correction. Ms. Jett did not return the renewal application and her registration was not renewed.

III.

Mr. Seidlinger requested Walgreens staff to provide him with the hours that Ms. Jett worked from November 1, 2010 to April 14, 2011, the date the Board received Ms. Jett's renewal application. Stanley Wong, the managing pharmacist for Walgreens #04855, reported to Board staff that Ms. Jett worked for 108 days without a valid registration.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 108 days, Ms. Jett violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

V.

By employing Ms. Jett and allowing Ms. Jett to work for 108 days without being registered with the Board, Walgreens #04855 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

THIRD CAUSE OF ACTION

VI.

At the Board's regularly scheduled meeting on October 24, 2007 in Las Vegas, Nevada, the Board heard a consolidation of three cases regarding pharmaceutical technicians that worked unregistered in two Walgreens pharmacies. On November 20th, 2007, the Board filed Findings of Fact, Conclusions of Law and Order for Walgreens #03844 (Case No. 07-063-PH-S), and two for Walgreens #05646 (Case No. 07-062-PH-S and Case No. 07-064-PH-S) penalizing them for allowing pharmaceutical technicians to work without being registered.

VII.

At the Board's regularly scheduled meeting on July 14, 2010 in Las Vegas, Nevada, the Board heard one case regarding a pharmaceutical technician that worked

unregistered. On August 9, 2010, the Board filed Findings of Fact, Conclusions of Law and Order for Walgreens #12646 (Case No. 10-007-PH-S) penalizing them for allowing a pharmaceutical technician to work without being registered.

VIII.

In being repeatedly negligent as the common owner of Walgreens #04855, in which repeated disciplinary actions occurred for the same violations in the above referenced Case Numbers in averment VI and VII, Walgreens Co. violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(k) and/or (2)

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

Signed this 28th day of April, 2011.

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

NOTICE TO RESPONDENT

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

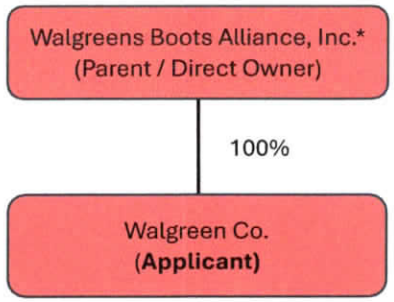
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

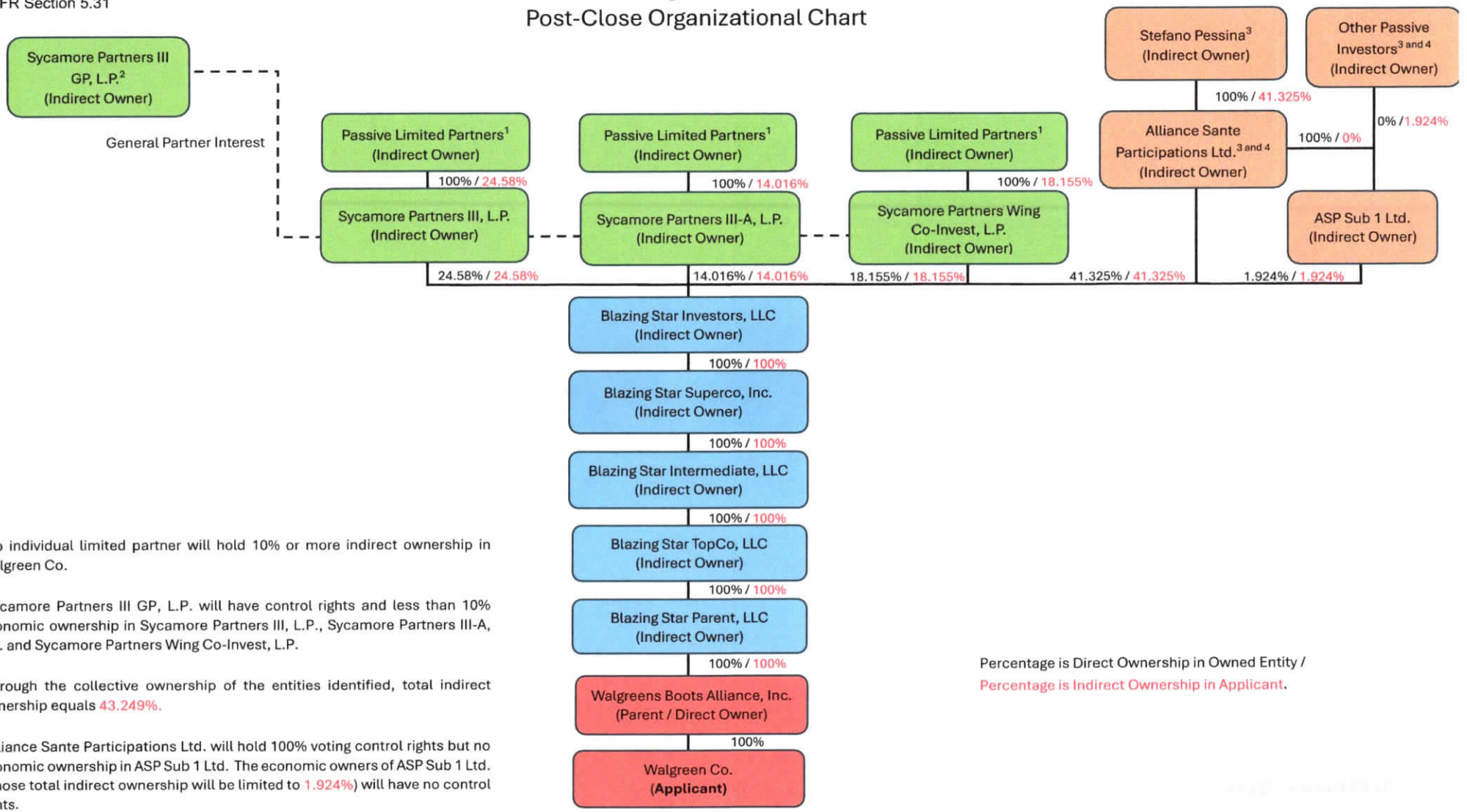
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

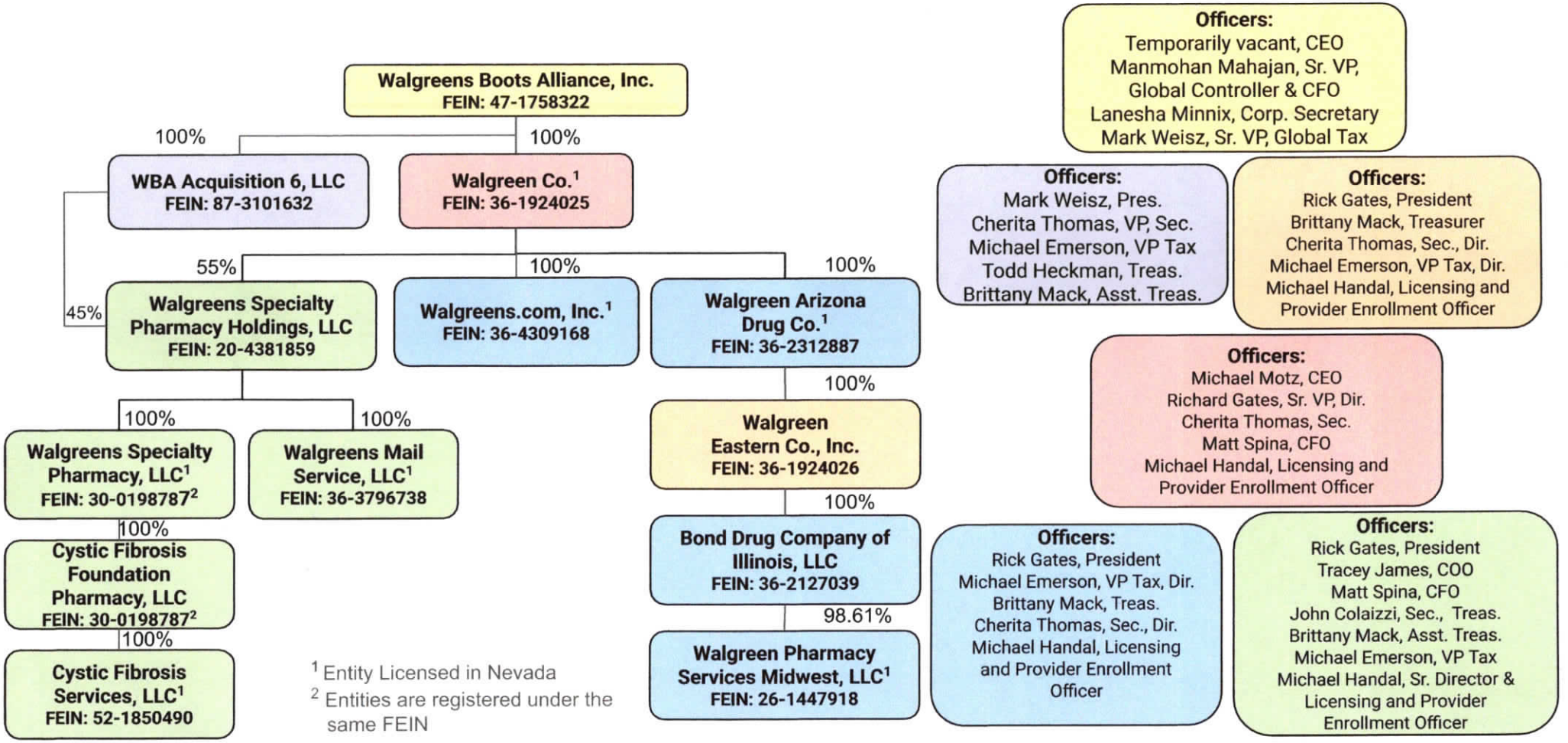
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4YYY

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01308	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6141585 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04856

Physical Address: 3400 BOULDER HWY

City: LAS VEGAS State: NV Zip: 89121-1522

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)432-6940 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)432-7225 Contact Email: rxm.04856@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DAISY ZHANG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20903

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DAISY ZHANG	NV Pharmacist Registration #: 20903
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03 3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DAISY ZHANG Pharmacist Registration #: 20903

Pharmacy Name: WALGREENS #04856

Initial each statement below to indicate you have read and agree with the following:

D.Z. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.Z. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.Z. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.Z. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.Z. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

DAISY ZHANG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Document Ref: HJT2V-ZDZVH-2FTRE-X9KXS

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

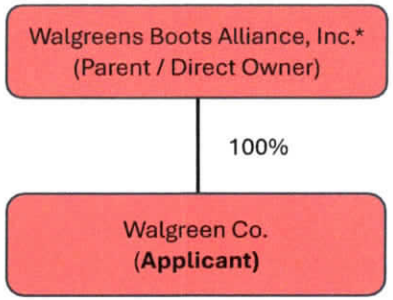
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

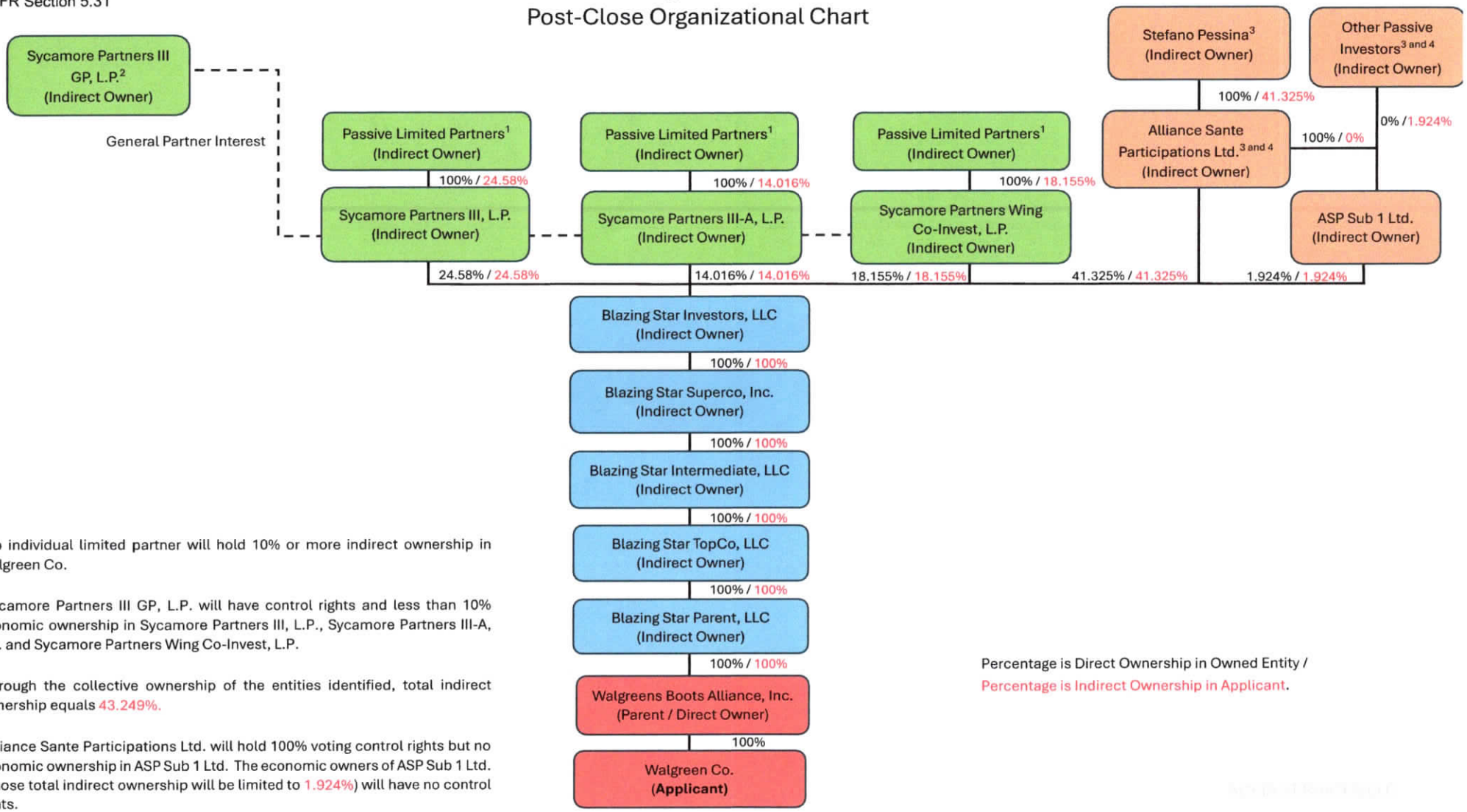
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

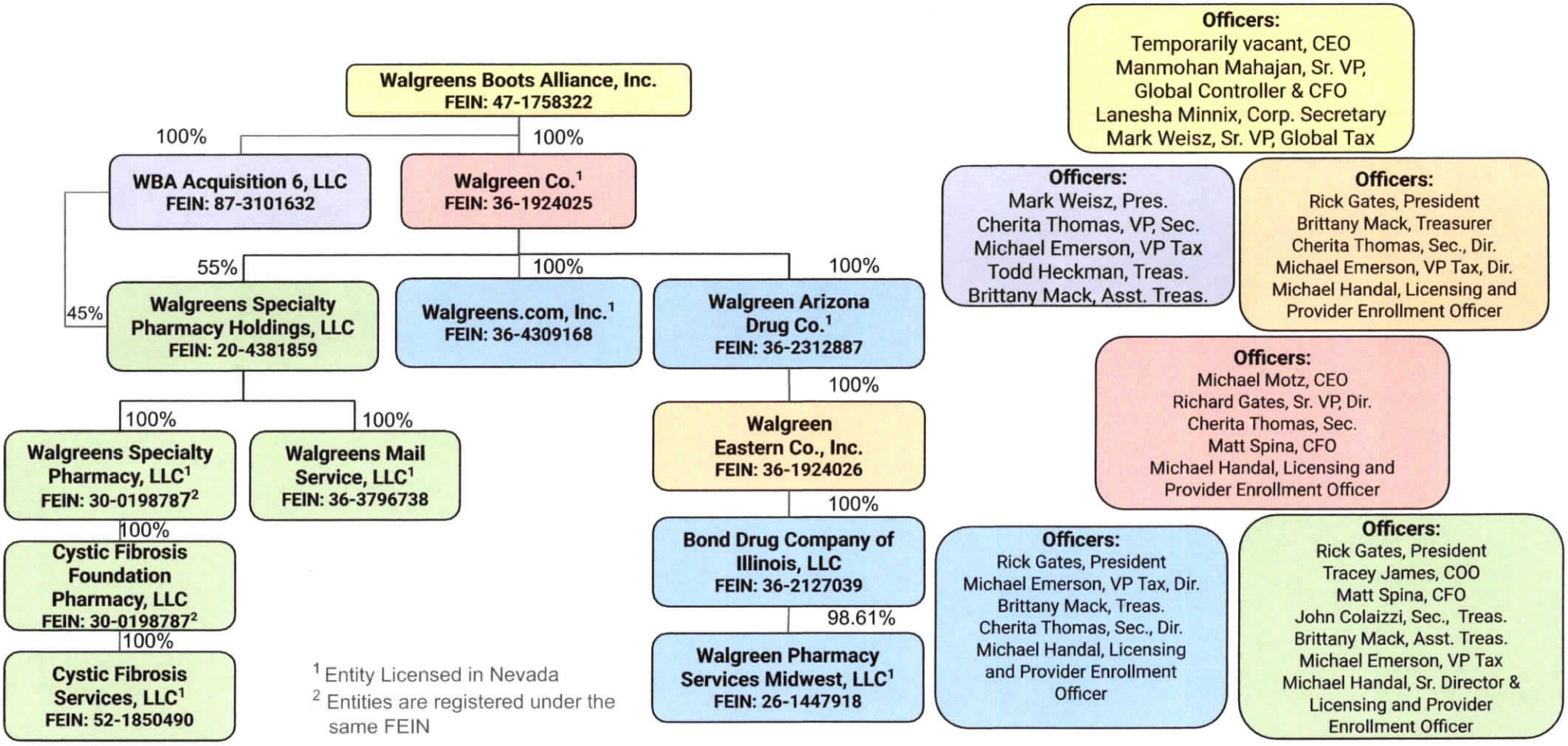
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4ZZZ

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01371	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6252667 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05014

Physical Address: 7845 W FLAMINGO RD

City: LAS VEGAS State: NV Zip: 89147-4219

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)871-1905 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)871-2604 Contact Email: rxm.05014@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): KAYLA ASTUDILLO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20609

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: KAYLA ASTUDILLO	NV Pharmacist Registration #: 20609
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: ~~$300~~ CK JPD3-300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KAYLA ASTUDILLO Pharmacist Registration #: 20609

Pharmacy Name: WALGREENS #05014

Initial each statement below to indicate you have read and agree with the following:

K.A. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

K.A. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

K.A. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

K.A. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

K.A. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

KAYLA ASTUDILLO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

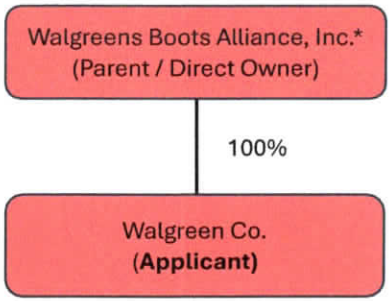
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

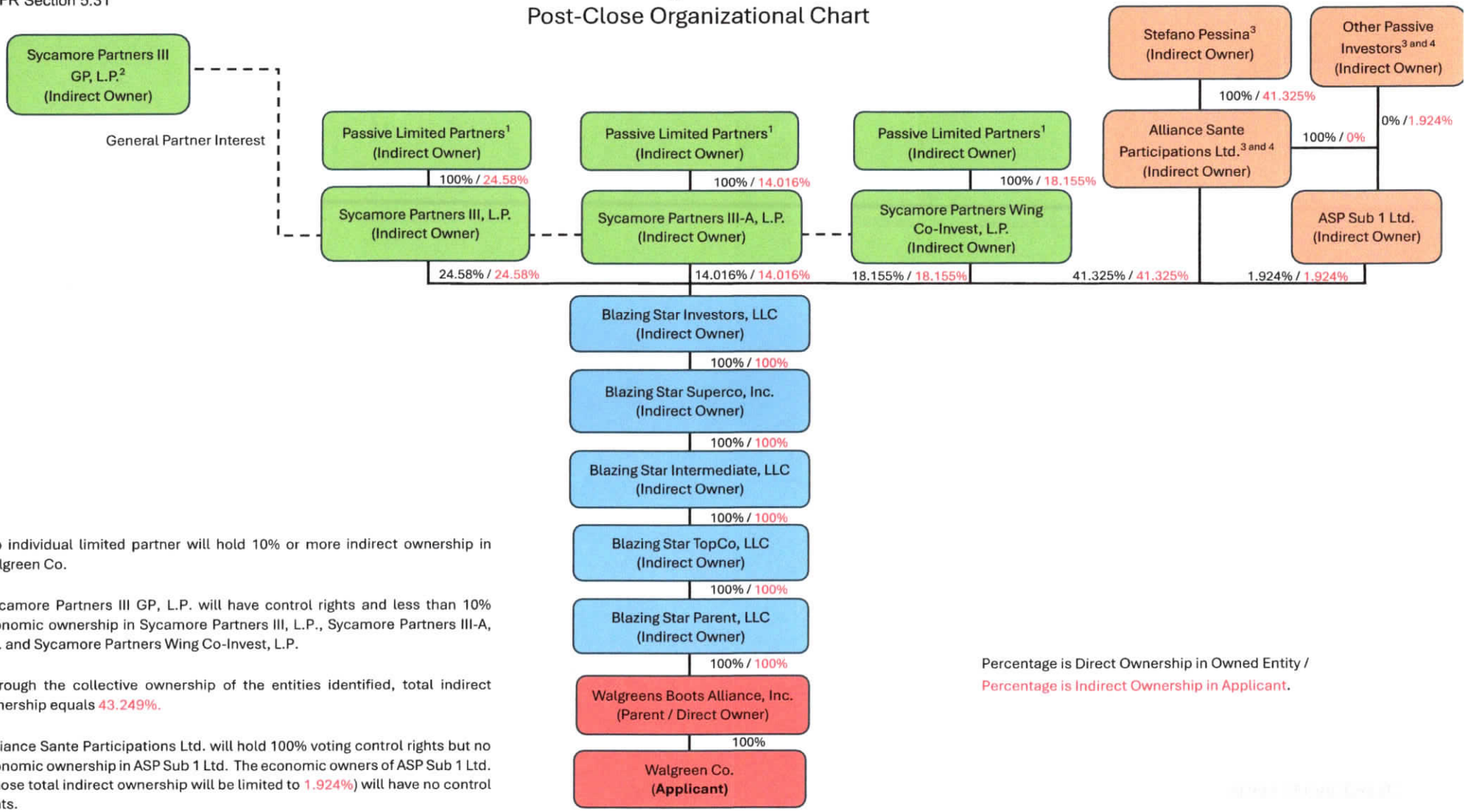
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

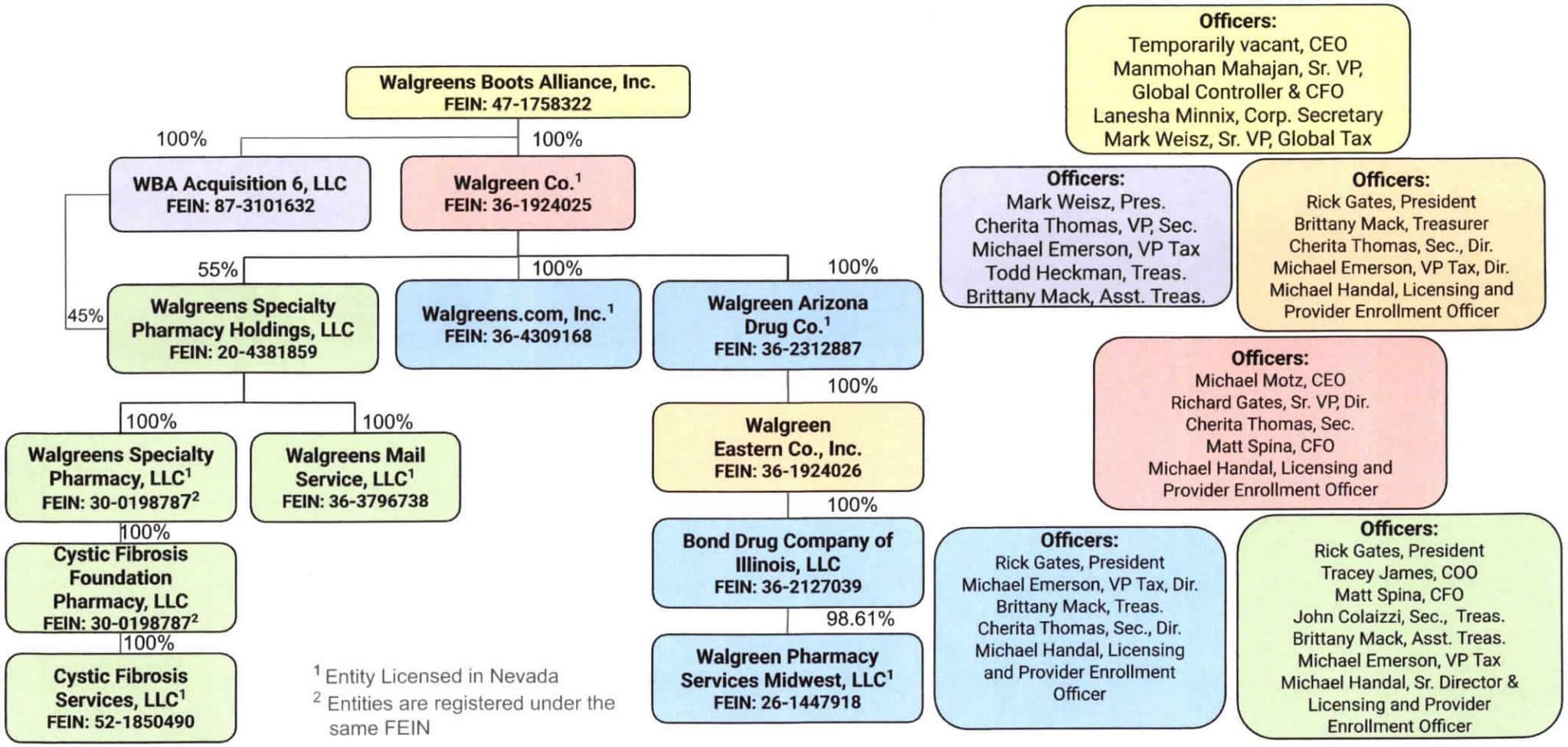
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4AAAA

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6160561
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01309		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05015

Physical Address: 9305 S EASTERN AVE

City: LAS VEGAS State: NV Zip: 89123-6837

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)914-9797 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)914-9747 Contact Email: rxm.05015@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DAVID SIDOR

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 11282

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DAVID SIDOR	NV Pharmacist Registration #: 11282
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DAVID SIDOR Pharmacist Registration #: 11282

Pharmacy Name: WALGREENS #05015

Initial each statement below to indicate you have read and agree with the following:

D.S. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.S. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.S. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.S. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.S. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

DAVID SIDOR

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DAVID J. SIDOR, R.Ph.
Certificate of Registration No. 11282,

WALGREENS PHARMACY #03871,
Certificate of Registration No. PH1080,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 98-027A-RPH-S

Case No. 98-027B-PH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 29, 1998, in Las Vegas. The Board was represented by Louis Ling, Deputy Attorney General, Respondent David J. Sidor appeared and represented himself, and Respondent Walgreens Pharmacy #03871 appeared and was represented by George Flaherty. Based on Respondents' admissions and testimony and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Staff presented the testimony of Fred Ackerman and two exhibits which were accepted into evidence. Respondent Sidor and Walgreens Pharmacy #03871 (Walgreens) testified. Based upon the admissions and testimony at hearing, the following are found to be the facts of this case.

2. On March 30, 1998, a patient took a prescription for Lamisil, prescribed by

her physician for a fingernail fungus, to the drive-through window of Walgreens. The prescription was filled by Mr. Sidor.

3. The patient took the medication in the prescription filled by Mr. Sidor for 21 days. The patient complained of experiencing nightmares, terrible headaches, and a general feeling of not being well. She telephoned Walgreens to inquire what kind of side effects she should experience by taking Lamisil. At this time, she was informed that she had been given the wrong medication because instead of Lamisil, she was given Lamictal, an anti-seizure medication.

4. Walgreens counseling log did not contain the patients' signature indicating whether she had or had not been counseled. Instead, the initials "DT" were on the counseling log, denoting that the prescription had been picked up at the drive-through window.

5. In his Answer and Notice of Defense and at hearing, Mr. Sidor conceded that he had committed the filling error and that Lamictal had been dispensed incorrectly instead of Lamisil.

6. Because of the unavailability of the complainant, the second cause of action that charged Mr. Sidor and Walgreens with failure to counsel the patient, was dismissed. Nonetheless, Walgreens' policies regarding patient counseling were explored during the hearing. While the policies appeared to be proper, there did seem to be some lapses in the implementation of the policies. In particular, the Prescription Claim Log, which Walgreens also uses as its counseling log, showed an entire page in which the blanks for whether a patient had accepted or refused counseling and for the pharmacist's or pharmacy technician's initials were not filled in at all. The evidence at hearing showed that many pages of the counseling log were similarly left blank. Furthermore, Mr. Sidor and Mr. Flaherty conceded at hearing that counseling likely did not take place regarding the prescription involved in this matter because the

Lamisil/Lamictal error was so obvious that had any counseling occurred, the error would have been discovered.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens is a pharmacy registered with the Board and Respondent Sidor is a pharmacist licensed by the Board.

2. In incorrectly filling a Lamisil prescription with Lamictal, Mr. Sidor violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

3. In employing Mr. Sidor, who incorrectly dispensed the Lamisil prescription, Walgreens violated NRS 639.210(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Sidor shall pay a fine of $150.00 in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 30 days of the effective date of this Order.

2. Respondent Walgreens shall pay to the Board its costs of $104.50 and its administrative costs of $100.00, for a total of $204.50 in cash, money order, or cashier's or certified check made payable to "Nevada State Board of Pharmacy" that must be received by the Board office within 30 days of the effective date of this Order.

3. Within 10 days of the effective date of this Order, an inspector or investigator for the Board shall visit Walgreens #03871 to assure that every patient for whom counseling is legally required is receiving counseling and that the counseling log is being fully and correctly used. Furthermore, Walgreens shall issue a written statement (in the form of a letter, memorandum, or other form as it deems appropriate) to all of its

managing pharmacists employed in Nevada explaining Walgreens' procedures and Nevada's legal requirements regarding patient counseling and documenting of the counseling, and the managing pharmacists shall assure that all of their pharmacists have read and are aware of the written statement. Walgreens shall provide evidence to the Board's Reno office within 30 days of the effective date of this order that it has notified its managing pharmacists as required in this paragraph.

4. The failure by any Respondent to comply with any term in this order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of the Respondent's license.

Signed and effective this 28th day of August, 1998.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

DAVID J. SIDOR, R.PH,
Certificate of Registration No. 11282,

Case No. 98-027A-RPH-S

WALGREENS PHARMACY #03871,
Certificate of Registration No. PH1080;

Case No. 98-027B-PH-S

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent David J. Sidor, is a registered pharmacist with the Board (Certificate of Registration Number 11282).

B. Respondent Walgreens Pharmacy (Walgreens #03871) is a registered pharmacy with the Board (Certificate of Registration Number PH1080), located at 1701 Green Valley Parkway, Henderson, Nevada.

II.

On or about March 30, 1998 Patient L took a prescription for Lamisil, prescribed by her physician for a fingernail fungus, to the drive through window of Walgreens #03871. The prescription was filled by Respondent Sidor.

III.

Patient L began taking the medication when she arrived home and continued to do so for the next 21 days. She began experiencing horrible nightmares, terrible headaches and in general was not feeling well. Patient L telephoned Walgreens #03871 to inquire what kind of side effects she should experience by taking Lamisil. At this time she was informed she had the wrong medication. Her prescription for Lamisil was filled with Lamictal, which is a seizure medication.

IV.

The counseling log does not contain Patient L's signature for having been counseled upon receiving a new prescription. Instead the initials "DT" were in its place; Respondent Sidor explained to Board investigator that "DT" stood for "Drive Through" and admitted that Patient L was not counseled.

FIRST CAUSE OF ACTION

V.

In incorrectly labeling and dispensing a prescription drug, Respondent Sidor violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (l).

SECOND CAUSE OF ACTION

VI.

In failing to counsel, Respondents Sidor and Walgreen's #3871 violated NRS 639.210(4) and 639.266 and NAC 639.707(1)(a) and 639.945(1)(i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Walgreens #03871 violated NRS 639.210(4) and NAC 639.702 and 639.945 (1) (i) and (2).

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

Signed this 29th day of June, 1998.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, Certificate of Registration #PH01142,	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., Certificate of Registration #15598,	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, Certificate of Registration #PH01371,	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., Certificate of Registration #15357,	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, Certificate of Registration #PH01309,	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph Certificate of Registration #15397,	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, Certificate of Registration #PH01549,	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph Certificate of Registration #13632,	**Case No. 02-019-RPH-S**
Respondents.	

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 5th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

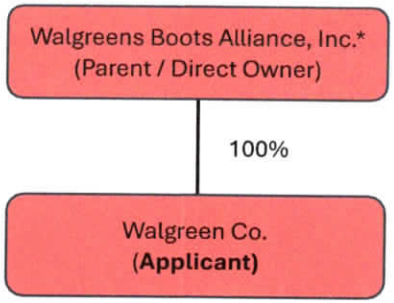
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

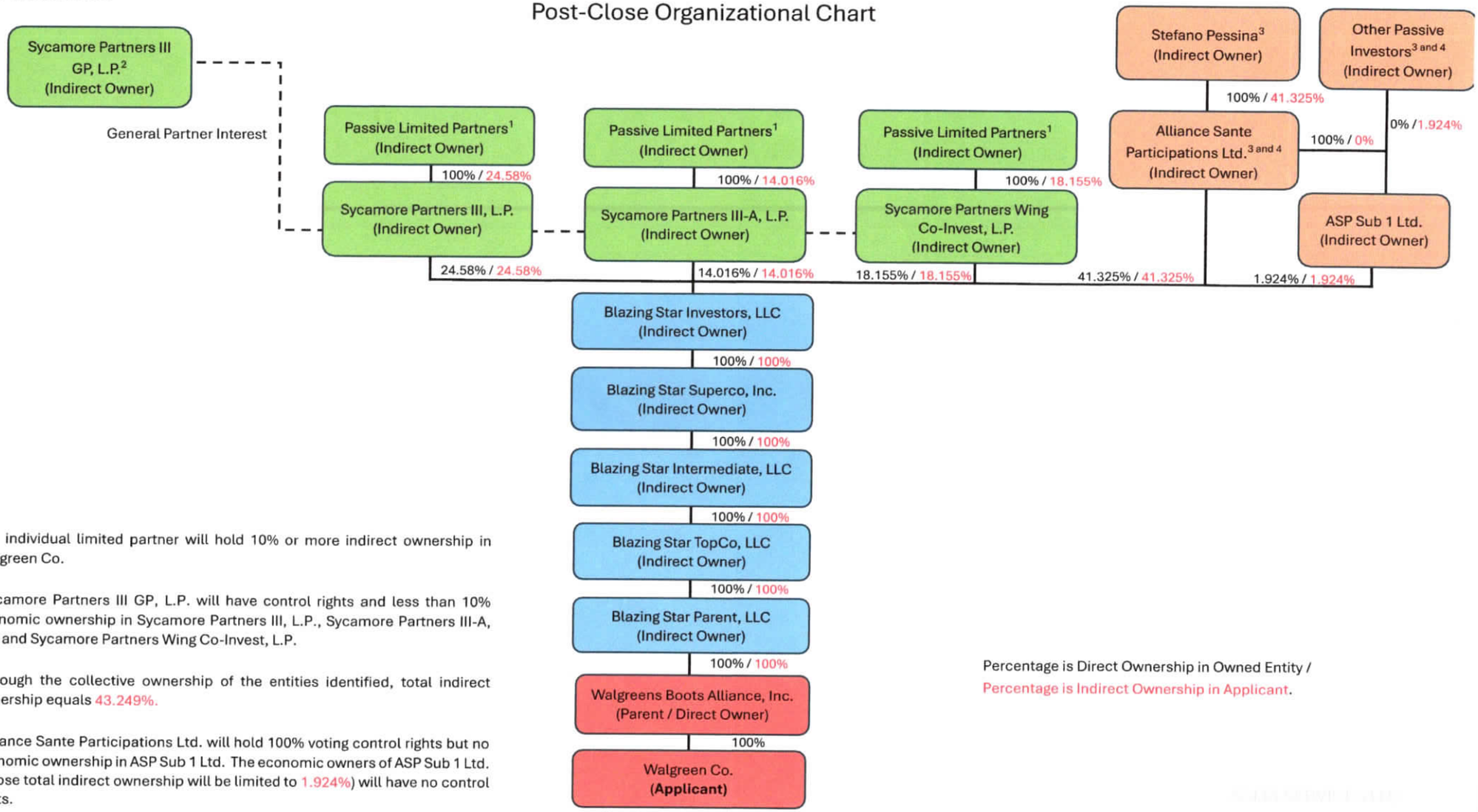
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

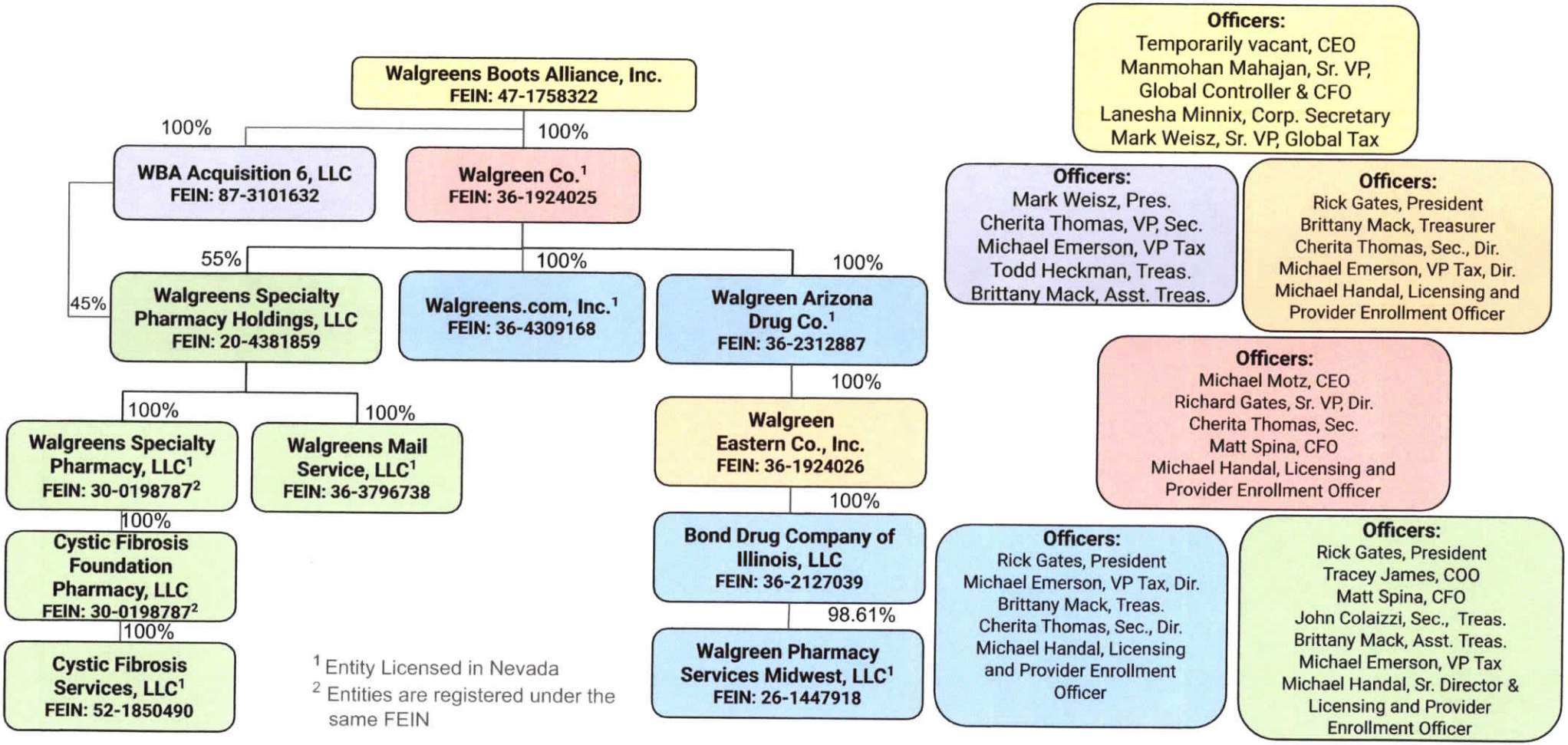
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4BBBB

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6410891
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01391		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05154

Physical Address: 4905 W TROPICANA AVE

City: LAS VEGAS State: NV Zip: 89103-5077

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)889-0922 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)889-0915 Contact Email: rxm.05154@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MICHELLE FONG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18893

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MICHELLE FONG	NV Pharmacist Registration #: 18893
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JPOS-30000111129

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MICHELLE FONG Pharmacist Registration #: 18893

Pharmacy Name: WALGREENS #05154

Initial each statement below to indicate you have read and agree with the following:

M.F. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

M.F. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

M.F. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

M.F. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

M.F. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

MICHELLE FONG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Document Ref: XH9KF-AQTKB-NGVHK-7HU6R

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

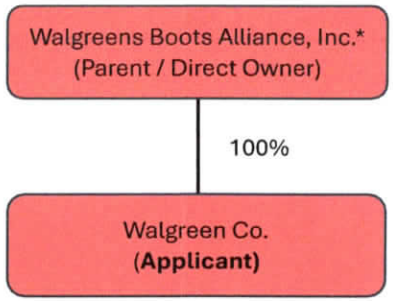
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

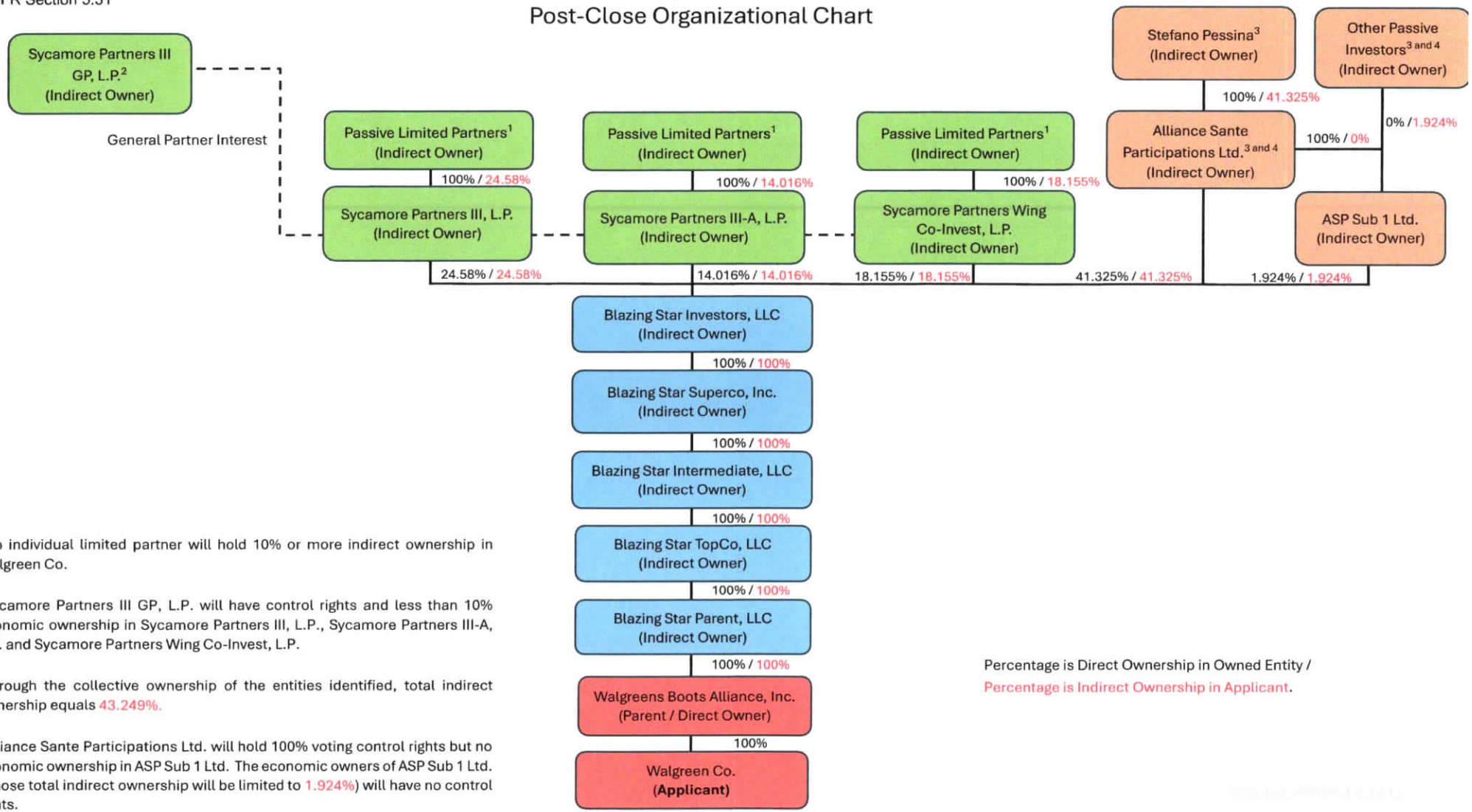
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

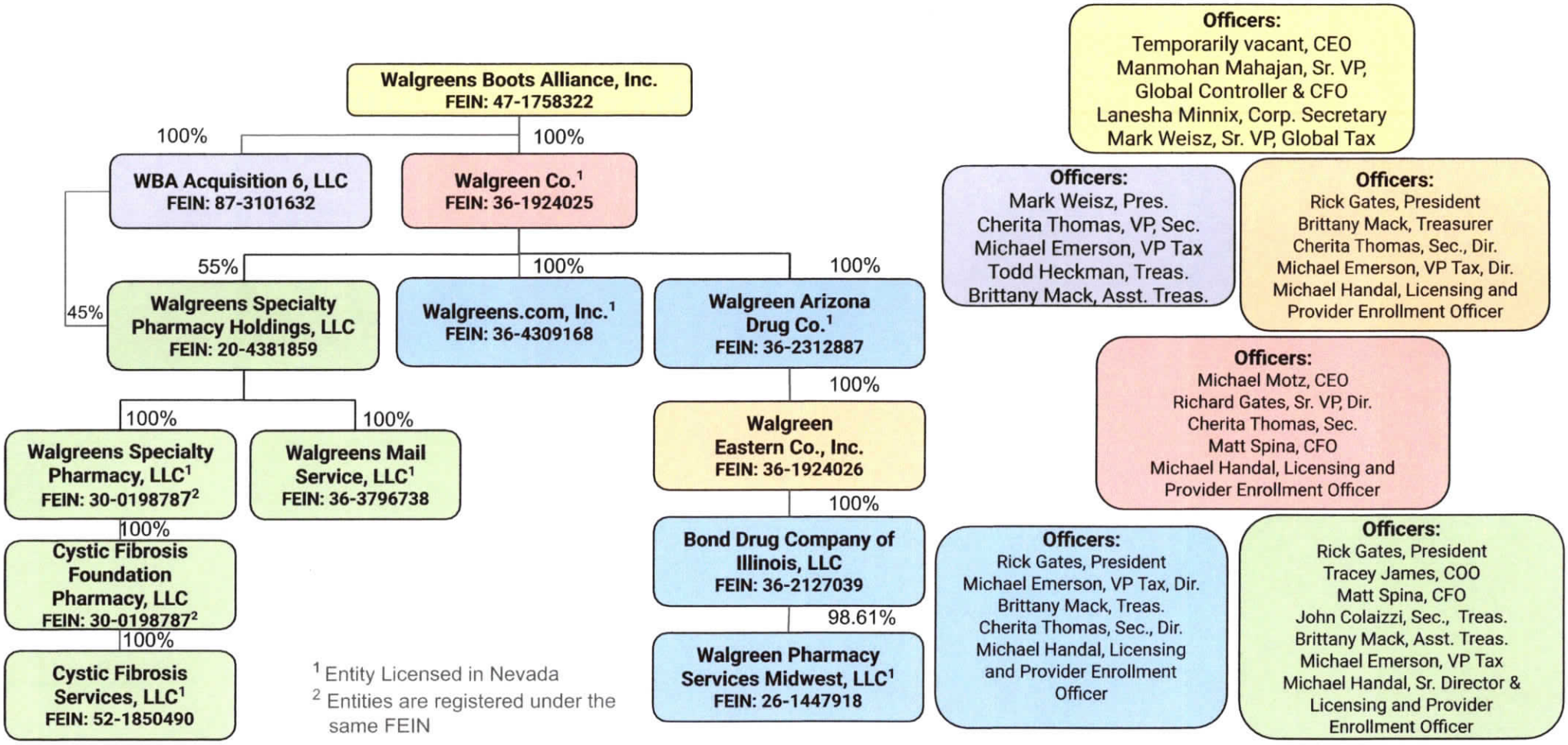
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4CCCC

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW7221649
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01521		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05570

Physical Address: 6650 E LAKE MEAD BLVD

City: LAS VEGAS State: NV Zip: 89156-7033

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)438-2744 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)438-4339 Contact Email: rxm.05570@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CHRISTOPHER JASKOWIAK

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20261

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CHRISTOPHER JASKOWIAK	NV Pharmacist Registration #: 20261
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck UP03300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CHRISTOPHER JASKOWIAK Pharmacist Registration #: 20261

Pharmacy Name: WALGREENS #05570

Initial each statement below to indicate you have read and agree with the following:

cj I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

cj I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

cj I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

cj I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

cj I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

CHRISTOPHER JASKOWIAK

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: MYJTU-ENBTE-46T92-FMFOY

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

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2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
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4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

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In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

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Ownership & Leadership of Applicant Entity

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Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

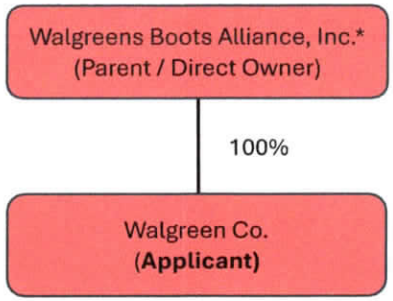
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Manmohan Mahajan - Sr VP, Global Controller, CFO
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Please see the attached pre- and post-closing Corporate Organization chart for reference.

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45 CFR Section 5.31

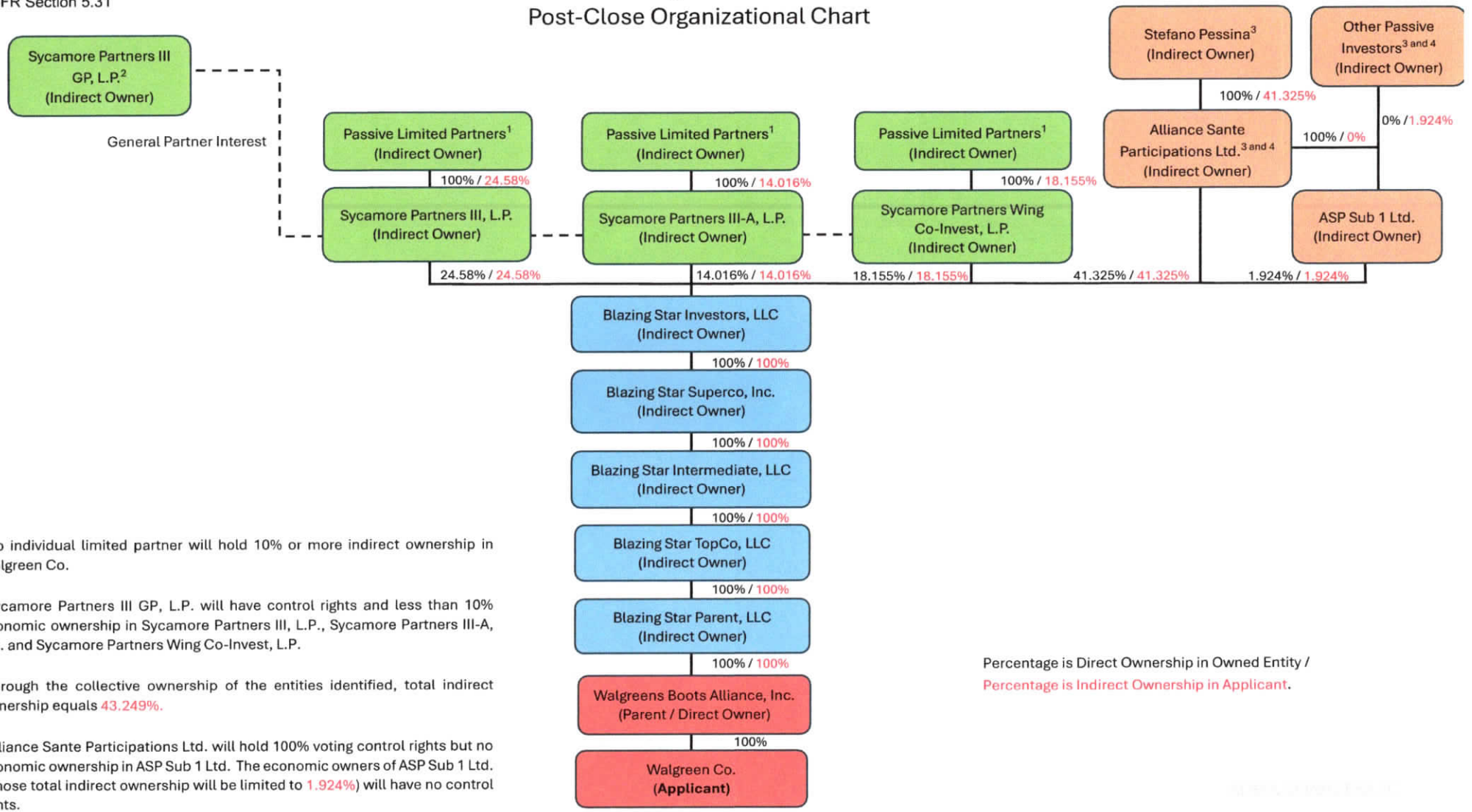
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



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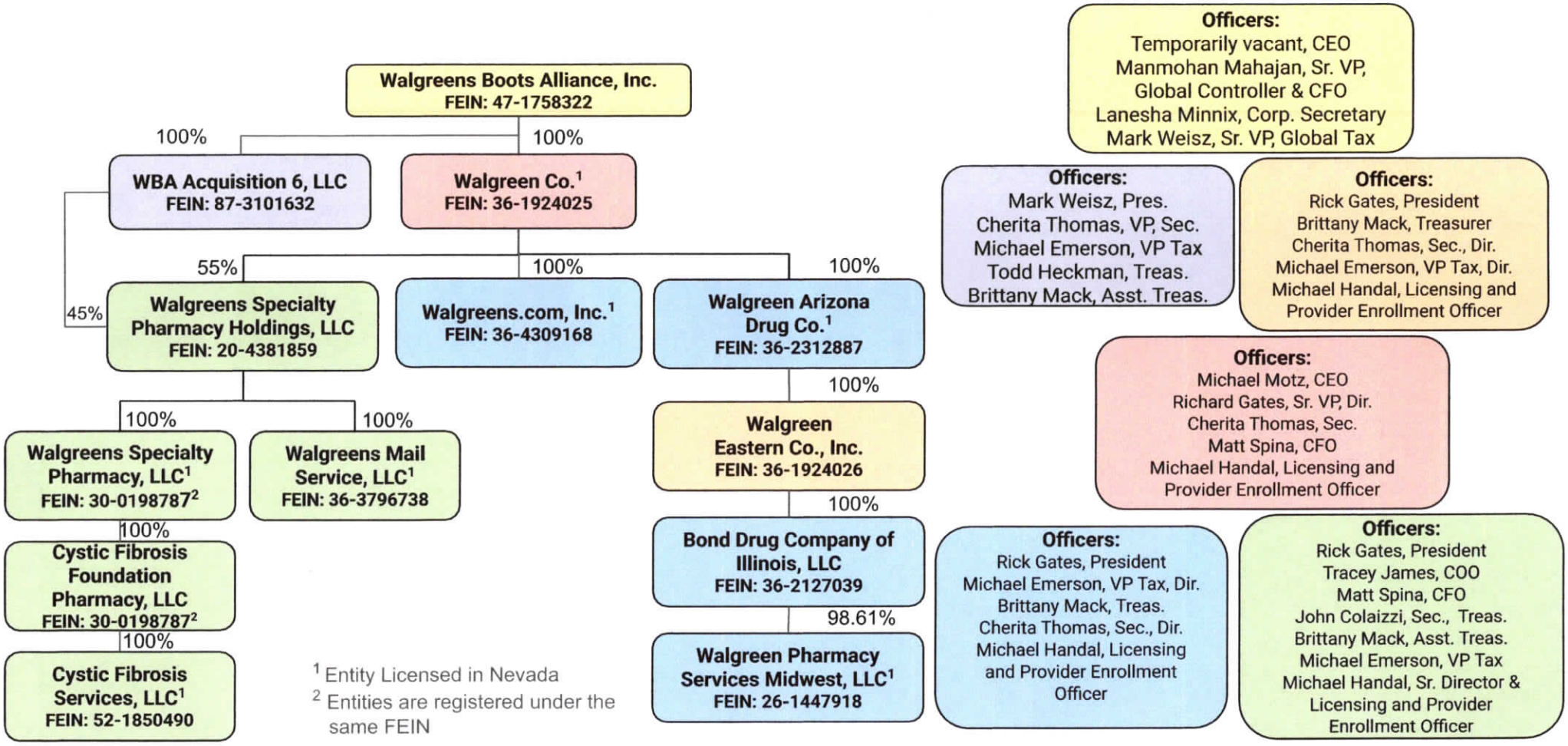
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[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



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NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01562	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW7042461 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05311

Physical Address: 1180 E FLAMINGO RD

City: LAS VEGAS State: NV Zip: 89119-3449

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)836-9119 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)836-9124 Contact Email: rxm.05311@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): THERESA BURNS

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16820

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: THERESA BURNS	NV Pharmacist Registration #: 16820
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: THERESA BURNS Pharmacist Registration #: 16820

Pharmacy Name: WALGREENS #05311

Initial each statement below to indicate you have read and agree with the following:

T.M.B — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

T.M.B — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

T.M.B — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

T.M.B — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

T.M.B — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

THERESA M. BURNS

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

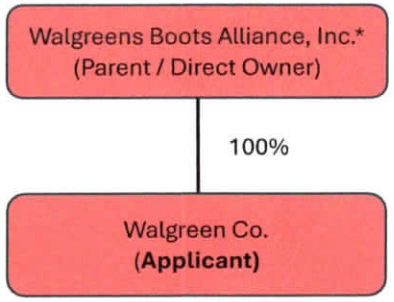
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

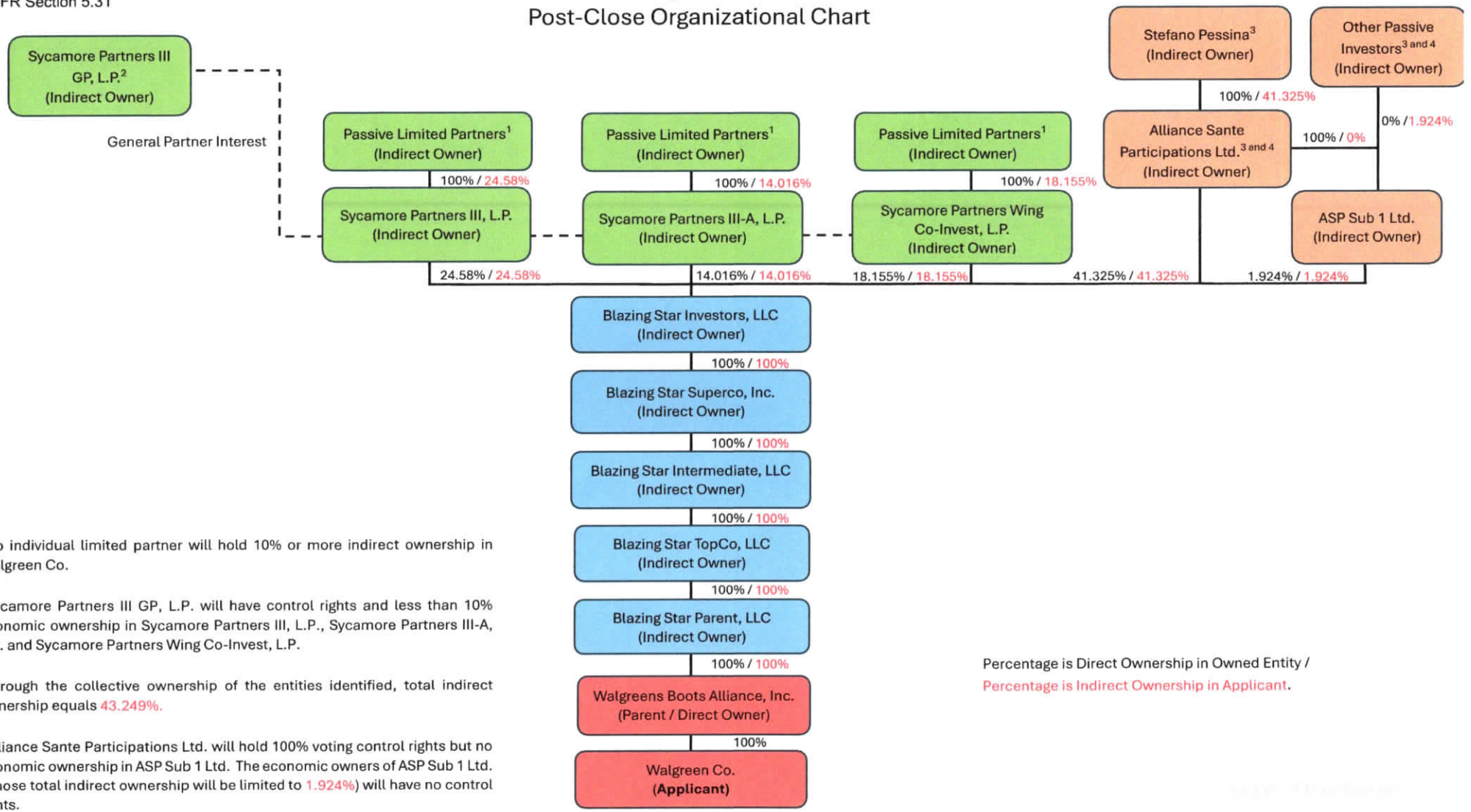
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

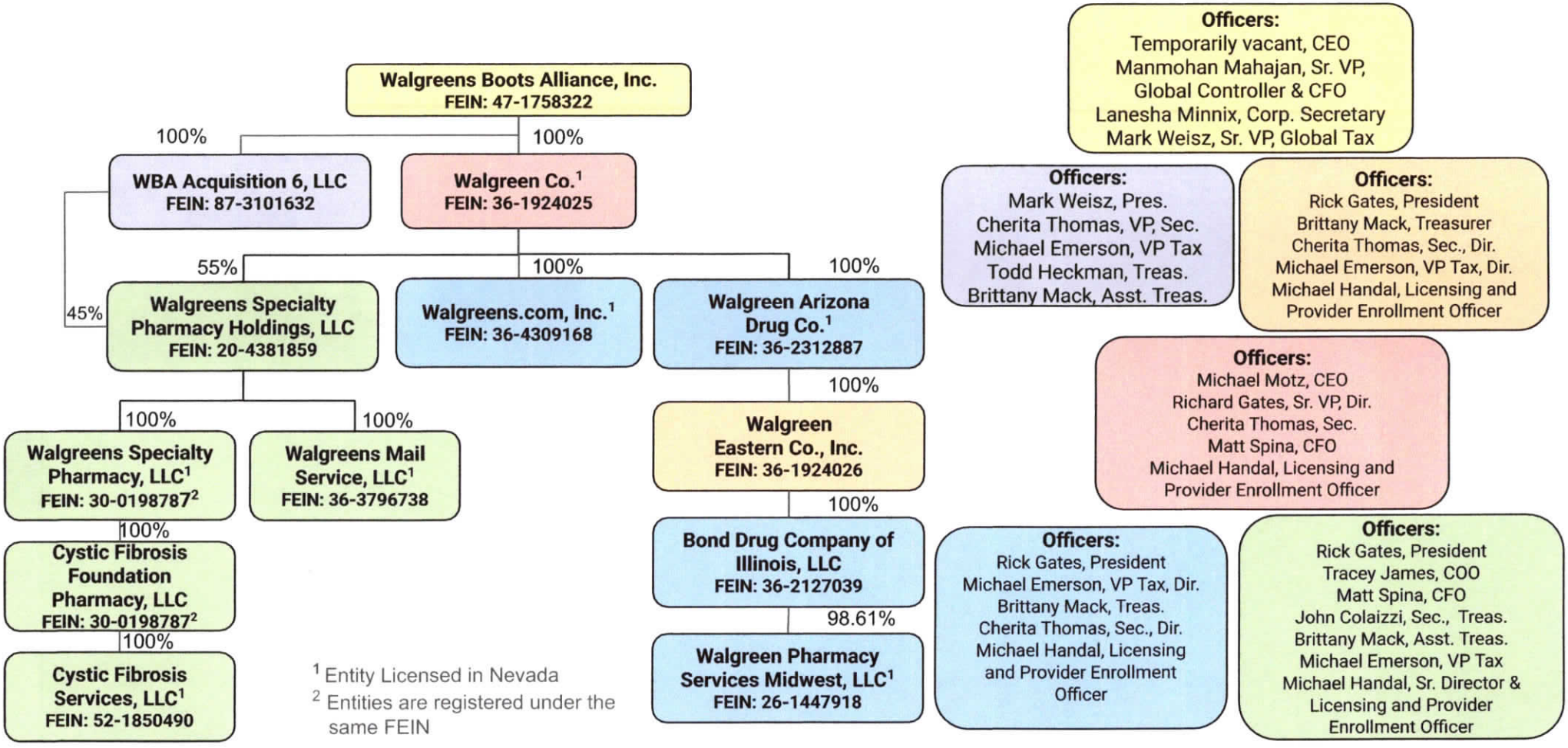
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4EEEE

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01938	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9250933 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05479

Physical Address: 385 E SILVERADO RANCH BLVD

City: LAS VEGAS State: NV Zip: 89183-4428

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)617-7895 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)617-4590 Contact Email: rxm.05479@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MICHAEL CRANE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15326

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MICHAEL CRANE	NV Pharmacist Registration #: 15326
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MICHAEL CRANE Pharmacist Registration #: 15326

Pharmacy Name: WALGREENS #05479

Initial each statement below to indicate you have read and agree with the following:

MGC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MGC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MGC I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MGC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MGC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

MICHAEL CRANE

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Document Ref: Z2C88-C9H3T-WADMV-RAQDG

FILED
SEP 0 4 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #05479, Pharmacy License No. PH01938,** **WALGREENS PHARMACY #02445, Pharmacy License No. PH01964, and** **GRACE OPULENCIA, RPH, Certificate of Registration No. 15190,** **Respondents.**	**CASE NOS. 21-169-PH-S** **21-169-PH-O** **21-169-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, and Respondent Grace Opulencia, RPh (Opulencia), Certificate of Registration No. 15190, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about December 8, 2023, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent Opulencia engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she and/or her staff erroneously dispensed prescription nos. 1930061-2 and 1930061-5, resulting in patient harm, and is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #05479 and Walgreens Pharmacy #02445 are responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Grace Opulencia, RPh, Certificate of Registration No. 15190, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Opulencia shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Opulencia shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #05479 shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #05479 shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #02445 shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #02445 shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at

985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

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

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

AGREED:

Signed this 16th day of August 2024

WALGREENS PHARMACY #05479
Pharmacy License No. PH01938

Signed this ___ day of _____ 2024

WALGREENS PHARMACY #02445
Pharmacy License No. PH01964

Signed this ___ day of _____ 2024

GRACE OPULENCIA, RPH
Certificate of Registration No. 15190

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this 16th **day of** August **2024**

WALGREENS PHARMACY #05479
Pharmacy License No. PH01938

Signed this ___ **day of** _____ **2024**

WALGREENS PHARMACY #02445
Pharmacy License No. PH01964

Signed this 3rd **day of** September **2024**

GRACE OPULENCIA, RPH
Certificate of Registration No. 15190

APPROVED AS TO FORM AND CONTENT
this 3 **day of** September **2024**

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this 3rd **day of** September **2024**

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, and Respondent Grace Opulencia, RPh, Certificate of Registration No. 15190, in Case Nos. 21-169-PH-S, 21-169-PH-O and 21-169-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

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

FILED
DEC - 8 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #05479,
Pharmacy License No. PH01938,

WALGREENS PHARMACY #02445,
Pharmacy License No. PH01964,

GRACE OPULENCIA, RPh.,
Pharmacist Registration No. 15190,

Respondent.

Case Nos. 21-169-PH-S
21-169-PH-O
21-169-RPH-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens Pharmacy #05479 ("Walgreens #05479"), because at the time of the events alleged herein, Respondent Walgreens #05479 held Pharmacy License No. PH01938, issued by the Board, pursuant to NRS 639.230, on May 20, 2005, which authorized Respondent Walgreens #05479 to operate a pharmacy within the State of Nevada.

2. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens Pharmacy #02445 ("Walgreens #02445"), because at the time of the events alleged herein, Respondent Walgreens #002445 held Pharmacy License No. PH01964, issued by the Board, pursuant to NRS 639.230, on September 9, 2004, which authorized Respondent Walgreens #02445 to operate a pharmacy which dispenses into the State of Nevada.

3. The Board has personal jurisdiction over Respondent Grace Opulencia, RPh. ("Opulencia"), because at the time of the events alleged herein, Respondent Opulencia held

Certificate of Registration No. 15190, issued by the Board, pursuant to NRS 639.127, on October 6, 2000, which authorized Respondent Opulencia to practice pharmacy in the State of Nevada.

4. The Board has subject matter jurisdiction over this matter because at the time of the events alleged herein Respondent Opulencia was engaged in the practice of pharmacy at the pharmacy operated by Respondent Walgreens #05479 in the State of Nevada and Walgreens #02445 was operating a pharmacy which engaged in the practice of pharmacy into the State of Nevada.

PRIOR DISCIPLINE

(Respondent Opulencia)

5. On or about February 7, 2022, Respondent Opulencia was mailed a $500.00 Citation and Fine in Case No. 19-119-RPH-S for a medication misfill of Adderall XR capsules, 25mg wherein RX# 2969633 was short six capsules. Respondent Opulencia timely paid the $500.00 fine.

(Respondent Walgreens #02445)

6. In or about January of 2016, Respondent Walgreens #02445 a.k.a Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, entered into a Stipulation and Order in Case No. 15-028-RPH-S. In the Stipulation, Respondent Walgreens #02445 admitted it was responsible for the actions of its employees, pursuant to NAC 639.945(2), and that evidence existed to establish a factual basis demonstrating that its pharmacist employee, who did not hold a Nevada pharmacist registration, had incorrectly verified a RX #3094107-3922, a prescription written for Zoloft 200mg as simvastatin 20 mg tablets (generic Zocor). Respondent Walgreens #02445 paid a fine of $1,000.00 and attorney's fees and costs of $495.00.

7. On or about April 10, 2019, Respondent Walgreens #02445, Certificate of Registration No. PH01964, entered into a Stipulation and Order Case No. 17-086-S. In the Stipulation, Respondent Walgreens admitted it was responsible for the actions of its employees, pursuant to NAC 639.945(2), and that evidence existed to establish a factual basis demonstrating that its pharmacist employees who did not hold Nevada pharmacist registrations, had on three

separate occasions, overrode Drug Utilization Review ("DUR") warnings during the automatic refill data review of RX #1465131-04579. RX #1465131-04579 was written for Rophinirole 2mg, a treatment for restless leg syndrome, and incorrectly verified as Risperidone 2mg, an antipsychotic. Respondent Walgreens #02445 paid a fine of $2,000.00 and attorney's fees and costs of $1,000.00.

FACTUAL ALLEGATIONS

8. On or about October 14, 2021, the Board received a patient complaint indicating that the patient had incorrectly received preservative free single dose Methotrexate instead of the multidose Methotrexate containing a preservative.

9. Respondent Walgreens #05479 operated a pharmacy at 385 E. Silverado Ranch Blvd., Las Vegas, Nevada 89183 at the time of the events alleged herein.

10. Respondent Opulencia, RPh., was employed as a staff pharmacist at Walgreens #05479 at the time of the events alleged herein.

RX# 1930061-2

11. On or about August 2, 2021, Dana Shepherd, P.A. issued a prescription for "Methotrexate 50mg/2ml injection solution," with directions stating "0.5 milliliter inject subcutaneously one time weekly," and "#1 Bottle(s), 30-day, Refills: 2." The prescription was electronically transmitted to Respondent Walgreens #05479 and designated as RX# 1930061-2.

12. On or about August 3, 2021, pharmaceutical technician H.X. Jaghanan, located at Walgreens #02445, at 8337 Southpark Circle, Orlando, Florida 32819, performed the data entry for RX# 1930061-2. The data entry performed by H.X. Jaghanan identified prescription at "Methotrexate 25mg/ml PF SI."

13. Pharmaceutical technician H.X. Jaghanan is not licensed to practice pharmacy in the State of Nevada.

14. On or about August 23, 2021, pharmacist Julie Wan, located at Walgreens #02445, at 8337 Southpark Circle, Orlando, Florida 32819, performed the "Pat/Pbr rev" and "Data Product Review" for RX# 1930061-2.

15. Pharmacist Julie Wan is not licensed to practice pharmacy in the State of Nevada.

16. On or about August 23, 2021, pharmacist D. Pham, located at Walgreens #02445, at 8337 Southpark Circle, Orlando, Florida 32819, overrode 5 DURs for RX# 1930061-2.

17. Pharmacist D. Pham is not licensed to practice pharmacy in the State of Nevada.

18. On or about August 23, 2021, pharmaceutical technician J.N. Zuniga, Certificate of Registration No. PT24198, who was located at Walgreens #05479, filled RX# 1930061-2.

19. On or about August 24, 2021, Respondent Opulencia performed the final verification and incorrectly verified RX# 1930061-2 as preservative free.

20. On or about August 26, 2021, RX# 1930061-2 was dispensed as a preservative free solution. Respondent Walgreen's #05479's computer system identified Respondent Opulencia as the pharmacist of record for RX# 1930061-2.

RX# 1930061-5 - REFILL

21. On or about September 28, 2021, Respondent Opulencia performed the final verification on a refill of RX# 1930061 and incorrectly verified the prescription as preservative free.

22. On or about September 28, 2021, RX# 1930061-5 was dispensed as a preservative free solution. Respondent Walgreen's #05479's computer system identified Respondent Opulencia as the pharmacist of record for RX# 1930061-5.

APPLICABLE LAW

23. A pharmacist, pharmacist intern, or dispensing practitioner shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness and, in making that determination, may consider, without limitation: (a) overutilization of the drug and drug

misuse; (b) underutilization of the drug; (c) therapeutic duplications, contradictions, and any warning labels or other information included with the drug; (d) interactions between the drug and any (i) other drugs which the patient is taking or has recently taken, (ii) diseases which the patient has, including any stages of the disease, and (iii) allergies that the patient may have; and (e) incorrect dosage or duration of treatment. NAC 639.707(4).

24. The Board may suspend or revoke any certificate, license, registration or permit for engaging in unprofessional conduct or conduct contrary to the public interest, pursuant to NRS 639.210(4), upon a finding that the holder fails to strictly follow the instructions of a practitioner when filling, refilling, labeling, and dispensing a prescription. NAC 639.945(1)(d)

25. The Board may suspend or revoke any certificate, license, registration or permit for engaging in unprofessional conduct or conduct contrary to the public interest, pursuant to NRS 639.210(4), upon a finding that the holder performed his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

26. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(12) upon the finding that the holder, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

27. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(15) upon the finding that the holder, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of NRS Chapter 639 or

other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.

28. Each pharmacy must be managed by a registered pharmacist, approved by the Board, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.220(1).

29. Any violation of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

30. If a pharmaceutical technician performs one of more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including but not limited to, verifying: (a) the selection and strength of the drug; the dosage form; and the labeling of the prescription. NAC 639.252(2).

31. The owner of any business or facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

32. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

33. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

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COUNT ONE

Unprofessional Conduct- Incompetent, Unskillful, or Negligent Conduct
(Respondent Opulencia)

34. Respondent Opulencia's failure to accurately verify the prescription dosage and duration in strict conformance with the instructions of prescribing practitioner prior to dispensing dispense RX# 1930061-2 and RX# 1930061-5 violated NAC 639.707(4)(e) and constituted unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and/or (i). Respondent Opulencia is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.210(12) and/or NRS 639.255(3).

35. Respondent Opulencia, as the managing pharmacist of Walgreens #05479 at the time of the violations alleged herein, is responsible, pursuant to NRS 639.220(1), for the misfills of RX# 1930061-2 and RX# 1930061-5, including pursuant to NAC 639.252(2) and NAC 639.702, if the misfills were attributable to the unprofessional conduct, including incorrect prescription data entry by pharmaceutical technician J.N. Zuniga, or any of the other pharmacy employee of Walgreens #05479 under the supervision of Respondent Opulencia. Respondent Opulencia is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #05479)

36. To the extent the dispensing errors on RX# 1930061-2 and RX# 1930061-5 were attributable to employees of Respondent Walgreens #05479, including Respondent Opulencia, or pharmaceutical technician J.N. Zuniga, Certificate of Registration No. PT24198, Walgreens #05479 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2). Respondent Walgreens #05479 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255(3).

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COUNT THREE

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #02445)

37. To the extent the dispensing errors on RX# 1930061-2 and RX# 1930061-5 were attributable to employees of Respondent Walgreens #02445, including pharmaceutical technician H.X. Jaghanan, pharmacist Julie Wan, or pharmacist D. Pham, Walgreens #02445 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2). Respondent Walgreens #02445 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255(3).

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

Signed this 6th day of December 2023.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

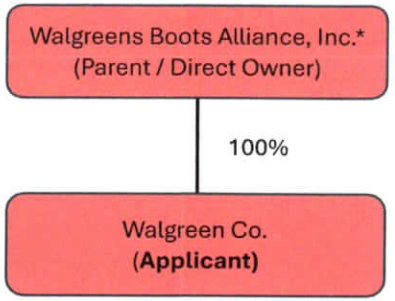
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

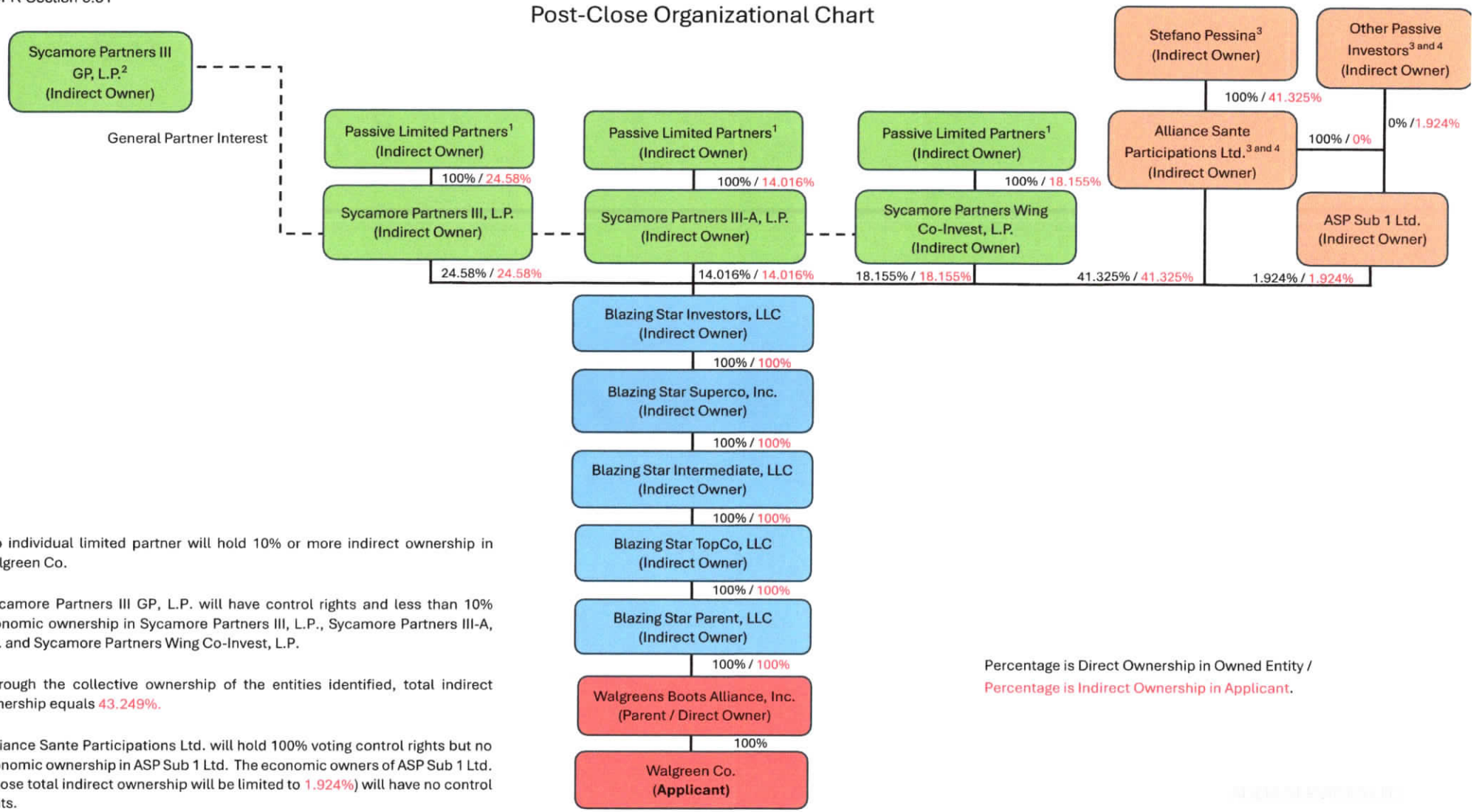
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

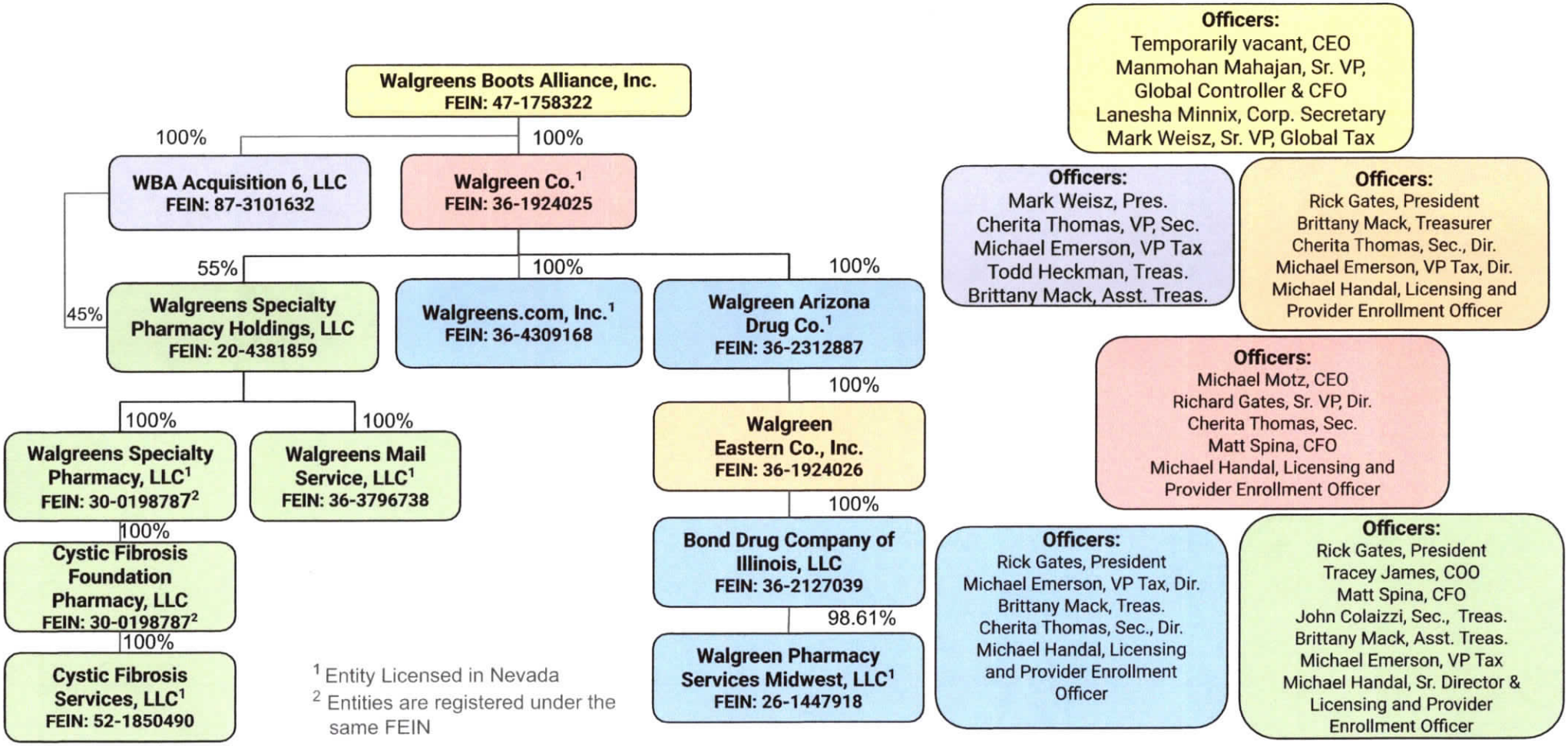
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4FFFF

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01561	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7042447 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06167

Physical Address: 3025 LAS VEGAS BLVD S

City: LAS VEGAS State: NV Zip: 89109-1901

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)836-0820 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)836-0826 Contact Email: rxm.06167@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): BRENTON CHUN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17849

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: BRENTON CHUN	NV Pharmacist Registration #: 17849
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CH JP03 3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: BRENTON CHUN Pharmacist Registration #: 17849

Pharmacy Name: WALGREENS #06167

Initial each statement below to indicate you have read and agree with the following:

B.C. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

B.C. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

B.C. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

B.C. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

B.C. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

BRENTON CHUN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: 2J6DY-NVSBS-BPPWK-PS5DZ

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

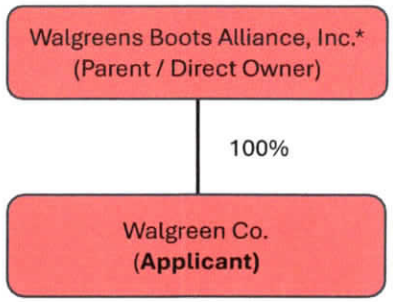
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

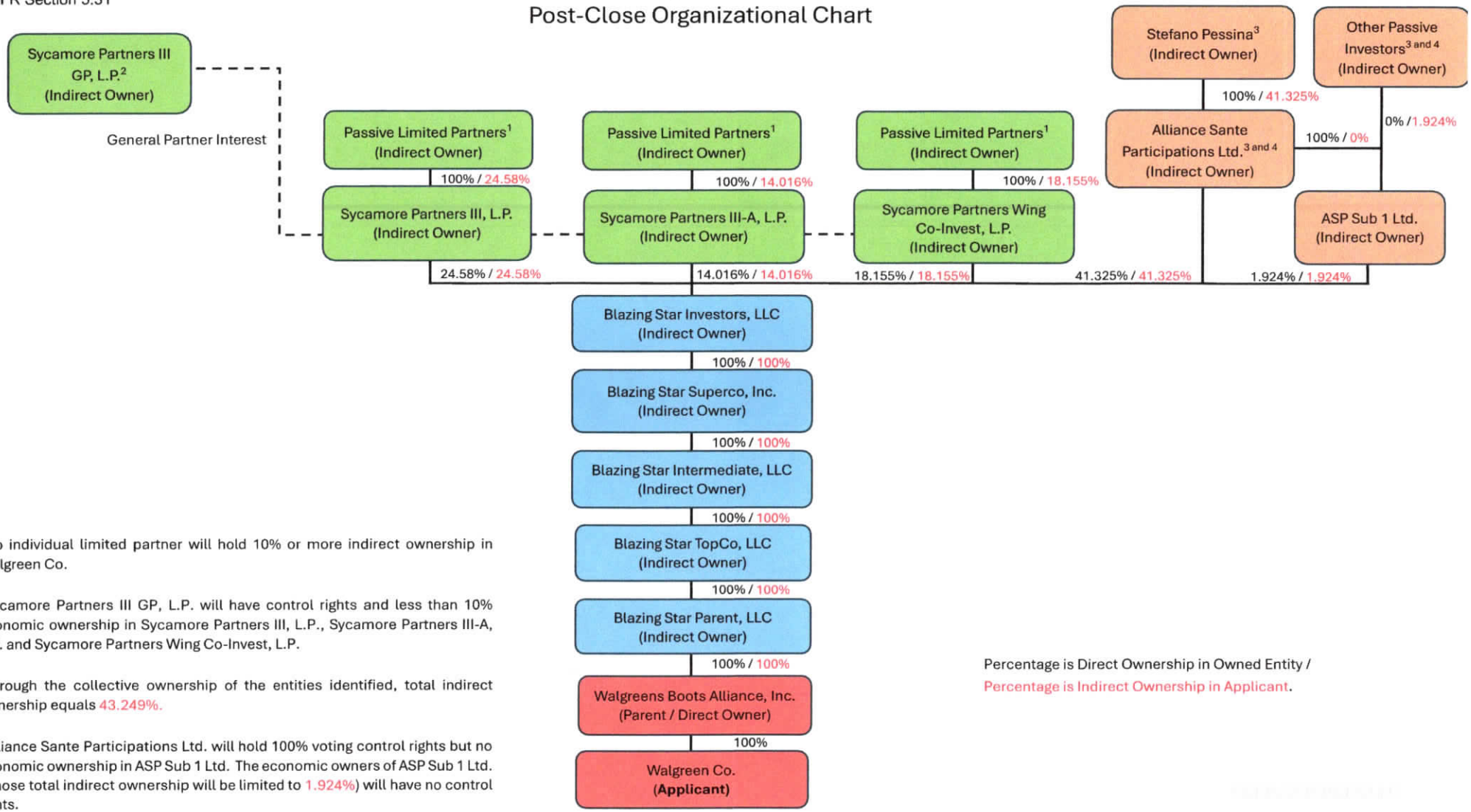
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

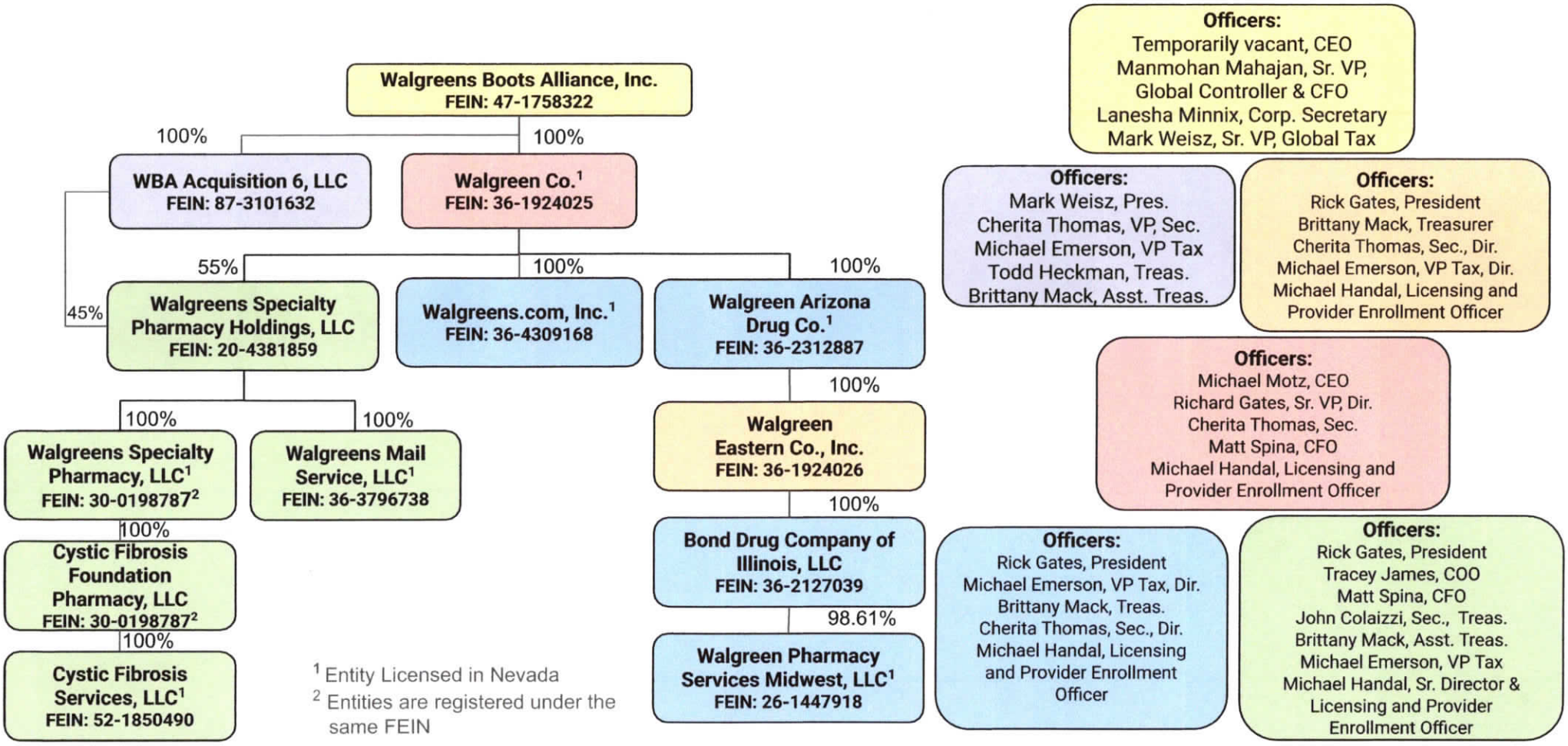
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4GGGG

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW8421707
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01831		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06227

Physical Address: 451 S DECATUR BLVD

City: LAS VEGAS State: NV Zip: 89107-2805

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)870-1626 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)870-4023 Contact Email: rxm.06227@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): KARLA CUSTODIO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17582

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: KARLA CUSTODIO	NV Pharmacist Registration #: 17582
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $300 CK JP03-3000111129

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KARLA CUSTODIO Pharmacist Registration #: 17582

Pharmacy Name: WALGREENS #06227

Initial each statement below to indicate you have read and agree with the following:

KOC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KOC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KOC I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

KOC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KOC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

KARLA CUSTODIO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Document Ref: EMCVD-4QYFF-EVHUV-E6YNP

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

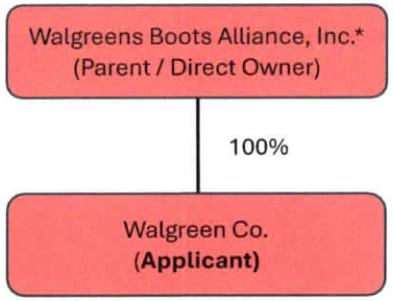
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

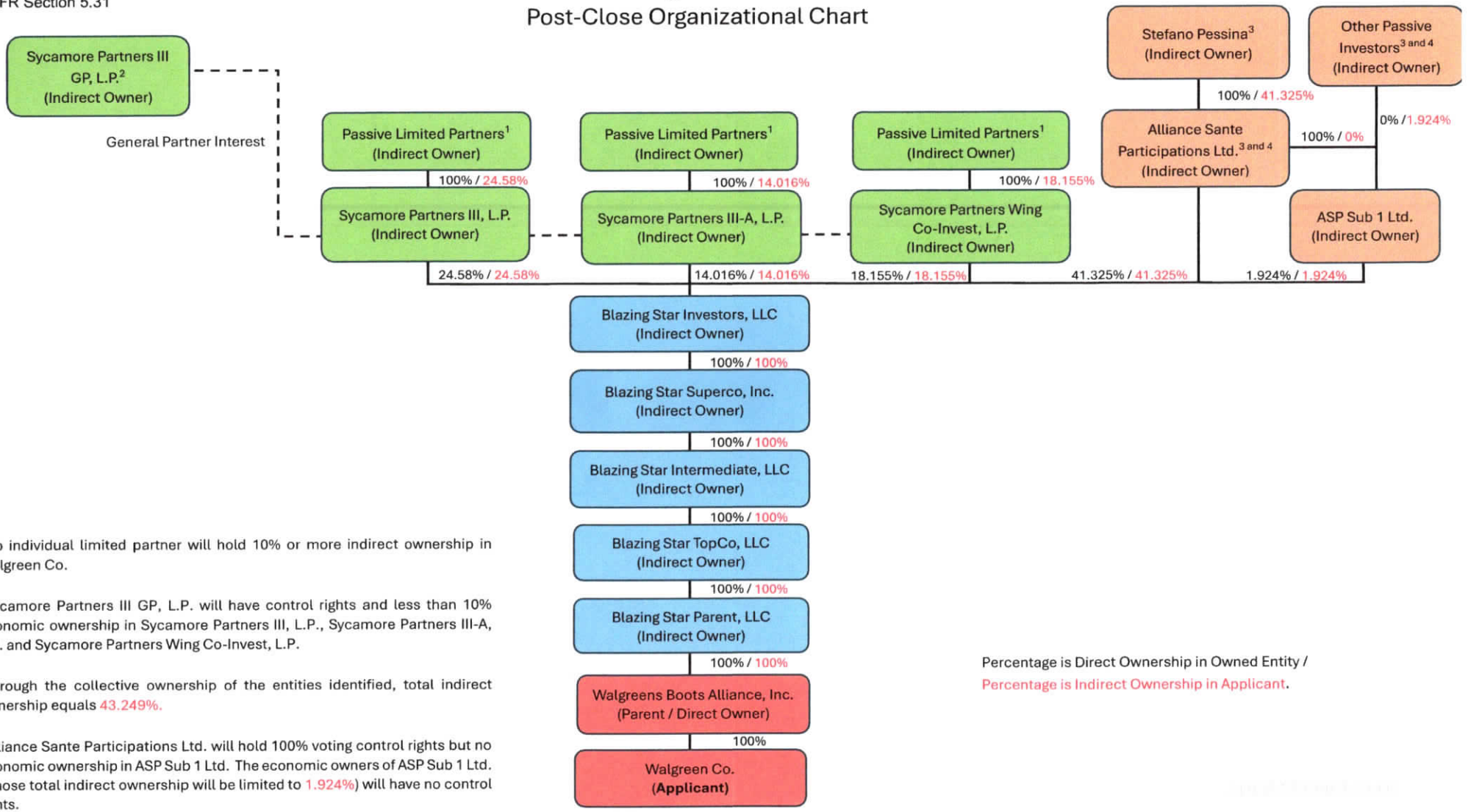
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

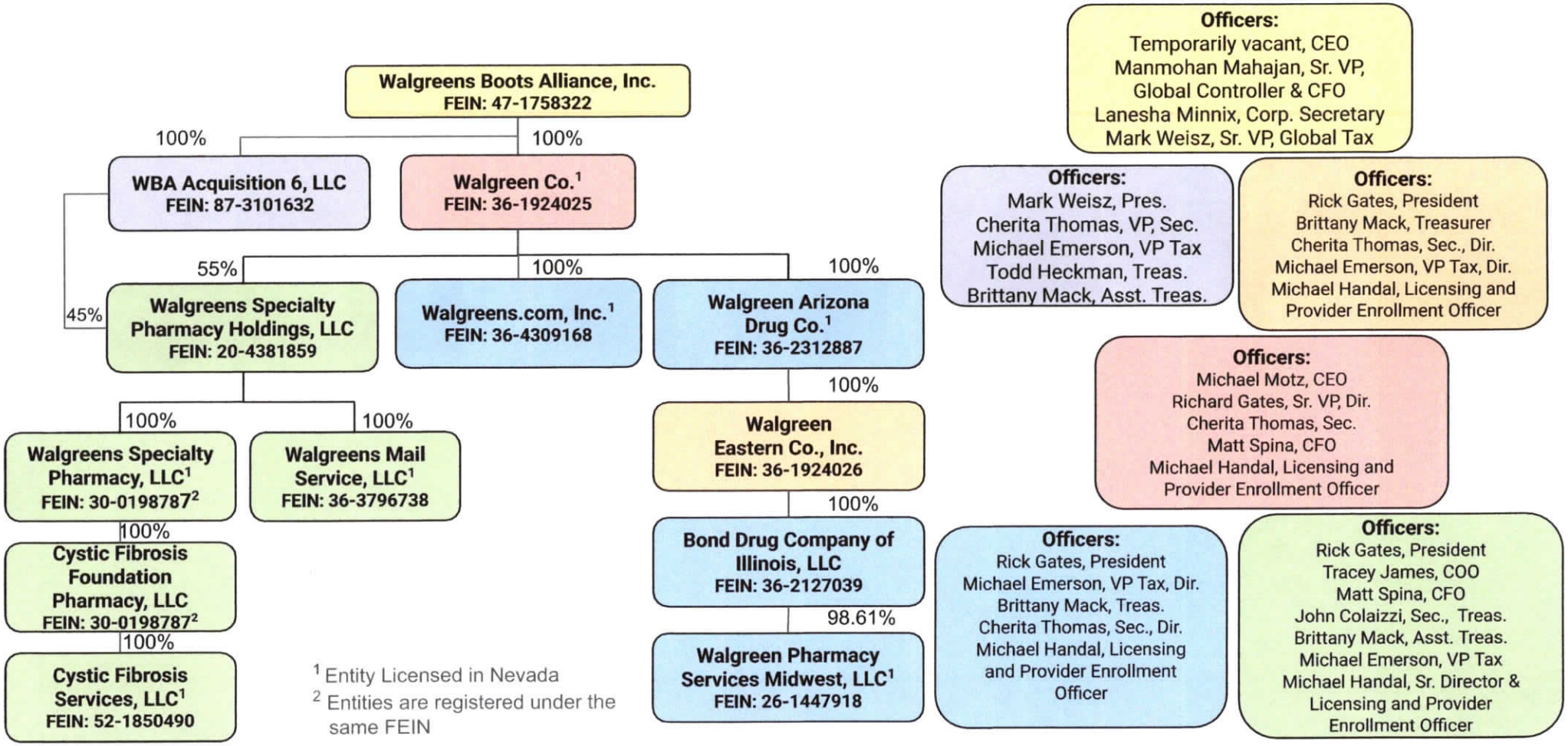
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4HHHH

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01549	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW7012886 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06310

Physical Address: 6820 W ANN RD

City: LAS VEGAS State: NV Zip: 89130-1113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)645-4106 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)645-2595 Contact Email: rxm.06310@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): SIN CHEUNG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19397

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: SIN CHEUNG	NV Pharmacist Registration #: 19397
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SIN CHEUNG Pharmacist Registration #: 19397

Pharmacy Name: WALGREENS #06310

Initial each statement below to indicate you have read and agree with the following:

SMC — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

SMC — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

SMC — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

SMC — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

SMC — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

SIN CHEUNG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Document Ref: UA5NE-MGPAB-6AHAC-637AZ

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

AMANDA L. WEAVER, P.T.,
Certificate of Registration No. PT06996,

Case No. 07-021-PT-S

WALGREENS #06310,
Certificate of Registration No. PH01549,

Case No. 07-021-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter, Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Amanda L. Weaver appeared and represented herself. Mr. Ling represented to the Board that Board Staff had entered into an oral stipulation with Robert Graham, counsel for Walgreens #06310, pursuant to which the parties had agreed that Mr. Ling would present the terms of the oral stipulation and that Mr. Graham or representatives of Walgreens were excused from appearing in the matter. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Weaver appeared, testified, and represented herself. Because of the oral stipulation between Mr. Ling and Mr. Graham, Board Staff presented no witnesses or evidence. Instead, Board Staff represented the terms of the

oral stipulation between himself and Mr. Graham, namely that Walgreens #06310 admitted that it had employed Ms. Weaver for 16 days while Ms. Weaver's pharmaceutical technician's registration was expired and that Walgreens #06310 was willing to pay whatever fine and fees and costs as might be assessed by the Board up to but not to exceed the regulatorily established amount of $100.00 per day for each day that Ms. Weaver was employed on an expired registration. Board Staff further explained that Walgreens #06310's employment of Ms. Weaver appeared to be an isolated incident because other similar incidences were not noted after November 1, 2007 in any other Walgreens pharmacy. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. All registrations of pharmaceutical technicians were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician may lawfully be employed as a pharmaceutical technician on an expired registration.

3. On March 9, 2007, Board Staff learned that Ms. Weaver had failed to renew her pharmaceutical technician's registration and that she had worked at Walgreens #06310 while her registration was expired. Subsequent investigation showed that Mr. Weaver had been employed as a pharmaceutical technician a total of 16 days between November 1, 2006 and March 7, 2007.

4. At hearing, Ms. Weaver explained that prior to November 1, 2006, she had accepted temporary employment as an intern at Walt Disney World in Orlando, Florida and that during her internship she had inadvertently forgotten to renew her registration. When she returned to Nevada, she recommenced employment at Walgreens #06310.

After working for a few weeks, Ms. Weaver and Walgreens #06310 discovered that she had failed to renew her registration. Ms. Weaver apologized to the Board for her actions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a pharmaceutical technician registered by the Board and Respondent Walgreens #06310 is a pharmacy licensed by the Board.

2. In working as a pharmaceutical technician on and expired registration, Respondents Weaver violated NRS 639.210(4) and (13) and NAC 639.945(1)(i) and (k).

3. In owning and operating the pharmacy that employed Ms. Weaver as a pharmaceutical technician while her registration was expired, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(l) and (k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Walgreens #06310 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Respondent Walgreens #06310 shall pay the Board's costs and attorney's fees of $210.00 and the Board's administrative fee of $290.00, for a total of $500.00 by cashier's or certified check or money order made payable to "Nevada State Board of

Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondent Weaver shall pay a fine of $125.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Respondent Weaver shall attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff. Additionally, Respondent Weaver shall complete three hours of continuing education regarding legal issues related to her practice as a pharmaceutical technician, which hours must be completed before October 31, 2008.

5. The failure by Respondent Weaver to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by Respondent Walgreens #06310 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 28th day of June, 2007.

J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

v.

AMANDA L. WEAVER, PT
Certificate of Registration No.: PT06996

Case No. 07-021-PT-S

WALGREENS #06310
Certificate of Registration No.:PH01549

Case No. 07-021-PH-S

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a registered pharmaceutical technician with the Board and Respondent Walgreens #06310 is a registered pharmacy with the Board located at 6820 West Ann Road, Las Vegas, Nevada.

II.

On or about March 9, 2007 it came to the Board's attention that Ms. Weaver had not renewed her pharmaceutical technician registration. Board staff requested Ms. Weaver's work hours from November 1, 2006 through March 9, 2007 from the district pharmacy supervisor for Walgreens #06310, the pharmacy at which Ms. Weaver was employed. It was determined that Ms. Weaver had worked for 16 days between November 1, 2006 and March 7, 2007 without a valid registration.

FIRST CAUSE OF ACTION

III.

By working at Walgreens #06310 for 16 days between November 1, 2006 to March 7, 2007 when she had not renewed her pharmaceutical technician registration, Ms. Weaver violated NRS 639.210(4) and (13) and (NAC) 639.945 (1)(i) and (k).

SECOND CAUSE OF ACTION

IV.

In owning and operating the pharmacy in which Ms. Weaver worked without a license and in failing to verify that Ms. Weaver had timely and validly renewed her registration, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(i) and (k) and (2).

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

Signed this 27th day of March, 2007.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREEN CO.,
An Illinois Corporation,

WALGREENS PHARMACY #03843,
Certificate of Registration #PH01062,

CARL M. HEUER, R.Ph.,
Certificate of Registration #13810,

WALGREENS PHARMACY #03844,
Certificate of Registration #PH01123,

PETER A. RISO, JR., R.Ph.,
Certificate of Registration #15162,

PETER M. KAMBISS, R.Ph.,
Certificate of Registration #10601,

JOHN M. QUINN, P.T.,
Certificate of Registration #PT03749

WALGREENS PHARMACY #03871,
Certificate of Registration #PH01080,

JONATHAN C. BOX, R.Ph.,
Certificate of Registration #15055,

WALGREENS PHARMACY #03872,
Certificate of Registration #PH01282,

MICHAEL A. TRIOLO, R.Ph.,
Certificate of Registration #13675,

WALGREENS PHARMACY #03873,
Certificate of Registration #PH01125,

SCOTT L. TRINH, R.Ph.,
Certificate of Registration #14360,

REVISED FINDINGS OF FACT CONCLUSIONS OF LAW AND ORDER

Case No. 02-073-PH-S

Case No. 02-065-PH-S

Case No. 02-065-RPH-S

Case No. 02-047-PH-S

Case No. 02-047A-RPH-S

Case No. 02-047B-RPH-S

Case No. 02-047C-PT-S

Case No. 02-038-PH-S

Case No. 02-038-RPH-S

Case No. 02-062-PH-S

Case No. 02-062-RPH-S

Case No. 02-060-PH-S

Case No. 02-060-RPH-S

WALGREENS PHARMACY #04197, **Certificate of Registration #PH01142,**	**Case No. 02-050-PH-S**
ROBIN M. BONGA, R.Ph., **Certificate of Registration #15598,**	**Case No. 02-050-RPH-S**
WALGREENS PHARMACY #05014, **Certificate of Registration #PH01371,**	**Case No. 02-032-PH-S**
MICHELE L. ITO, R.Ph., **Certificate of Registration #15357,**	**Case No. 02-032-RPH-S**
WALGREENS PHARMACY #05015, **Certificate of Registration #PH01309,**	**Case No. 02-031-PH-S**
JESSICA NGUYEN, R.Ph **Certificate of Registration #15397,**	**Case No. 02-031-RPH-S**
WALGREENS PHARMACY #06310, **Certificate of Registration #PH01549,**	**Case No. 02-019-PH-S**
STEPHEN C. LESSARD, R.Ph **Certificate of Registration #13632,**	**Case No. 02-019-RPH-S**
Respondents.	

THIS MATTER was heard by the Board at its regular meeting on July 24, 2002, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All of the Respondent Walgreen's pharmacies, Walgreens Co., and Respondents Carl M. Heuer, Peter A. Riso, Jr., Peter M. Kambiss, Jonathan C. Box, Scott L. Trinh, Robin M. Bonga, Michele L. Ito, and Stephen C. Lessard were represented by Graham, Wilde, Harker & Boggess and Robert C. Graham. Respondent Jessica Nguyen was represented by Thomas J. Tanksley. Respondent Michael Triolo was represented by Kathleen A. Murphy. Respondent John M. Quinn appeared and represented himself.

Prior to the hearing, Mr. Ling and Mr. Graham stipulated to bifurcate the matter involving Walgreen's Pharmacy #03843 and Carl M. Heuer (Case No. 02-065) from the remaining matters. Mr. Ling and Mr. Graham further agreed that Case No. 02-065

would be heard at the Board's regular meeting on October 16, 2002 in Las Vegas. The Board accepted the stipulation proposed by Mr. Ling and Mr. Graham and ordered that Case No. 02-065 be heard separately on October 16, 2002.

As a result of the stipulation to bifurcate approved by the Board, the Board heard the remaining matters at its hearing on July 24, 2002. Based upon the testimony and evidence presented and the public records in the possession of the Board, the Board issues the following findings of fact, conclusions of law, and order resolving as a final order all matters except Case No. 02-065.

FINDINGS OF FACT

1. The Board and the various Respondents' counsels presented the testimony of numerous witnesses and introduced several exhibits into evidence. Because the testimonies of most of the witnesses served primarily for individual matters and for the sake of administrative convenience, the Board will state the facts for each matter on a matter-by-matter basis.

Walgreens #3871 & Jonathan Box (Case No. 02-038)

2. Counsel for Walgreens and Mr. Box and the General Counsel agreed that the facts as plead in the Notice of Intended Action and Accusation were true and correct regarding this matter. The General Counsel stated that the complainant in this matter was unavailable for medical reasons, but because of the agreement reached between the parties, his testimony would be unnecessary. Counsel for Walgreens and Mr. Box presented the testimony of Mr. Box.

3. On January 7, 2002, Patient M's physician prescribed Singulair 5mg. tablets for him to help with his breathing difficulty. Patient M's physician telephoned the prescription to Walgreen's #03871 to be filled. Patient M is a five-year-old male with an asthmatic condition.

4. Patient M took the medication for four days before telling his father that the "medicine tasted funny." Patient M's father checked the prescription bottle and it was labeled correctly. Upon closer observation Patient M's father found that the label had been placed on a stock bottle of Proscar 5 mg. tablets. After checking the tablets in the Proscar stock bottle it was determined that the medication was not Singulair as prescribed, but Proscar tablets.

5. Mr. Box was the pharmacist who filled Patient M's prescription. Mr. Box stated that he doubted that he had counseled Ms. M when she picked up the prescription for Patient M as he believed Patient M had taken Singulair in the past. The counseling log was inconclusive as there were no initials on the log. At hearing, Mr. Box stated that he could not explain how he had mistakenly filled a Singulair prescription with Proscar 5 mg.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. Board staff presented the testimony of Aubrey Alexander. According to Ms. Alexander, on February 6, 2002, she took two new prescriptions from her physician to Walgreen's #05014 to be filled. One prescription was for Ambien for her sleeping difficulties and the other was for Ultram for persistent pain. Ms. Alexander dropped the prescriptions off in the morning and was advised she could pick them up in the afternoon. Ms. Alexander inquired if she could use the drive-through to pick up her prescriptions and was told that she could pick them up at that location.

7. Ms. Alexander returned to Walgreen's #05014 at approximately 4:00 p.m. to pick up her medication at the drive-through window. Ms. Alexander recalls having to wait for a period of time as there were two cars ahead of her in line. When she arrived at the drive-through window, Ms. Alexander was told by a pharmacy technician that her prescriptions were not ready. Ms. Alexander asked the pharmacy technician to check again as she was told the prescriptions would be ready at 3:00 p.m. After a few minutes' wait, the pharmacy technician returned with her prescriptions. Ms. Alexander was asked if she had taken these medications before. Ms. Alexander indicated that she had taken both medications before. Other than the question asked by the pharmacy technician, Ms. Alexander was not counseled by a pharmacist on her prescriptions even though both prescriptions were new to her profile at this pharmacy.

8. While in her vehicle, Ms. Alexander took one tablet from the Ultram vial for the pain she was experiencing and left the pharmacy to run errands. After an hour had passed and her pain had not diminished, Ms. Alexander took a second tablet from the Ultram vial. After taking the second tablet Ms. Alexander began feeling disoriented and sick to her stomach. Ms. Alexander cancelled her plans to run errands, went home and fell asleep sitting up in a chair. Ms. Alexander explained at hearing that it was

extremely unusual and out of character for her to sleep in a chair. Several hours later she was awakened by her telephone ringing.

9. Ms. Alexander realized that something was wrong with the medication she had taken and reviewed the prescription bottles she picked up from Walgreens #05014 earlier in the day. After looking inside the bottles, Ms. Alexander discovered the Ambien medication was in the prescription bottle labeled Ultram and the Ultram medication was in the prescription bottle labeled Ambien.

10. The Board's investigation showed that there were two labels on each bottle. The underneath labels were for the correct medication, but the instructions for taking the medications were incomplete.

11. At hearing, Ms. Ito explained that when she was verifying prescriptions filled by the pharmaceutical technicians at Walgreens #05014 she discovered that the label for one of Ms. Alexander's prescriptions contained an incomplete direction for use, so she sent the prescriptions back to the pharmaceutical technician to have the label corrected. The two vials would have been sent back together since they were for the same patient. Ms. Ito explained that she would have checked the new labels and that she could not explain why she did not discover that the new labels had been improperly placed upon the wrong vials.

12. Ms. Ito also explained that the pharmacy's computer system showed that Ms. Alexander picked up her prescription at 4:07 p.m. Ms. Ito claimed that she was off shift at 4:00 p.m. and that she would have left precisely at 4:00 p.m. Thus, Ms. Ito claimed that she could not have been the pharmacist who failed to counsel Ms. Alexander and that the pharmacist who replaced Ms. Ito would have been responsible to counsel Ms. Alexander.

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

13. Board staff presented the testimony of Rebecca Gang. According to Ms. Gang, on February 7, 2002, she took two new prescriptions from her physician to Walgreen's #06310 to be filled. One prescription was for Ambien 5mg. #20 and the other was for Synthroid 0.075mg. #90. Ms. Gang dropped the prescriptions off at approximately 9:30 a.m.

14. Ms. Gang returned to Walgreen's #06310 at approximately 12:30 p.m. to pick up her medication at the drive-through window. Ms. Gang was told by a Walgreen's pharmacy clerk that they owed her 85 pills on her prescription. Ms. Gang questioned the clerk and the clerk advised her that they had run out of Levothyroxine. Ms. Gang advised the clerk that she was taking Synthroid, not Levothyroxine, and asked to speak to the pharmacist. Ms. Gang asked the clerk to speak to the pharmacist several times, but the pharmacist did not respond to Ms. Gang's requests.

15. Ms. Gang was advised that her prescription for Synthroid would be ready in approximately 15 minutes. Ms. Gang requested her prescription for Ambien and indicated she would return later for the Synthroid prescription. Ms. Gang was not counseled for her new prescription for Ambien.

16. Ms. Gang returned to the drive-through window of Walgreen's #06310 later in the evening of February 7th to pick up her prescription for Synthroid. Ms. Gang was not counseled for her new prescription for Synthroid by the pharmacist on duty, Stephen Lessard.

17. At hearing, Mr. Lessard explained that it was Walgreens' routine and policy to substitute levothyroxine for Synthroid, even though he admitted that the two are not AB rated. Mr. Lessard explained that he did not speak to Ms. Lessard because his pharmaceutical technician relayed Ms. Gang's questions to him while he was filling Ms. Gang's Synthroid prescription. He further explained that he was on his way over to counsel Ms. Gang, but the pharmaceutical technician had already given Ms. Gang the Ambien prescription and so Ms. Gang left before he could speak with her.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

18. Board staff presented the testimony of Robbie Ierley. Ms. Ierley testified that on February 25, 2002, she took a new prescription from her dentist for Decadron Dosepak to Walgreen's #05015 to be filled. Ms. Ierley stated that she was quite familiar with the Decadron Dosepak because it was an older medication that she had dispensed when she worked at retail pharmacies and because it was manufactured by Merck, and she was presently employed as a pharmacist by the Merck-Medco pharmacy facility in Las Vegas.

19. The pharmacy was busy and Ms. Ierley waited for approximately an hour for her prescription to be filled. When Ms. Ierley finally picked up her prescription, a clerk brought Ms. Ierley her prescription and said to her, "I know you're a pharmacist", to which Ms. Ierley replied that she was. The clerk told Ms. Ierley that her prescription would be $10.00 and concluded the transaction. Ms. Ierley was not counseled regarding her prescription even though Medrol Dosepak was new to Ms. Ierley's profile at the pharmacy.

20. When the prescription was ready Ms. Ierley noticed that her prescription had been filled with Methylpredisolone 4mg. Dosepak. Ms. Ierley is a pharmacist and knew that the strength of the drug she was given was not as strong as the drug her dentist prescribed. Ms. Ierley questioned a pharmacist on duty, Jessica Nguyen, regarding the difference in strength. Ms. Nguyen told Ms. Ierley that she did not have Decadron Dosepak and argued that the drug she was given was exactly the same as the drug her dentist prescribed. Because of the way Ms. Nguyen addressed Ms. Ierley's concerns and because Ms. Ierley could not conceive that a pharmacist would change a drug on a prescription without first contacting the prescribing practitioner, Ms. Ierley assumed Ms. Nguyen had contacted her dentist to change the medication.

21. Ms. Ierley reluctantly took the medication home and began taking the medication given to her as directed because she was in considerable dental pain. Ms. Ierley tried to contact her dentist to verify the change in medication, but she was not able to make contact with him for four days. When Ms. Ierley finally spoke with her dentist, he informed her that he had not spoken to anyone from Walgreen's #05015 and that he did not authorize a change in medication.

22. Ms. Ierley related that the lower strength Methylpredisolone Dosepak failed her treatment. Her dentist gave Ms. Ierley another prescription for Decadron Dosepak that she had filled elsewhere, and fortunately her condition improved.

23. At hearing, Ms. Nguyen testified that Walgreens #05015 was extremely busy and, in her opinion, poorly staffed. Ms. Nguyen described one of her pharmaceutical technicians as 70 years old and incapable of keeping up with the accelerated pace of Walgreens #05015. Ms. Nguyen also indicated that Walgreens' computer system had a gauge that monitored how quickly various tasks were being completed, including how

quickly prescriptions were being filled. Ms. Nguyen's understanding of the gauges were that it was her responsibility to keep any of the three gauges from "going red."

24. Ms. Nguyen also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the their request. X's or other marks would be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

25. Board staff presented the testimony of Darwin Albrecht. Mr. Albrecht testified that on March 27, 2002, he took a new prescription from his physician for Clomiphene Citrate 50 mg. #30 to Walgreen's #04197 to be filled. Mr. Albrecht dropped the prescription off late in the afternoon. Mr. Albrecht was aware from discussions with his physician that Clomiphene Citrate 50 mg. was an unusual drug to be prescribed for a male, and as a result of the unusual nature of the prescription, Mr. Albrecht wanted to speak with a pharmacist about the prescription.

26. Mr. Albrecht returned to Walgreen's #04197 between 7:00 and 8:00 p.m. to pick up his medication at the drive through window. He was given his new prescription by a Walgreen's pharmacy clerk, and he paid for his medication and departed through the drive through lanes.

27. Mr. Albrecht was not counseled for his prescription for Clomiphene Citrate 50 mg., even though the prescription was new to his profile and was for an unusual drug for a male.

28. At hearing, Ms. Bonga testified that she was aware that the prescription was unusual for a male patient, but she was not the pharmacist on duty at the time that Mr. Albrecht picked up the prescription. Ms. Bonga also testified that the policy for counseling at Walgreens was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or

pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time later.

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn
(Case No. 02-047)

29. Board staff presented the testimony of Serena Allen. Ms. Allen testified that prior to Saturday, March 30, 2002, she was traveling in California and realized that she would be out of her maintenance medication for her heart, Inderal 10 mg. tablets, by the weekend when she planned to returned home to Las Vegas. Ms. Allen telephoned Walgreen's #03844 and spoke with managing pharmacist Peter Riso to have her Inderal prescription refilled. Mr. Riso advised Ms. Allen that her refills had run out, but he would contact her physician to get refill authorization. Mr. Riso advised Ms. Allen that if contact with her physician was not made prior to her return, she could pick up 15 tablets to hold her over for the weekend.

30. Ms. Allen returned home and went to Walgreens #03844 to pick up her Inderal on Saturday, March 30, 2002. Ms. Allen's physician had not yet called the pharmacy to approve refilling her Inderal. Ms. Allen then requested from pharmaceutical technician John Quinn the 15 tablets Mr. Riso had promised her.

31. Mr. Quinn questioned the pharmacist on duty, Peter Kambiss, if he could give Ms. Allen 15 tablets of Inderal for the weekend. Mr. Kambiss gave Mr. Quinn permission to dispense an emergency amount of Inderal until her physician contacted the pharmacy to refill her prescription. At that time, Mr. Quinn obtained a stock bottle of Inderal 10 mg. tablets and poured a quantity of tablets in his hand, counted the tablets, and placed them in Ms. Allen's prescription vial. Ms. Allen questioned why Mr. Quinn was handling her medication with his hand. Mr. Quinn replied that it was common practice and Ms. Allen did not know pharmacy law. According to Ms. Allen, Mr. Quinn was abusive and rude, and all of the conversation between Mr. Quinn and herself occurred within the sight and hearing of Mr. Kambiss. Ms. Allen left the pharmacy with the medication.

32. A few minutes later, Ms. Allen returned with her husband and a member of the store management staff. Ms. Allen asked Mr. Kambiss to replace the Inderal tablets given to her by Mr. Quinn. According to Mr. Kambiss, up to this time, he was unaware

that Mr. Quinn had handled Ms. Allen's tablets with his hands. While Mr. Kambiss was replacing the Inderal tablets, Ms. Allen and Mr. Quinn began to argue again. Unfortunately, the argument grew increasingly heated with Mr. Quinn, Ms. Allen, and Mr. Allen all speaking loudly. All of this occurred in the sight and hearing of Mr. Kambiss, but according to Mr. Kambiss' testimony, he took no action with Mr. Quinn to stop the argument except to say Mr. Quinn's first name. Ms. Allen and her husband asked to see Mr. Quinn's pharmacy technician registration. Mr. Kambiss went to locate the certificate, however it was not in the frame where pharmacy staff licenses were kept.

33. Ms. Allen asked for a telephone number for a pharmacy supervisor and was given Marcie Ranick's telephone number. Ms. Allen thought to call Walgreens' management because she had dealt with Walgreens' management, specifically George Flaherty and Joe Daniels, regarding an earlier incident that had been satisfactorily managed by Mr. Flaherty and Mr. Daniels.

34. Prior to speaking with Ms. Ranick, Ms. Allen telephoned the Board office and checked to see if Mr. Quinn was registered. Ms. Allen was advised that Mr. Quinn had been registered as a pharmaceutical technician-in-training at a Sav-On pharmacy, but he left his employment where he was registered, and his registration was closed. Mr. Quinn did not have a pharmaceutical technician's registration and was not registered as a technician-in-training at Walgreens #03844 or at any other Walgreens pharmacy. Ms. Allen spoke with Ms. Ranick and found her to be unconcerned about Mr. Quinn's practice of filling prescriptions from the palm of his hand. Ms. Ranick also told Ms. Allen that Mr. Quinn was a registered pharmaceutical technician and that Board staff must have been mistaken.

35. The evidence showed that Mr. Quinn had been working at Walgreens #03844 since February 15, 2001 without a valid pharmacy technician registration certificate. During that time, Mr. Quinn worked a total of 18 days as a pharmaceutical technician without a proper registration.

36. After the incident with the Allens, Mr. Quinn brought a copy of his certificate to the pharmacy. Mr. Quinn explained that he had "whited-out" the employer on the copy of the certificate that he gave to Walgreens #03844 because it contained the

address of his previous and only authorized employer, Sav-on Pharmacy. Mr. Quinn "whited-out" Sav-on's name and address because he still worked occasionally at Sav-on on good terms and did not want his problems at Walgreens #03844 to become known to Sav-on.

37. After the incident with the Allens, Mr. Quinn was transferred to Walgreens Pharmacy #03845 where he continued to be employed. Board staff had notified Walgreens #03845 to cease to employ or use Mr. Quinn in the capacity of a pharmaceutical technician or technician-in-training until Mr. Quinn applied to be and was granted registration as a pharmaceutical technician-in-training at that pharmacy.

38. At hearing, Mr. Riso testified that he took responsibility for not checking Mr. Quinn's registration certificate closely. Mr. Riso said that once he discovered that Mr. Quinn was not properly registered as a technician-in-training at Walgreens #03844, Mr. Riso assigned Mr. Quinn only to clerk tasks and did not allow Mr. Quinn to perform any pharmaceutical technician tasks.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

39. Board staff presented the testimony of Linda Owens. Ms. Owens testified that on April 10, 2002, she took five new prescriptions from her physician to Walgreen's #03872 to be filled. Ms. Owens decided she only wanted four of the prescriptions filled at that time. The pharmacy technician explained the pharmacy would keep the fifth prescription at the pharmacy in case Ms. Owens changed her mind and wanted to have it filled.

40. Ms. Owens noted that the pharmacy was extremely busy while she was waiting for her prescriptions to be filled. She testified that the pharmaceutical technician and the pharmacist were the only two employees and that the pharmaceutical technician was constantly in motion between the drive-up window, the telephone, the pharmacy counter, and the front counter.

41. When the prescriptions were ready Ms. Owens was given five prescriptions, four in one bag and one in a separate bag. Ms. Owens questioned the pharmaceutical technician and explained she should only have four prescriptions. The technician stated that there were five. Since Ms. Owens was not feeling well, she paid for all five prescriptions and left Walgreens #03872. Though the prescriptions were new to Ms.

Owens and her profile at this pharmacy, Ms. Owens was not counseled by a pharmacist.

42. Ms. Owens took the medication home and began taking the medication given to her as directed that evening and the following day. Ms. Owens received a telephone call on the evening of April 11, 2002 from a female pharmacist from Walgreens #03872 asking if she had been in the previous day to pick up any prescriptions. Ms. Owens stated she had picked up her prescriptions the previous day and had been taking them as directed. Ms. Owens was advised that one of the prescriptions she picked up was for another patient with the same name. Ms. Owens examined the prescriptions she had obtained the previous day and found one that had a doctor's name that was unknown to her on the label although the patient's name on the vial was also Linda Owens. In this way, Ms. Owens discovered that she had taken Metronidazole 500 mg. tablets that were not prescribed for her.

43. Ms. Owens explained that she filed the complaint because of her dealings with pharmacist Ledrue Ware after the error had been discovered. Ms. Owens testified that Mr. Ware seemed uninterested in her and her concerns and seemed mostly concerned about informing her that he was not the pharmacist who had dispensed the erroneous prescription to her.

44. At hearing, Mr. Triolo explained that the Walgreens verification computer system did not contain any specific information regarding a patient, such as the patient's birth date or address, at the time of the verification. Thus, as Mr. Triolo explained, it was possible and foreseeable that errors such as occurred in this matter would not be caught by the verifying pharmacist because there would be no way to tell at the verification screen which "Linda Owens" the prescriptions were for. From Walgreens' records, Mr. Triolo could not identify who had filled the Metronidazole prescription for the Linda Owens who was not the complainant in this matter. Mr. Triolo also explained that he was not the pharmacist on duty at the time Ms. Owens picked up her prescriptions and that Mr. Ware was the pharmacist on duty at that time.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

45. Board staff presented the testimony of Daniel Garcia, Investigator for the Board. Mr. Garcia testified that on May 2, 2002, he and Investigator/Supervisor Fred

Ackermann went to Walgreens #03873 to acquire information and evidence on an investigation of a consumer complaint. That consumer complaint was ultimately closed without action.

46. While they were present at the pharmacy, they observed staff pharmacist Scott L. Trinh speaking with a pharmaceutical technician at one end of the pharmacy counter. Mr. Garcia did not observe any patient at the pharmacy's counter to whom Mr. Trinh may have been speaking. At the same time, Mr. Garcia and Mr. Ackermann observed another pharmacy technician at the drive-through window serving a patient.

47. Kelly Moczynski was identified as the pharmaceutical technician at the drive-through window. She had given a male patient a prescription and returned his identification. As Ms. Moczynski concluded the register transaction with this patient, Mr. Garcia and Mr. Ackermann observed her mark on the "Refused" section of the counseling log that the patient had refused counseling. At no time during this transaction did Mr. Garcia observe Mr. Trinh come to the drive-through window.

48. Mr. Ackermann asked Ms. Moczynski if the prescription she had just dispensed was a new prescription, to which she said it was. Mr. Ackermann asked Ms. Moczynski to retrieve the prescription she had dispensed to the patient at the drive-through window. Supervisor Ackermann then advised Mr. Trinh that he needed to come to the drive-through window and counsel the patient regarding his new prescription. Only after Mr. Ackermann required Mr. Trinh to counsel the patient did Mr. Trinh cease speaking with the other employee and counsel the patient regarding the patient's new prescription.

49. Mr. Garcia testified that he had personally investigated several of the cases involved in this matter and that he had consulted with Mr. Ackermann regarding other of the cases that Mr. Ackermann had investigated. Mr. Garcia explained that Walgreens' counseling policy was to allow the clerk or pharmaceutical technician to ask the patient questions such as, "Would you like to speak to the pharmacist?" or "Have you taken this drug before?" Pharmacists only spoke to patients at the patients' request. X's or other marks would sometimes be placed on the counseling log by the clerk or pharmaceutical technician, and the pharmacist would sign next to the X or other mark at some time

later. In some cases, the pharmacist would not initial next to the X's or other mark until the end of the pharmacist's shift.

50. Mr. Trinh testified that he was very careful to assure that patients were counseled at his pharmacy. Mr. Trinh explained that he was counseling a patient at the time that Mr. Ackermann asked him to counsel the patient at the drive-through window, but he could not explain why Mr. Ackermann and Mr. Garcia had not seen the patient at the pharmacy counter that he was counseling. Mr. Trinh admitted that he changed the counseling log regarding the patient the he counseled at Mr. Ackermann's request to show that counseling had been accepted, and he also admitted that the patient would have left Walgreens #03873 had Mr. Ackermann not requested that he counsel the patient.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Walgreens Pharmacies ##03844, 03871, 03872, 03873, 04197, 05014, 05015, and 06310 are pharmacies licensed by the Board and because Respondents Riso, Kambiss, Quinn, Box, Triolo, Trinh, Bonga, Ito, Nguyen, and Lessard are pharmacists or pharmaceutical technicians licensed by or registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of all of the individual Walgreens Pharmacies at issue in this matter.

Walgreens #03871 & Jonathan Box (Case No. 02-038)

2. In failing to strictly follow the prescription written for Patient M. by filling his Singulair 5 mg. prescription with Proscar 5 mg., Mr. Box violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Patient M's mother on Patient M's new prescription, Mr. Box violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

4. In owning and operating a pharmacy that failed to counsel Patient M's mother regarding Patient M's new prescription, Walgreen Co. and Walgreens Pharmacy #03871 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

5. The Second Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05014 & Michelle Ito (Case No. 02-032)

6. In failing to label Ms. Alexander's prescriptions correctly, Ms. Ito violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

7. The Second Cause of Action in Ms. Ito's Notice of Intended Action and Accusation is dismissed.

8. In owning and operating a pharmacy that failed to label Ms. Alexander's prescriptions correctly, Walgreen Co. and Walgreens Pharmacy #05014 violated Nevada Revised Statute (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

9. In owning and operating a pharmacy that failed to counsel Ms. Alexander on either of her new prescriptions, Walgreen Co. and Walgreens Pharmacy #05014 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #06310 and Stephen Lessard (Case No. 01-019)

10. In failing to counsel Ms. Gang regarding either of her new prescriptions, especially because Ms. Gang requested to speak with the pharmacist several times, Mr. Lessard violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

11. The Sixth Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #05015 & Jessica Nguyen (Case No. 02-031)

12. In failing to follow the instructions of the prescribing physician and by incorrectly labeling and dispensing a prescription drug, Ms. Nguyen violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

13. In failing to counsel Ms. Ierley, Ms. Nguyen violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

14. In owning and operating a pharmacy that failed to counsel Ms. Ierley, Walgreen Co. and Walgreens Pharmacy #05015 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

15. The Seventh Cause of Action in Walgreens' Notice of Intended Action and Accusation is dismissed.

Walgreens #04197 & Robin Bonga (Case No. 02-050)

16. The First Cause of Action in Ms. Bonga's Notice of Intended Action and Accusation is dismissed.

17. In owning and operating a pharmacy that failed to counsel Mr. Albrecht, Walgreens Co. and Walgreens Pharmacy #04197 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

Walgreens #03844, Peter Riso, Peter Kambiss, & John Quinn (Case No. 02-047)

18. In failing to verify that Mr. Quinn was properly registered to work as a pharmaceutical technician and in employing Mr. Quinn as a pharmaceutical technician when Mr. Quinn was not, in fact, properly registered to work as a pharmaceutical technician-in-training at Walgreens #03844, Mr. Riso violated NRS 639.210(4) and (15) and NAC 639.945(1)(i).

19. In failing to intervene as the staff pharmacist on duty while Mr. Quinn and the Allens argued, Mr. Kambiss violated NRS 639.210(4) and NAC 639.945(1)(i).

20. The Second Cause of Action in Mr. Kambiss' Notice of Intended Action and Accusation is dismissed.

21. In working at Walgreens #03844 as a pharmaceutical technician without being properly registered so to do, Mr. Quinn violated NRS 639.210(4) and 639.284(2) and NAC 639.945(1)(i) and (k).

22. By owning and operating a pharmacy that employed and worked and continues to work Mr. Quinn as a pharmaceutical technician, both at Walgreens #03844 and other Walgreens pharmacies, without a current active pharmaceutical technician license, Walgreen Co. and Walgreens Pharmacy #03845 violated NRS 639.210(4) and 639.284(2) and NAC 639.702 and 639.945(1)(i) and (k) and (2).

23. The Tenth and Eleventh Causes of Action in Walgreens' Notice of Intended Action and Accusation are dismissed.

Walgreens #03872 & Michael Triolo (Case No. 02-062)

24. In failing to follow the instruction of the prescribing physician and by incorrectly dispensing another patient's drug to Ms. Owens, Mr. Triolo violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

25. The Second Cause of Action in Mr. Triolo's Notice of Intended Action and Accusation is dismissed.

26. In owning and operating a pharmacy that failed to follow the instructions of the prescribing physician and by incorrectly dispensing a prescription drug to the wrong patient, Walgreen Co. and Walgreens Pharmacy #03872 violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i) and (2).

27. The unlabeled Cause of Action in Walgreens' Notice of Intended Action and Accusation relating to the failure to counsel Ms. Owens is dismissed.

Walgreens #03873 & Scott Trinh (Case No. 02-060)

28. In failing to counsel a patient regarding a new prescription until being told by Board of Pharmacy staff to do so, Mr. Trinh violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i).

29. In being the pharmacist on duty responsible for the acts of a pharmaceutical technician who falsified the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not been attempted or initiated with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4), and 639.945(1)(i).

30. In owning and operating a pharmacy that failed to counsel a patient regarding a new prescription until the pharmacist on duty was told by Board of Pharmacy staff to do so, Walgreen Co. and Walgreens Pharmacy #03873 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1)(a) and 639.945(1)(i) and (2).

31. In owning and operating a pharmacy in which the pharmacist on duty allowed a pharmaceutical technician to falsify the pharmacy's counseling log by indicating that a patient had declined counseling when counseling had not even been attempted with the patient, Mr. Trinh violated NRS 639.210(4) and NAC 639.702, 639.707(4) and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. The licenses of Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall be on probation for a period of one year from the effective date of this order. The conditions of probation shall include:

a. One or more representatives of Walgreens Co. shall appear before the Board at every regularly scheduled Board meeting held in Las Vegas throughout the period of the probation to explain to the Board what Walgreens Co. has done to address the concerns raised in this matter, which concerns include Walgreens' counseling as mandated by Nevada law, Walgreens' counseling logs, Walgreens' prescription filling procedure, and Walgreens' policy for addressing patient calls (especially calls in which the patient indicates that he or she has taken an incorrect drug).

b. Development of a counseling log that complies with Nevada law. Walgreens Co. shall provide to the Board a copy of a proposed new counseling log within 30 days of the effective date of this Order, and this proposed new counseling log will be reviewed by the Board at its next succeeding regularly scheduled meeting. Upon approval by the Board of the new counseling log, Walgreens Co. shall provide and implement the new log in all of its Nevada pharmacies.

c. Walgreens Co. shall review its policies and procedures regarding patient counseling to assure that the policies and procedures fully comply with Nevada law. Walgreens Co. shall notify all of its Nevada pharmacies regarding its policies and procedures regarding counseling, including the proper use of the new counseling log developed pursuant to subsection 1(b) of this Order.

d. Walgreens Co. shall review its operational policies and procedures in light of the findings in this matter and shall develop specific suggestions or improvements to address failings in present operational policies and procedures that were shown in the findings of this matter. The details of Walgreens Co.'s review and specific suggestions or improvements shall comprise part of the presentation made by Walgreens Co. pursuant to subsection 1(a) of this Order.

2. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay a total fine of $5,600.00 by cashier's or certified

check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. The total fine consists of the following specific fines:

Third Cause of Action	$750.00
Fourth Cause of Action	$250.00
Fifth Cause of Action	$750.00
Eighth Cause of Action	$750.00
Ninth Cause of Action	$750.00
Twelfth Cause of Action	$750.00
Thirteenth Cause of Action	$100.00
Fourteenth Cause of Action	$750.00
Fifteenth Cause of Action	$750.00
TOTAL	**$5,600.00**

3. Walgreens Co. and Walgreens Pharmacies ##03872, 03871, 05014, 03873, 04197, 05015, and 03844 shall pay the Board's total administrative fee (nine causes of action X $250.00/cause of action = $2,250.00) and the Board's costs of investigation and prosecution ($11,878.35) for a total of $14,128.35 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Triolo shall pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Triolo shall also receive a letter of admonition.

5. Mr. Lessard shall pay a fine of $375.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Lessard shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

6. Mr. Box shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Box shall also pay the Board's administrative fee of $250.00 by cashier's or certified check

or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

7. Ms. Ito shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Ito shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

8. Mr. Trinh shall pay a total fine of $1,250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

9. Ms. Nguyen shall pay a total fine of $625.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Ms. Nguyen shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

10. Mr. Riso shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Riso shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

11. Mr. Kambiss shall pay a fine of $100.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Kambiss shall also pay one-half the Board's administrative fee of $125.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

12. Mr. Quinn shall pay a fine of $360.00 ($20/day x 18 days = $360.00) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Quinn shall also pay the Board's administrative fee of $250.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

13. Mr. Quinn may not apply for any license or registration with the Board for a period of one year from the effective date of this Order. Mr. Quinn will not be granted any license or registration with the Board until he pays the fine and administrative fee set out in paragraph 12 of this Order. During the period in which Mr. Quinn may not apply for any license or registration with the Board, Mr. Quinn may not be employed by or work in any capacity in any business licensed or registered by the Board.

Signed and effective this 11th day of September, 2002.

Larry L. Pinson, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CERTIFICATE *of* SIGNATURE

REF. NUMBER
STEBU-S98Z4-ZTUKA-BS9TA

DOCUMENT COMPLETED BY ALL PARTIES ON
26 AUG 2025 19:33:27 UTC

SIGNER	TIMESTAMP	SIGNATURE
RICHARD GATES EMAIL RICK.GATES@WALGREENS.COM	SENT 26 AUG 2025 18:56:06 UTC VIEWED 26 AUG 2025 19:31:59 UTC SIGNED 26 AUG 2025 19:33:27 UTC	 IP ADDRESS 63.73.199.69 LOCATION CHICAGO, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
26 AUG 2025 19:31:59 UTC

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

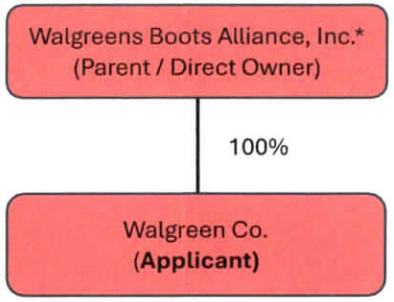
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

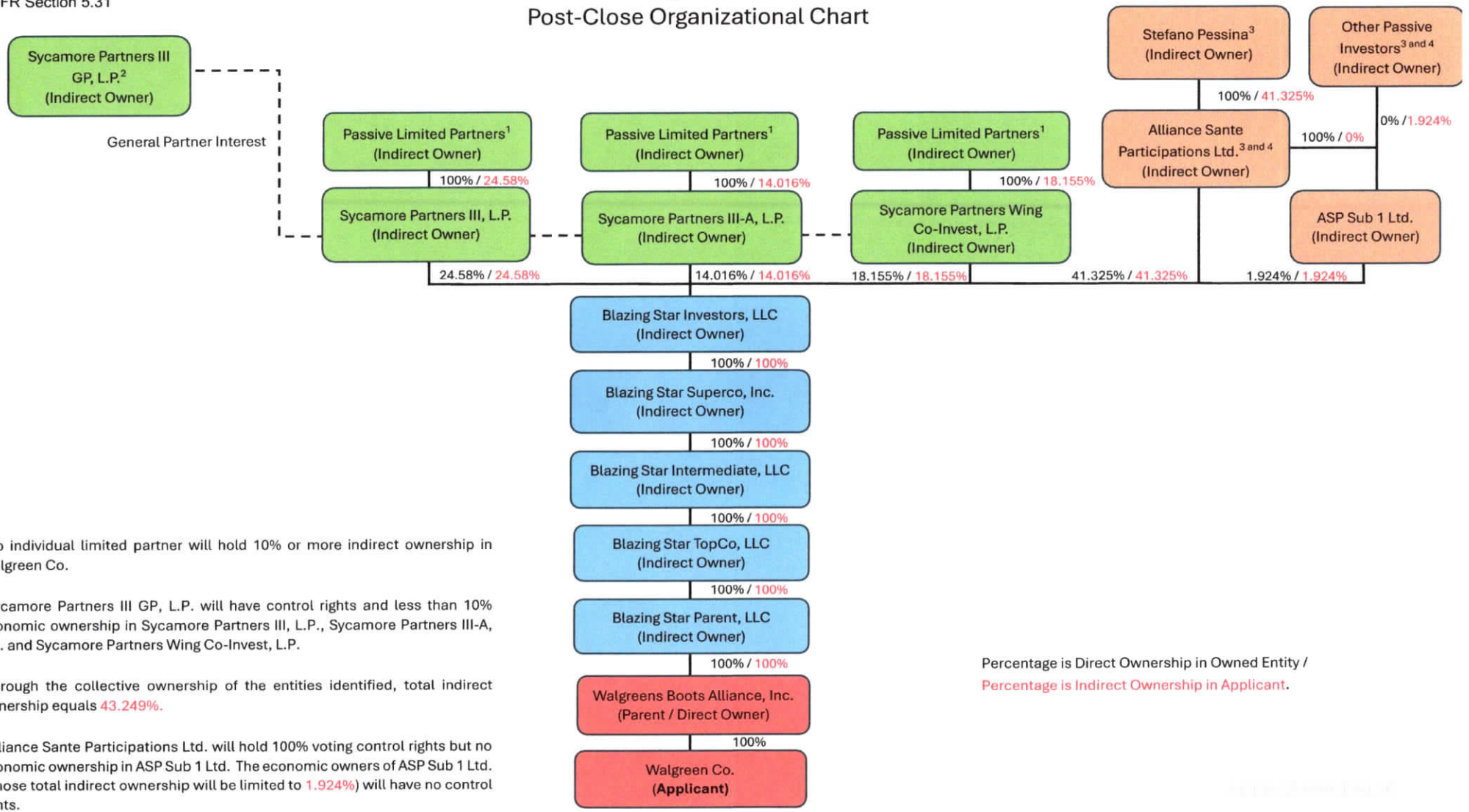
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

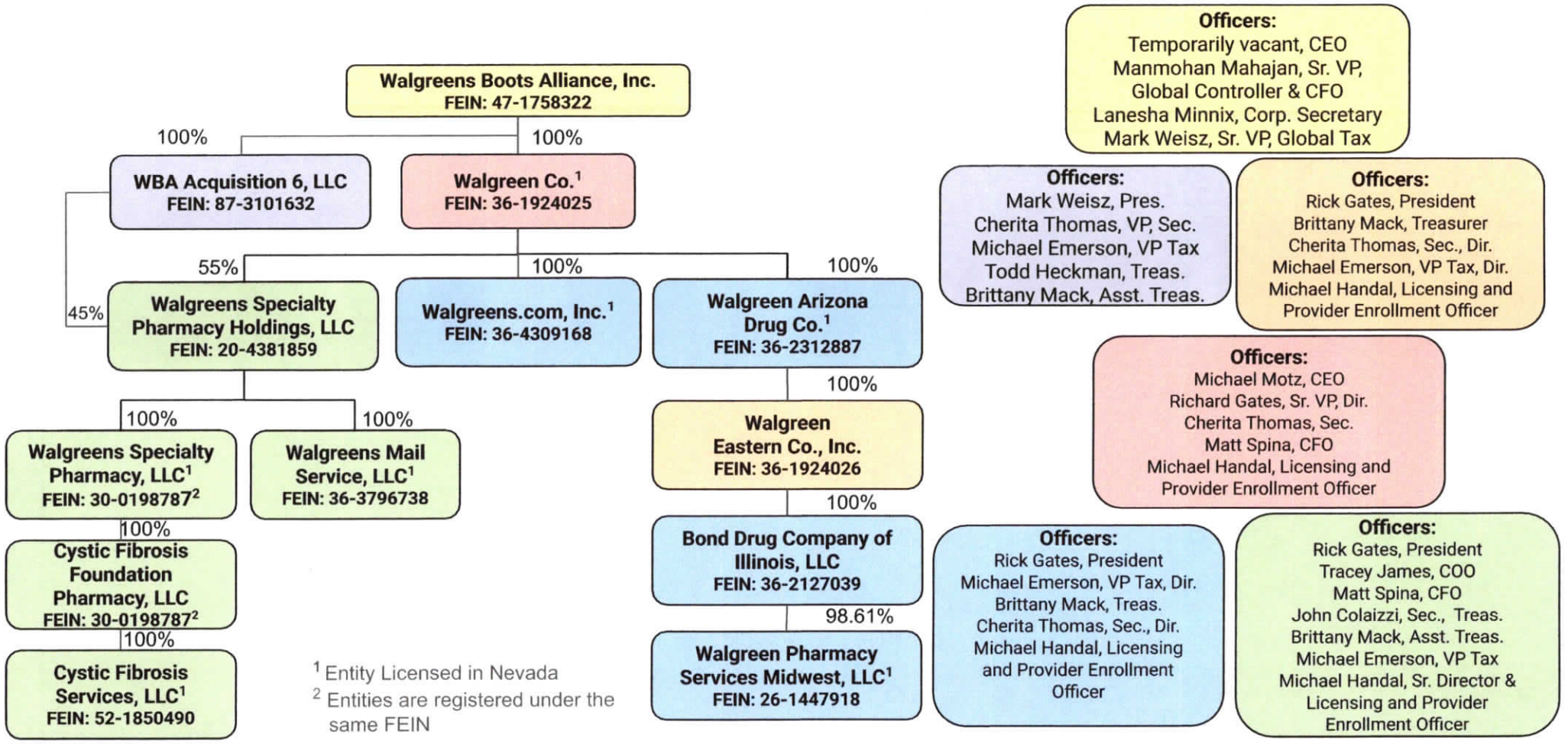
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4IIII

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01570	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW7046914 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06311

Physical Address: 3808 E TROPICANA AVE

City: LAS VEGAS State: NV Zip: 89121-6021

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)547-0830 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)547-4003 Contact Email: rxm.06311@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CAMERINA GAMBOA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16995

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CAMERINA GAMBOA	NV Pharmacist Registration #: 16995
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111291

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CAMERINA GAMBOA Pharmacist Registration #: 16995

Pharmacy Name: WALGREENS #06311

Initial each statement below to indicate you have read and agree with the following:

C.G. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.G. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.G. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.G. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.G. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

CAMERINA GAMBOA

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: RWUFM-DYWUQ-ZDSEW-JYVP5

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CAMERINA N. GAMBOA, R.Ph.,
Certificate of Registration #16995,

Respondent.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 11-107-RPH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on April 18, 2012, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board. Respondent Camerina N. Gamboa appeared and was represented by Rob Graham, Esq. of Rob Graham and Associates. Based on the presentations of the parties, the testimony presented, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, all exhibits were stipulated into evidence and the allegations were not being contested as Respondent Gamboa realized she had made errors in judgment. Board Staff presented the testimony of Ms. Jody Lewis, District Pharmacy Supervisor for CVS #3172. Respondent Gamboa presented the testimony of Larry Espedero, Executive Director of PRN-PRN, and she testified on her own behalf. Based upon the presentation of the parties, testimony presented and the exhibits, the Board finds the following to be the facts of this matter regarding Ms. Gamboa.

2. Ms. Lewis testified that she had participated in an investigation based on information of irregularities that had occurred regarding Respondent Gamboa's

processing of prescriptions. The first irregularity that Ms. Lewis testified to was regarding an early fill of an outdated prescription. She refilled the outdated prescription twice within two days without justification or authorization of the practitioner. Ms. Lewis testified that the computer system would have blocked the fill of this prescription but Ms. Gamboa used the date the patient came into the pharmacy as the original fill date and not the date that the original prescription was input into the CVS computer system. The second irregularity Ms. Lewis testified to was the overfilling of Respondent Gamboa's mother's prescription. Ms. Lewis testified that Respondent Gamboa admitted that she over-filled a prescription for hydrocodone for her mother because she was personally having pain and thought she would take some of her mother's medication but changed her mind and did not purchase the medication but instead let be returned to stock. The irregularity was discovered when the employee who was returning the hydrocodone to stock counted the pills and discovered that Respondent Gamboa, who had filled the prescription, added more pills to her mother's prescription vial than was prescribed by the practitioner. The third irregularity Ms. Lewis testified to was that Ms. Gamboa had charged a patient for a prescription at a lower price than was the actual price. Ms. Lewis testified that if a CVS employee was to give a lower price than the actual price the policy of CVS was that the employee was to contact the District Pharmacy Supervisor to get prior approval before the price was given at the time of sale. Finally, Ms. Lewis testified that Ms. Gamboa had picked up several prescriptions for her mother and paid for some of the prescriptions but failed to pay for two prescriptions Ms. Gamboa had put in the bag but the clerk had failed to ring up. Ms. Lewis testified that Ms. Gamboa paid for the two prescriptions when she was asked to do so at a later date.

3. Mr. Espadero of PRN-PRN, testified on behalf of Ms. Gamboa stating Ms. Gamboa came to him for an evaluation in November, 2011. Mr. Espadero testified that Ms. Gamboa showed a low propensity for substance abuse from the tests that he performed in his evaluation. Mr. Espadero stated that it is his practice to monitor someone he evaluates for six months to ensure that there are no problems.

4. Respondent Gamboa testified that she had torn her ACL and had surgery to repair it. Ms. Gamboa testified after she returned from surgery she was in pain but could not take any more time off to see the doctor and the medication she had been prescribed after surgery was too strong to take while she was working. She believed that the hydrocodone that her mother had been prescribed would work better for her which is why she over-filled her mother's expired prescription with the intent that she would take some of the medication for her personal use. Ms. Gamboa testified that she knew it was wrong and decided to let the prescription return to stock and not pick it up. Ms. Gamboa testified that based on her experience with pain she became more empathetic toward her patients. Ms. Gamboa knew the patient that she quoted a lower price to and processed a price match for a lower price than her pharmacy sold the medication for. She testified that the patient she price matched for was an old acquaintance from high school, and that they only had a professional pharmacy relationship. Ms. Gamboa explained that when she realized that she had paid for only three of her mother's five prescriptions because a mistake had been made by the cashier, she paid for the medication the next time she went to work.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter and this respondent because Ms. Gamboa is a pharmacist licensed by the Board.

2. In filling a prescription for a CVS patient twice for a controlled substance which Ms. Gamboa knew to be expired and without obtaining physician authorization, Ms. Gamboa violated NRS 453.331(1)(d), 453.336(1), 639.210(1),(4), and/or (12) and/or NAC 639.945(1)(h) and/or (i).

3. In filling a controlled substance prescription that had expired for her mother and refilling it with more medication than was initially prescribed without obtaining a new prescription from her mother's physician, Ms. Gamboa violated NRS 453.331(1)(d), 453.336(1) and/or 639.210(1),(4) and/or (12) and/or NAC 639.945(1)(h) and/or (i).

4. Ms. Gamboa was found not guilty of the Third Cause of Action.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Gamboa's pharmacist registration (No. 16995) shall be suspended for six months from the effective date of this order.

2. Ms. Gamboa shall be on probation for two years after the suspension is lifted and take a CE course on ethics that is pre-approved by Board staff.

Signed and effective this 16th day of May, 2012.

Beth Foster

Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

CAMERINA N. GAMBOA, RPH.
Certificate of Registration No. 16995

Case No. 11-107-RPH-S

Respondent.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Camerina N. Gamboa is a registered pharmacist with the Board.

II.

On or about September 28, 2011, the Nevada State Board of Pharmacy received notification from Richard Mazzoni, Director of Regulatory Compliance for CVS Caremark, that Respondent Gamboa had been terminated from employment from CVS #3172, located at 4391 East Washington Avenue in Las Vegas, Nevada.

III.

On September 20, 2011, CVS District Pharmacy Supervisor Jody Lewis and Candace Garvey, CVS Loss Prevention, interviewed Ms. Gamboa regarding two early refills of Soma for a CVS pharmacy patient. Ms. Gamboa admitted in her written statement that she refilled a prescription early because the patient indicated that he would not have the money when the prescription would normally be filled. Ms. Gamboa

not only filled the prescription once, but filled it a second time two days later. Ms. Gamboa refilled this prescription twice, knowing that the prescription had expired and that she had not contacted the prescriber for authorization to refill. In her written statement, Ms. Gamboa attributed the fills to not paying enough attention.

IV.

On September 28, 2011, Ms. Lewis and Ms. Garvey again interviewed Ms. Gamboa. At this meeting, Ms. Gamboa admitted to reducing the price of the controlled substance for the CVS patient that she filled and dispensed the expired prescriptions to because she had misquoted the price to the patient. She then charged him a price closer to the price she had quoted rather than the actual store price for the medication.

V.

During this interview, Ms. Gamboa was asked if she had filled a controlled substance prescription for hydrocodone 10/500 tablets for her mother that was also expired. Ms. Gamboa admitted that she had, but that her mother had given her prescriptions for medications which she put in her purse and forgot about. She did not think to call her mother's physician to get a new prescription for the hydrocodone. Ms. Gamboa also admitted that she had re-filled her mother's hydrocodone 10/500 expired prescription with more tablets than were prescribed. Ms. Gamboa admitted that she had taken two prescriptions out of the store without paying for them. She indicated in her written statement that she picked up four or five medications for her mother, however did not realize that two more non-controlled substance medications were in the bag that she had not paid for. Ms. Gamboa stated that she intended to pay for them when she returned to work after she discovered that she had more prescriptions than she had paid for.

FIRST CAUSE OF ACTION

VI.

In filling a prescription for a CVS patient twice for a controlled substance which Ms. Gamboa knew to be expired and without obtaining physician authorization, Ms. Gamboa violated Nevada Revised Statutes (NRS) 453.331(1)(d), 453.336(1) 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

SECOND CAUSE OF ACTION

VII.

In filling a controlled substance prescription that had expired for her mother and refilling it with more medication than was initially prescribed without obtaining a new prescription from her mother's physician, Ms. Gamboa violated NRS 453.331(1)(d), 453.336(1) and/or 639.210(1), (4) and/or (12) and/or NAC 639.945(1)(h) and/or (i).

THIRD CAUSE OF ACTION

VIII.

In removing two prescriptions for dangerous drugs from the pharmacy for her mother that she did not pay for, Ms. Gamboa violated NRS 639.210(1), (4) and/or (12) and/or NAC 639.945(1)(h) and/or (i).

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

Signed this 1ST day of December, 2011.

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

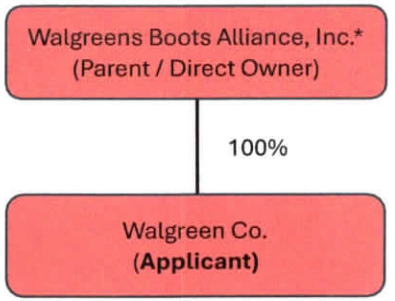
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

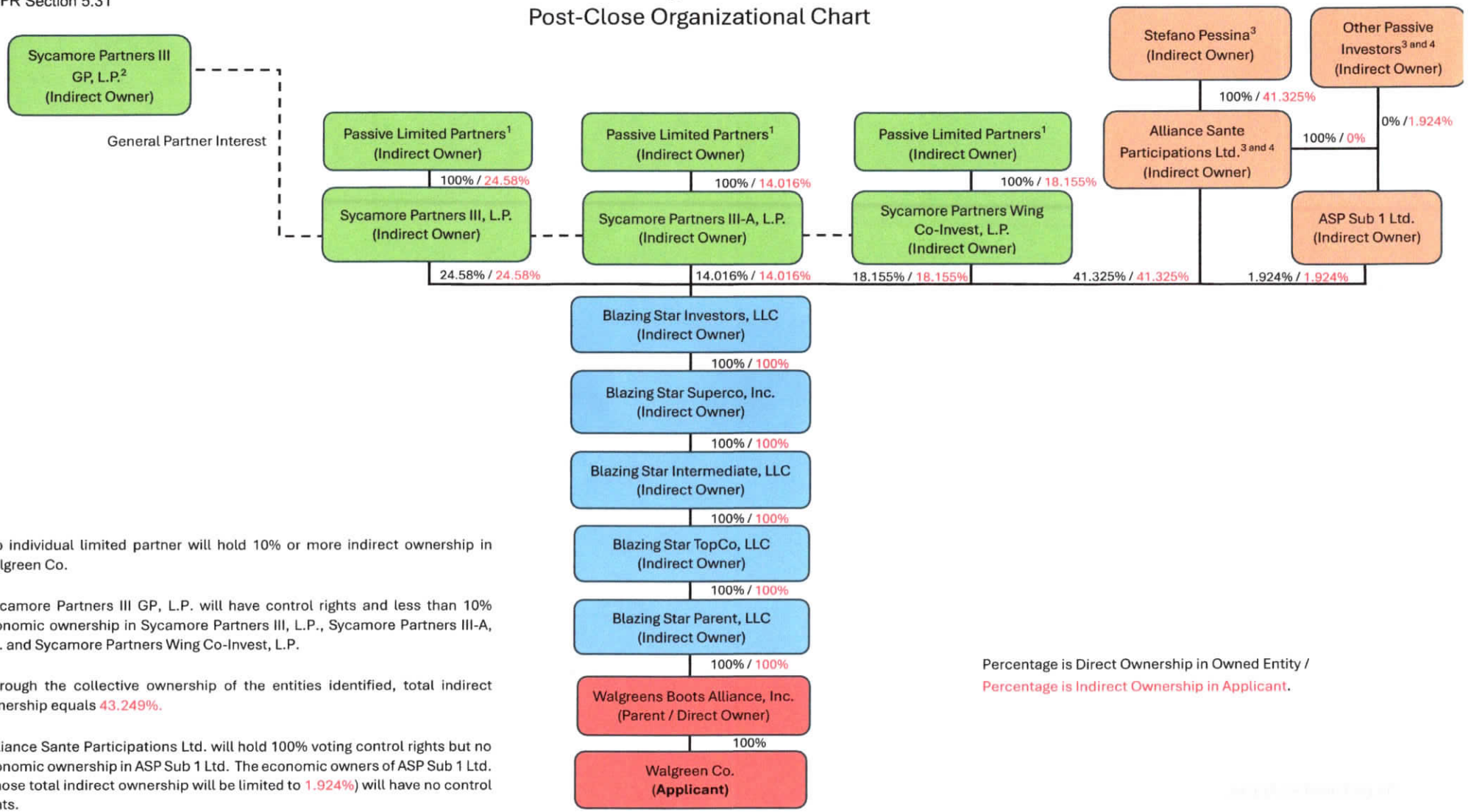
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

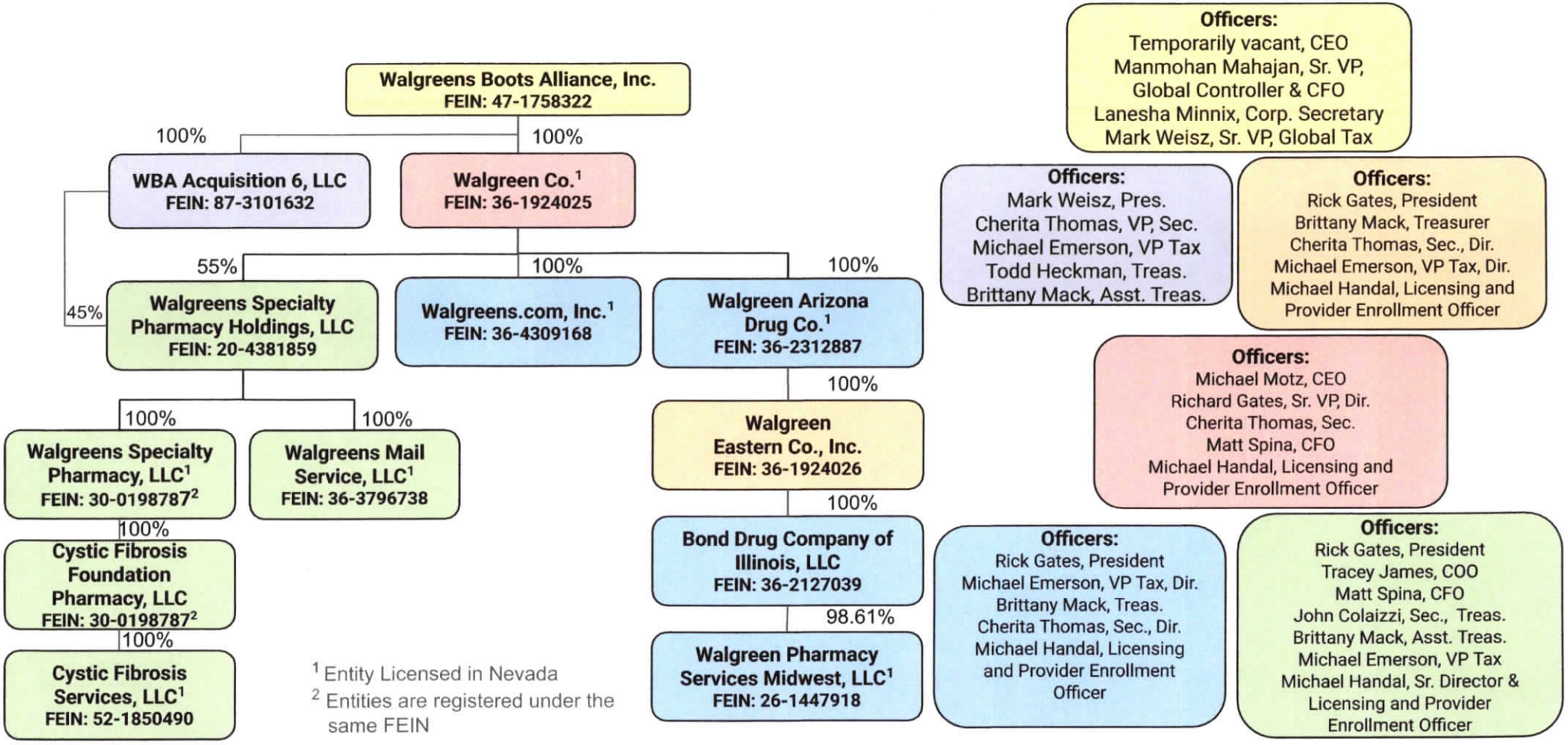
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4JJJJ

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01594	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7249623 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #06425

Physical Address: 900 N RANCHO DR

City: LAS VEGAS State: NV Zip: 89106-1005

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)646-4651 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)646-5987 Contact Email: rxm.06425@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JOSEPH MONTEMORANO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19839

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JOSEPH MONTEMORANO	NV Pharmacist Registration #: 19839
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111179

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JOSEPH MONTEMORANO Pharmacist Registration #: 19839

Pharmacy Name: WALGREENS #06425

Initial each statement below to indicate you have read and agree with the following:

J.O. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.O. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.O. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.O. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.O. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

JOSEPH MONTEMORANO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 03 / 2025

Date

FILED
SEP 6 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #6425, Pharmacy License No. PH01594, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 22-359-PH-S** **22-359-RPH-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, and Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about May 4, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

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

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

A. Respondent Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(e) and (i) when he twice overrode drug utilization review (DUR) warnings noting that R.C. has an allergy to propylene glycol and failed to contact the prescriber for alternative medication prior to dispensing prescription no. 1949022, resulting in patient harm and subjecting Flores to discipline pursuant to NRS 639.210(4).

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #6425 is responsible for those violations, including all errors and omissions of Flores, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

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

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Juan Peidra Flores, RPh, Certificate of Registration No. 20887, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Flores shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Flores shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #6425 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #6425 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 6, 2023.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

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

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

AGREED:

Signed this 1st day of September 2023

WALGREENS PHARMACY #6425,
Pharmacy License No. PH01594

Signed this 5 day of September 2023

JUAN PEIDRA FLORES, RPH,
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this 5th day of September 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this 6th day of September 2023

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

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887 in Case Nos. 22-359-PH-S and 22-359-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 6th day of September 2023.

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

FILED
MAY 04 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #6425, Pharmacy License No. PH01594, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 22-359-PH-S** **22-359-RPH-S** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Flores was employed as managing pharmacist by Walgreens Pharmacy #6425 at the time of the events alleged herein.

3. On or about June 13, 2022, patient R.C. visited an urgent care facility experiencing a scalp rash and was prescribed hydrocortisone 2.5% crème containing propylene glycol.

4. On the same date R.C. presented the prescription to Walgreens Pharmacy #6425, where it was scanned into the computer system, designated prescription no. 1949022 and subsequently processed, filled, and dispensed to the patient by Flores.

5. In the process of dispensing prescription no. 1949022 Flores twice overrode drug utilization review (DUR) warnings noting that R.C. has an allergy to propylene glycol and failed to contact the prescriber for alternative medication.

6. Upon use of the medication R.C. experienced an allegoric reaction including hair loss.

COUNT ONE
Error in Dispensing Prescription/Unprofessional Conduct
(Respondent Flores)

7. Unprofessional conduct includes the failure by a licensee to confer with the prescriber if there is an error or omission in it which should be questioned. NAC 639.945(1)(e). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(e) and (i) when he twice overrode drug utilization review (DUR) warnings noting that R.C. has an allergy to propylene glycol and failed to contact the prescriber for alternative medication prior to dispensing prescription no. 1949022. Flores is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #6425)

9. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #6425 is responsible for those violations, including all errors and omissions of Flores, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these respondents.

DATED this 4th day of MAY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

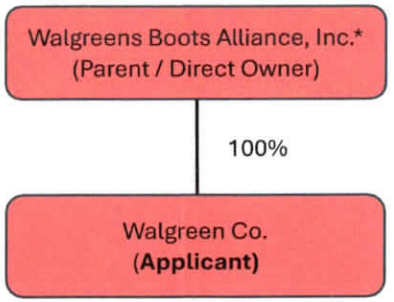
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

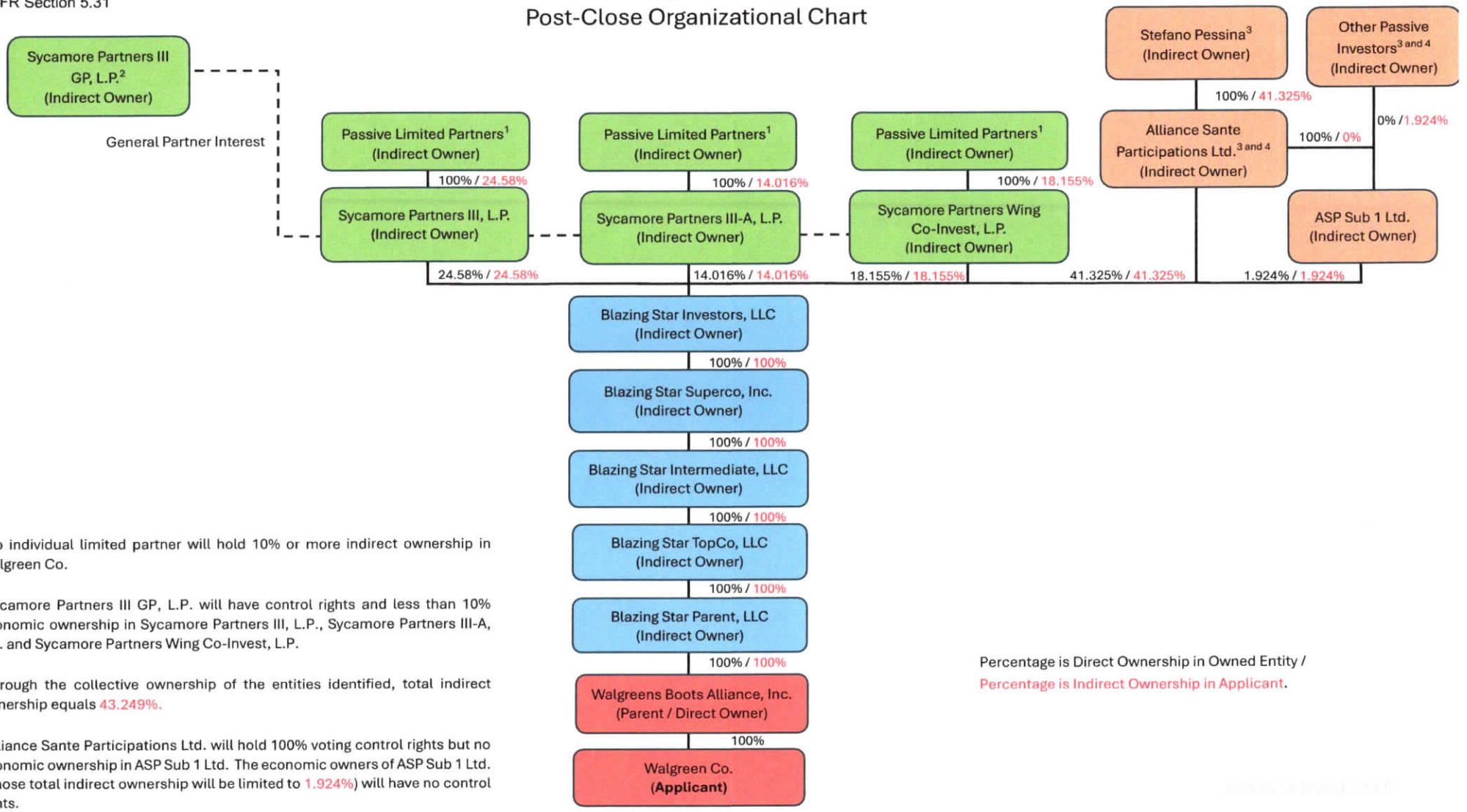
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

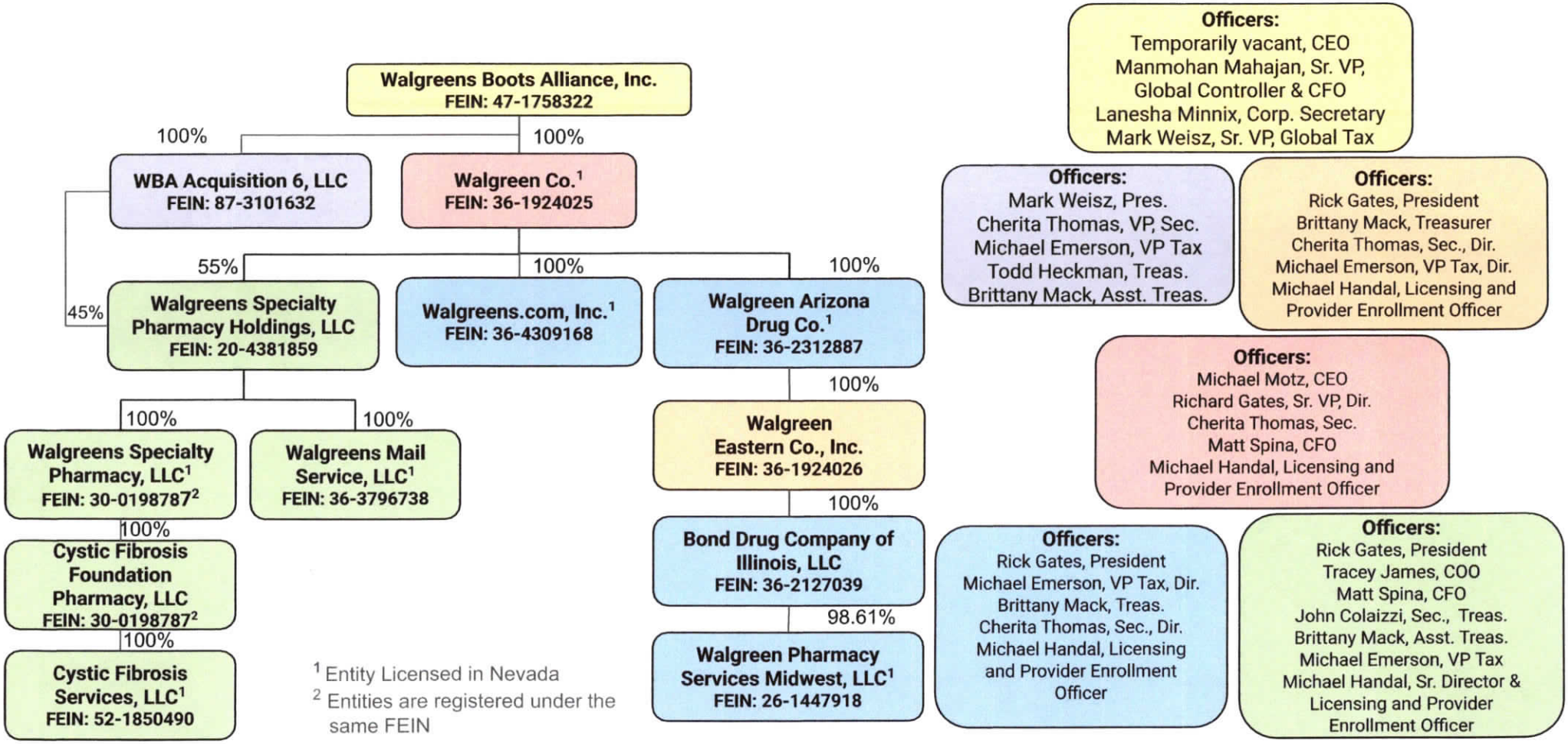
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4KKKK

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01828	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW8445480 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07450

Physical Address: 4875 S FORT APACHE RD

City: LAS VEGAS State: NV Zip: 89147-7944

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)873-5165 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)873-6227 Contact Email: rxm.07450@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ANDREW BALLESTER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20802

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ANDREW BALLESTER	NV Pharmacist Registration #: 20802
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: 1880-CK JP03 3000 111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ANDREW BALLESTER Pharmacist Registration #: 20802

Pharmacy Name: WALGREENS #07450

Initial each statement below to indicate you have read and agree with the following:

asb I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

asb I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

asb I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

asb I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

asb I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

ANDREW BALLESTER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Document Ref: NFWYM-PVMVV-SW3HP-2MFYX

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

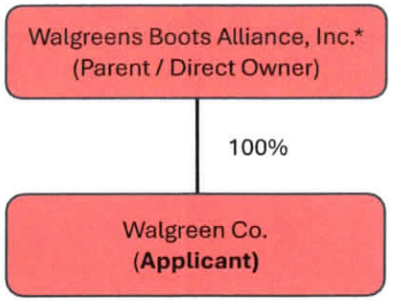
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

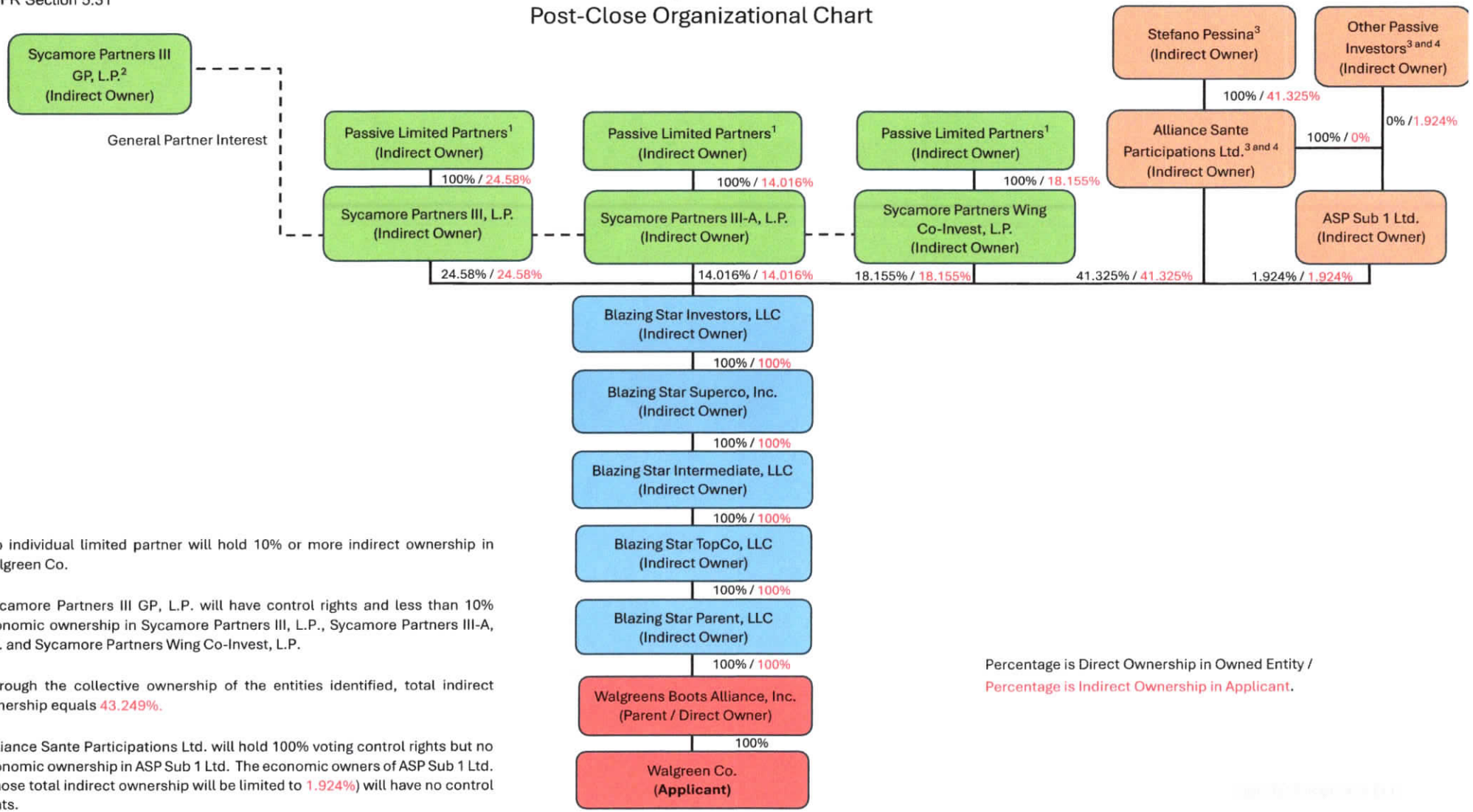
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

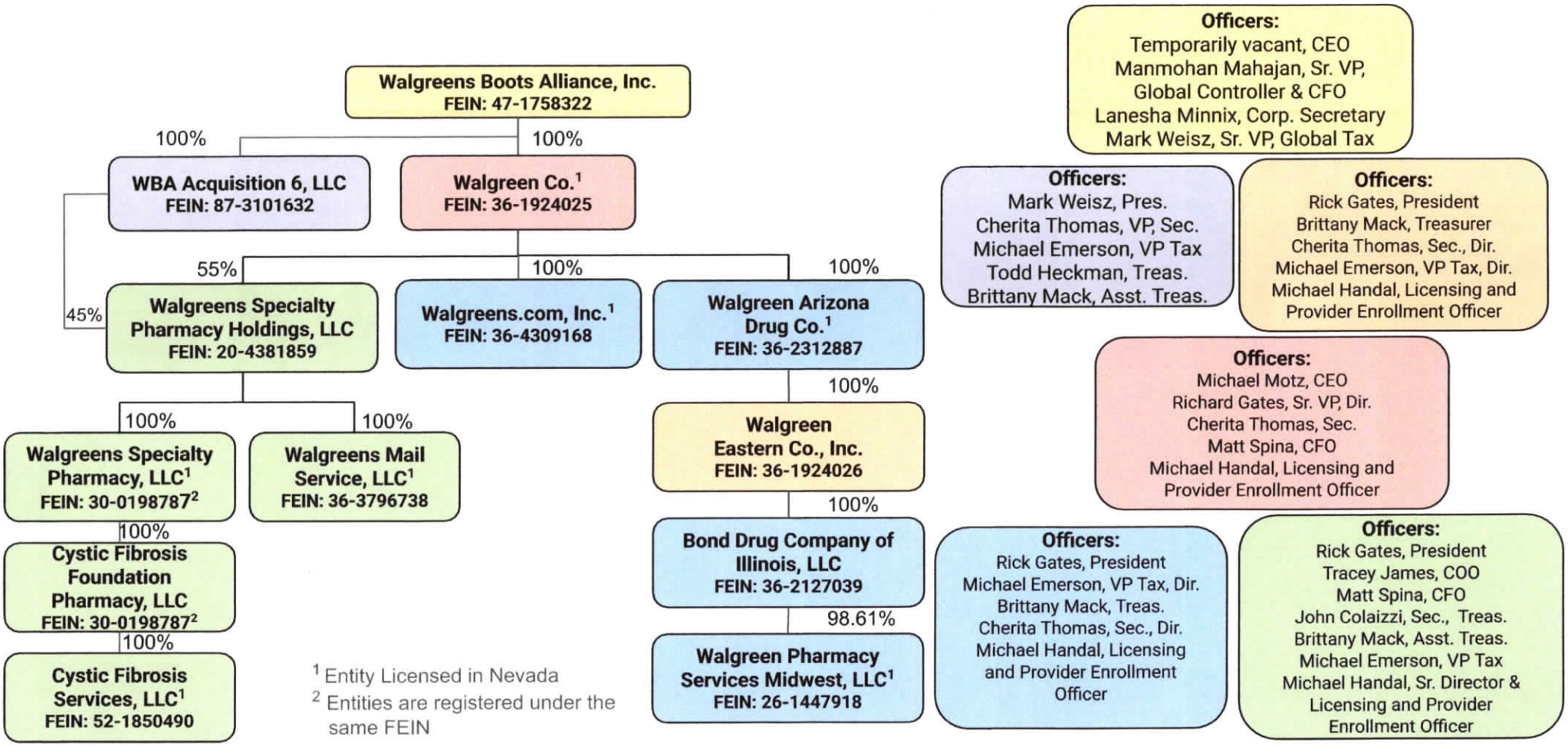
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4LLLL

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01942	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW7398832 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07841

Physical Address: 10510 SOUTHERN HIGHLANDS PKWY

City: LAS VEGAS State: NV Zip: 89141

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)260-1992 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)260-0595 Contact Email: rxm.07841@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): TYLER KEDIS

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23015

Document Ref: Q4HB6-PWNEG-2NGYM-AO6LZ

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: TYLER KEDIS	NV Pharmacist Registration #: 23015
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: TYLER KEDIS Pharmacist Registration #: 23015

Pharmacy Name: WALGREENS #07841

Initial each statement below to indicate you have read and agree with the following:

T.K. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

T.K. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

T.K. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

T.K. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

T.K. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

TYLER KEDIS

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

Document Ref: FPJ6B-UXIYB-GHUYZ-57NYN

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION

v.

SOTHY HIM, R.PH
Certificate of Registration No. 15426

Case No. 10-048A-RPH-S

JASON WILLIAMSON, R.PH
Certificate of Registration No. 17474

Case No. 10-048B-RPH-S

WALGREENS #07841
Certificate of Registration No. PH01942

Case No. 10-048-PH-S

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Sothy Him, RPh, (Certificate Number 15426) and Jason Williamson, RPh, (Certificate Number 17474) are registered pharmacists with the Board and Respondent Walgreens #07841 is a pharmacy licensed by the Board, located at 10510 Southern Highlands Parkway, Las Vegas, Nevada.

II.

On or about May 3rd, 2010 Ms. W picked up a prescription from Walgreens #07841 for her daughter, Patient H. Approximately two months previous to May 3rd, 2010, Patient H was diagnosed with depression and anxiety and was prescribed fluoxetine. Ms. W took the medication she received from the pharmacy home to her daughter and Patient H continued her therapy as directed by her physician.

III.

After taking the medication she was given, Patient H became lethargic and had difficulty focusing to the point that her grades began to suffer. Ms. W made an appointment to visit Patient H's psychiatrist on May 18th, 2010 to discuss the side effects of her medication.

IV.

On May 16th, 2010 a message was left on Ms. W's telephone recorder from the pharmacy indicating that there had been an error made on Patient H's prescription. Since the pharmacy was closed by the time Ms. W received the message, she contacted the pharmacy the following day and was advised that her daughter's medication had been mixed with temazepam, a sedative/hypnotic.

V.

During the investigation of this matter it was learned that Jason Williamson was the responsible pharmacist for verification of Patient H's prescription. It was determined that this was a Baker Cell filling error and that two different drugs were put in the same Cell, Baker Cell #27. Until this error was brought to Mr. Williamson's attention, prescriptions were still being filled from Baker Cell #27. Mr. Williamson immediately went to Cell #27 and found temazepam 30 mg. capsules mixed in with fluoxetine 20 mg. capsules. Mr. Williamson tried to determine the number of prescriptions that had the potential to be contaminated and identified 20 such patients. He contacted pharmacy manager Sothy Him. Mr. Williamson was not satisfied with Mr. Him's direction in dealing with this serious matter, so Mr. Williamson made telephone calls to the patients that he identified as having contaminated medication advising them to stop taking their fluoxetine capsules and return their prescriptions to the pharmacy as soon as possible. He also completed incident reports for every patient that had received contaminated fluoxetine 20 mg. capsules, notified their physicians of the error and quarantined all returned medication. Mr. Williamson also contacted Walgreens District Pharmacy Supervisor, Holly Prievo advising her of the mass mis-fill.

VI.

At the time of this error Sothy Him was responsible for filling the Baker Cells. There was no log maintained in the pharmacy indicating lot numbers or expiration dates

for the medications put into the Baker Cells. Labeling of the Baker Cells was not up to date with the trade name, manufacturer, strength, expiration date, lot number and the initials of the pharmacist who placed or verified the medication placed into the device. Stock bottles of fluoxetine 20 mg. capsules and temazepam 30 mg. capsules are both manufactured by Sandoz and the stock containers look identical. It was found that the temazepam 30 mg. capsules may have been stored in the wrong location and unintentionally placed in Baker Cell #27 where fluoxetine 20 mg. capsules were stored.

VII.

In written statements by several pharmacy staff members it was indicated that Sothy Him was the person responsible for filling the Baker Cell device. Only in his absence was another pharmacist allowed to complete that task and never a pharmaceutical technician. Mr. Him was overheard telling patients returning their medications to the pharmacy that one of the technicians filled the Baker Cell and just did not pay attention, and since this error occurred he would not allow technicians to fill the Baker Cells to avoid this from happening again. In Mr. Him's written statement, he regretted the error happened, however he did not take responsibility for the incident.

VIII.

When interviewed by Board Staff Mr. Him indicated that he removed the card/label of information from the contaminated Baker Cell #27 and did not save it. He could not explain why he would throw out the one piece of information that would identify who filled the Baker Cell in error. Mr. Him said he did not know who made the error in filling Baker Cell #27 nor did he investigate who was responsible for contaminating Baker Cell #27. It was Mr. Him's position that any pharmacist or pharmaceutical technician could have filled Baker Cell #27.

FIRST CAUSE OF ACTION

IX.

By verifying and dispensing temazepam 30 mg. capsules that were not prescribed for Patient H among her fluoxetine 20 mg. capsules, Mr. Williamson violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

X.

By failing to maintain a log or labeling the Baker Cell device drawers with the required information or have Policies and Procedures in place to address these requirements, Mr. Him violated NRS 639.210(4) and/or NAC 639.725 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

XI.

By destroying the card/label for Baker Cell #27 that would contain the identity of the pharmacist who was responsible for filling Baker Cell #27, Mr. Him violated NRS 639.210(4) and/or NAC 639.945(1)(m).

FOURTH CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Mr. Him and Mr. Williamson committed the above violations, Walgreens #07841 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (2).

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

Signed this 25th day of May, 2012.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY AUG - 6 2012

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SOTHY HIM, R.PH
Certificate of Registration No. 16233

JASON WILLIAMSON, R.PH
Certificate of Registration No. 17474

Walgreens #07841
Certificate of Registration No. PH01952
Respondents.
_____/

STIPULATION AND ORDER

Case No. 10-048A-RPH-S

Case No. 10-048B-RPH-S

Case No. 10-048-PH-S

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondent Walgreens #07841 and Rob Graham, Esq. of Rob Graham & Associates., stipulate and agree as follows:

1. Respondent Walgreens #07841 admits the factual allegations made in the Fourth Cause of Action. The admissions made in this matter may not be used in any other proceeding or matter.

2. The Board Staff concluded after investigation that there was a lack of compliance with state regulations and Walgreens policies and procedures by Respondent Walgreens #07841.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July18, 2012. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and Respondent Walgreens #07841 agree that Respondent shall pay a total fine of $5,000.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 17, 2012. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

6. The Board and the Respondent Walgreens #07841 shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 18th day of July, 2012.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 18th day of July, 2012.

7/18/2012
DATED

Beth Foster
Beth Foster, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
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Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

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3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
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5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

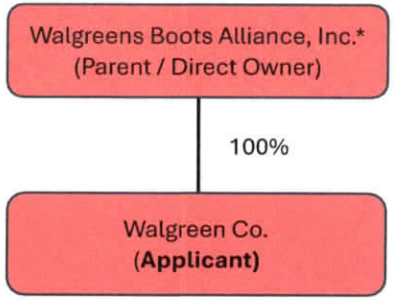
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

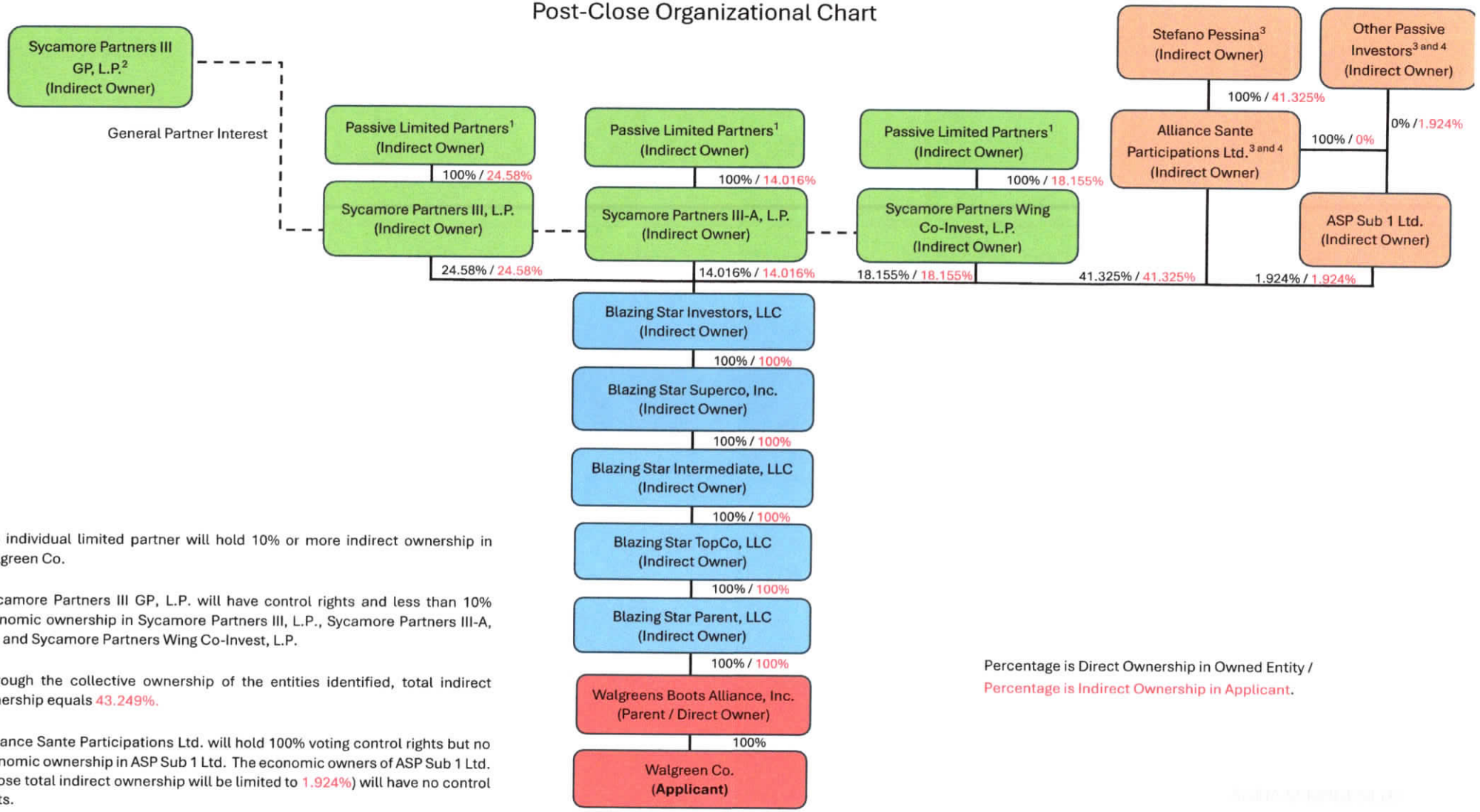
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

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Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

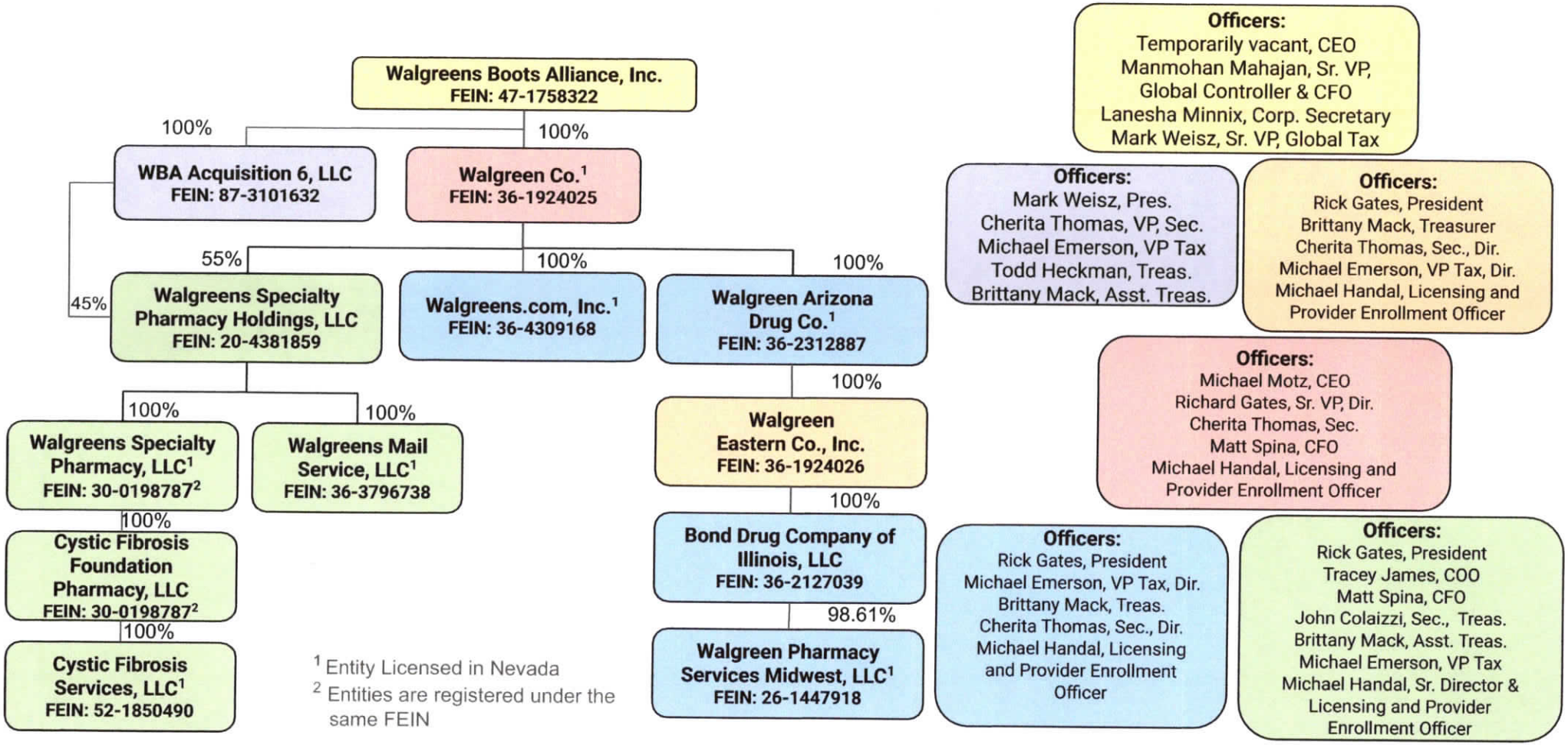
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4MMMM

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02343	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1331165 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07842

Physical Address: 3339 LAS VEGAS BLVD S

City: Las Vegas State: NV Zip: 89109-1401

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)369-8166 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)369-9524 Contact Email: rxm.07842@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): WILLIAM ECKERT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20288

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: WILLIAM ECKERT	NV Pharmacist Registration #: 20288
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500.00 JP03300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: WILLIAM ECKERT Pharmacist Registration #: 20288

Pharmacy Name: WALGREENS #07842

Initial each statement below to indicate you have read and agree with the following:

W.E. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

W.E. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

W.E. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

W.E. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

W.E. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☑	☐
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

WILLIAM ECKERT

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

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Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
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Ownership & Leadership of Walgreens Boots Alliance, Inc.

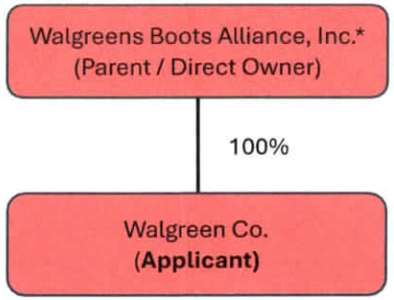
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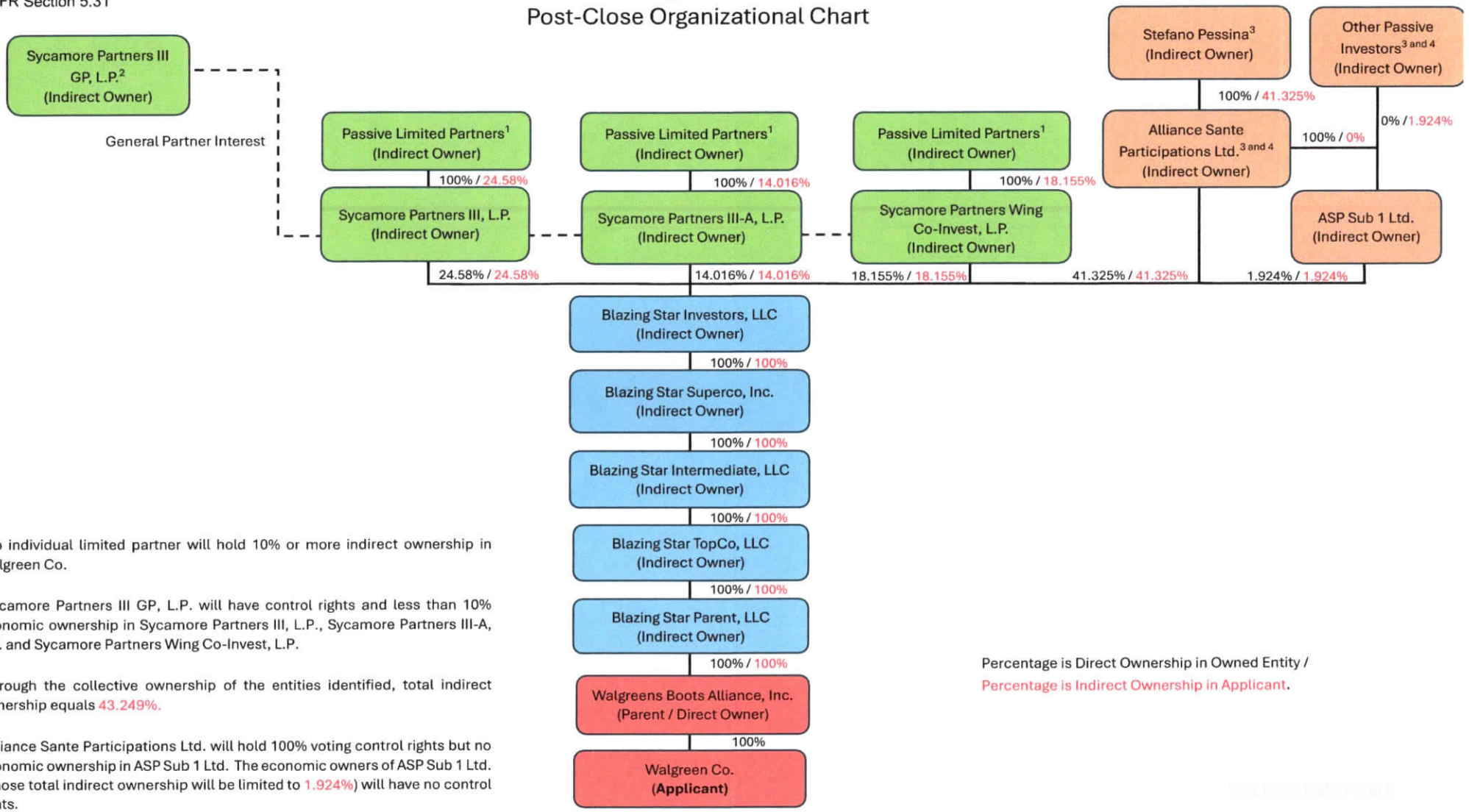
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

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Walgreen Co.
Post-Close Organizational Chart



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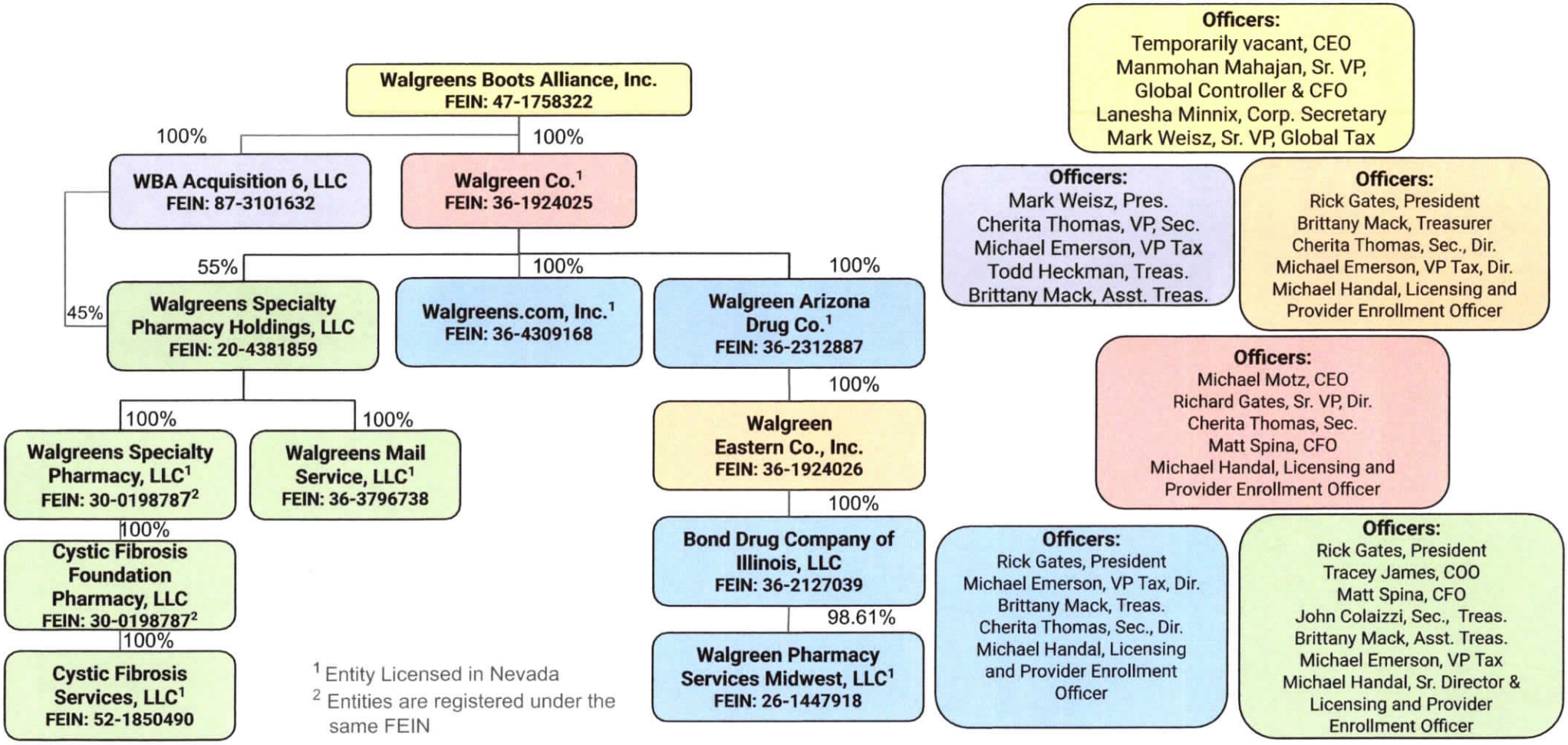
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

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Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4NNNN

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01977	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9140055 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #07864

Physical Address: 7755 N DURANGO DR

City: LAS VEGAS State: NV Zip: 89131-8190

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)396-4728 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)396-0684 Contact Email: rxm.07864@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): SILVIA TORRES

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18575

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: SILVIA TORRES	NV Pharmacist Registration #: 18575
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
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   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SILVIA TORRES Pharmacist Registration #: 18575

Pharmacy Name: WALGREENS #07864

Initial each statement below to indicate you have read and agree with the following:

S./. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

S./. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

S./. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

S./. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

S./. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

SILVIA TORRES
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025
Date

FILED
JUN 10 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH,** **Certificate of Registration No. 18575,** **WALGREENS PHARMACY #7864,** **Pharmacy License No. PH01977.** **Respondents.**	**CASE NOS. 17-081-RPH-S** **17-081-PH-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Silvia Torres (Torres), Certificate of Registration No. 18575, and Respondent Walgreens Pharmacy #7864 (Walgreens), Pharmacy License No. PH01977, by and through their counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 6, 2020, Board Staff properly served each Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 10, 2020, Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure

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

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 9, 10, 11, 16 and 17 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

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

A. Respondent Torres violated NAC 639.252(2) and NAC 639.945(1)(d) when she verified the data and final product on Prescription No. 1593346 as accurate when it was not, which resulted in Walgreens dispensing losartan potassium ***25 mg***. tablets rather than losartan potassium ***50 mg***. tablets as prescribed, and is subject to discipline pursuant to NRS 639.210(4) and (12).

B. Respondent Torres violated NRS 639.266(1), NAC 639.707(1), (2) and/or (4), and/or NAC 639.945(1)(i) by failing to discuss the medication sufficiently with the patient to detect that she was dispensing a wrong medication, and is subject to discipline pursuant to NRS 639.210(4) and/or (12); and

C. As the pharmacy at which the violations of law alleged herein occurred, Walgreens Pharmacy #7864 is responsible for any violations of law by Torres pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

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

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Torres admitting to the allegations in the Accusation, the Board and Respondent Torres stipulate to the following penalties. Respondent Silvia Torres, Certificate of Registration No. 18575, shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a pharmacist;

B. Pay a fine of One-Thousand Dollars ($1,000.00) for the alleged violations;

C. Pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent Pharmacy #7864 admitting to the allegations in the Accusation, the Board and Respondent Walgreens Pharmacy ##7864 stipulate to the following penalties. Respondent Pharmacy #7864 (Walgreens), Pharmacy License No. PH01977, shall:

A. Pay a fine of One-Thousand Dollars ($1,000.00) for the alleged violations; and

B. Pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

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

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 3, 2020. Respondents and their authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

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

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

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order*

made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

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

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

AGREED:

Signed this 1 day of June, 2020

Silvia Torres

SILVIA TORRES, RPH,
Certificate of Registration No. 18575

Signed this ___ day of June, 2020

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

Signed this ___ day of June, 2020

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

APPROVED AS TO FORM AND
CONTENT this ___ day of June, 2020

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

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

AGREED:

Signed this ___ day of March, 2020

SILVIA TORRES, RPH,
Certificate of Registration No. 18575

Signed this ___ day of March, 2020

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

Signed this ___ day of March, 2020

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

APPROVED AS TO FORM AND CONTENT this ___ day of March, 2020

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

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

AGREED:

Signed this ___ day of June, 2020

SILVIA TORRES, RPH,
Certificate of Registration No. 18575

Signed this 30th day of June, 2020

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

Signed this ___ day of June, 2020

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

APPROVED AS TO FORM AND
CONTENT this 25th day of June, 2020

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Silvia Torres, Certificate of Registration No. 18575, and Respondent Walgreens Pharmacy #7864, Pharmacy License No. PH01977, in Case No. 17-081 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 5th day of June, 2020.

Helen Park, President
Nevada State Board of Pharmacy

FILED
FEB 06 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH,** **Certificate of Registration No. 18575,** **WALGREENS PHARMACY #7864,** **License No. PH01977.** **Respondents.**	**CASE NOS. 17-081-RPH-S** **17-081-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Silvia Torres (Torres), Certificate of Registration No. 18575, was a pharmacist registered with the Board and respondent Walgreens Pharmacy #7864 (Walgreens), License No. PH01977, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Torres was employed by Walgreens #7864 at the time of the events alleged herein.

III.

On August 14, 2017, D.O. saw his physician and received a prescription for losartan potassium oral tablet ***50 mg***. with directions to take one tablet daily. The prescription allowed for four (4) refills.

IV.

D.O. tendered the prescription to Walgreens where pharmaceutical technician Xochitl Coin (Coin)[i] performed data entry in Walgreens's computer system. The computer system designated the prescription as no. 1593346.

V.

During data entry, Coin mistakenly selected losartan potassium oral tablet ***25 mg.*** with directions to take one tablet daily, half the dosage amount prescribed.

VI.

Torres is on record as the verifying pharmacist for prescription no. 1593346. She failed to detect the medication error when she verified data entry as accurate and performed the final product review.

VII.

The change in strength from 50 mg. to 25 mg. required the pharmacist to counsel the patient.

VIII.

Walgreens's computer patient "Consultation Required" field indicated "Y" for prescription no. 1593346. Torres documented that the patient declined counseling.

IX.

D.O. was not offered counseling.

X.

D.O. discovered the error prior to ingesting the medication.

FIRST CAUSE OF ACTION

(Respondent Torres)

XI.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent,

[i] At the time of the alleged events, Xochitl Coin's last name was Dominquez.

unskillful, or negligent manner." NAC 639.945(1)(i). Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

Respondent Torres violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified the data and final product on prescription no. 1593346 as accurate when it was not, which resulted in Walgreens dispensing losartan potassium ***25 mg***. tablets rather than losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION
(Respondent Torres)

XII.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused." A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" engages in unprofessional conduct in violation of NAC 639.945(1)(i).

Respondent Torres violated NRS 639.266(1), NAC 639.707(1),(2) and/or (4) and engaged in unprofessional conduct in violation of NAC 639.945(1)(i) by failing to adequately counsel D.O. regarding prescription no. 1593346. That error, combined with other errors within the pharmacy, caused Walgreens to dispense losartan potassium ***25 mg***. tablets rather than

losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION
(Respondent Walgreens #7864)

XIII.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #7864 is responsible for any violations of law by Torres pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 6th day of February, 2020.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **License No. PH01977,** **Respondent.**	**CASE NOS. 17-081-PH-S** **STATEMENT TO THE RESPONDENT** **NOTICE OF INTENDED ACTION** **AND ACCUSATION** **RIGHT TO HEARING**

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

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

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **License No. PH01977.** **Respondent.**	**CASE NO. 17-081-PH-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this ___ day of February 2020.

TYPE OR PRINT NAME

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #7864

FILED
FEB 06 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH,** **Certificate of Registration No. 18575,** **WALGREENS PHARMACY #7864,** **License No. PH01977.** **Respondents.**	**CASE NOS. 17-081-RPH-S** **17-081-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Silvia Torres (Torres), Certificate of Registration No. 18575, was a pharmacist registered with the Board and respondent Walgreens Pharmacy #7864 (Walgreens), License No. PH01977, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Torres was employed by Walgreens #7864 at the time of the events alleged herein.

III.

On August 14, 2017, D.O. saw his physician and received a prescription for losartan potassium oral tablet ***50 mg***. with directions to take one tablet daily. The prescription allowed for four (4) refills.

IV.

D.O. tendered the prescription to Walgreens where pharmaceutical technician Xochitl Coin (Coin)[i] performed data entry in Walgreens's computer system. The computer system designated the prescription as no. 1593346.

V.

During data entry, Coin mistakenly selected losartan potassium oral tablet ***25 mg.*** with directions to take one tablet daily, half the dosage amount prescribed.

VI.

Torres is on record as the verifying pharmacist for prescription no. 1593346. She failed to detect the medication error when she verified data entry as accurate and performed the final product review.

VII.

The change in strength from 50 mg. to 25 mg. required the pharmacist to counsel the patient.

VIII.

Walgreens's computer patient "Consultation Required" field indicated "Y" for prescription no. 1593346. Torres documented that the patient declined counseling.

IX.

D.O. was not offered counseling.

X.

D.O. discovered the error prior to ingesting the medication.

FIRST CAUSE OF ACTION

(Respondent Torres)

XI.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent,

[i] At the time of the alleged events, Xochitl Coin's last name was Dominquez.

unskillful, or negligent manner." NAC 639.945(1)(i). Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
>
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

Respondent Torres violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified the data and final product on prescription no. 1593346 as accurate when it was not, which resulted in Walgreens dispensing losartan potassium ***25 mg***. tablets rather than losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION
(Respondent Torres)

XII.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused." A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" engages in unprofessional conduct in violation of NAC 639.945(1)(i).

Respondent Torres violated NRS 639.266(1), NAC 639.707(1),(2) and/or (4) and engaged in unprofessional conduct in violation of NAC 639.945(1)(i) by failing to adequately counsel D.O. regarding prescription no. 1593346. That error, combined with other errors within the pharmacy, caused Walgreens to dispense losartan potassium ***25 mg***. tablets rather than

losartan potassium ***50 mg***. tablets as prescribed. Torres is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION
(Respondent Walgreens #7864)

XIII.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #7864 is responsible for any violations of law by Torres pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 6th day of February, 2020.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH** **Certificate of Registration No. 18575,** **Respondent.**	**CASE NOS. 17-081-RPH-S** **STATEMENT TO THE RESPONDENT** **NOTICE OF INTENDED ACTION AND ACCUSATION** **RIGHT TO HEARING**

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

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

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SILVIA TORRES, RPH** **Certificate of Registration No. 18575,** **Respondent.**	**CASE NO. 17-081-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this ___ day of February, 2020.

SILVIA TORRES, RPH

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINHQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**Case Nos.** **18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minhquang D. Nguyen, RPh ("Nguyen"), Certificate of Registration No. 15913, Respondent Maria Cruz, RPh ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPh ("Rizzolo"), Certificate of Registration No. 17665, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about September 1, 2022, Board's staff served Respondents Walgreens #4854, Walgreens #7864, Nguyen, Cruz, and Rizzolo with the Notice of Intended Action and

Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

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

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow

the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i).

B. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i).

C. Respondent Walgreens #4854 is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NRS 639.230(5) and NAC 639.945(2).

D. Respondent Walgreens #7864 is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NAC 639.945(2).

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

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Nguyen, Certificate of Registration No. 15913, stipulate to the following penalties and/or conditions:

A. Respondent Nguyen shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations;

B. Respondent Nguyen shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

C. Respondent Nguyen shall complete an additional two (2) hours of continuing education regarding proper dispensing practices and/or medication review which shall be forwarded to Board's staff within ninety (90) days of this Order.

10. The disciplinary action against Respondent Cruz, Certificate of Registration No. 18166, case no. 18-055-RPH-B-S, shall be dismissed.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Rizzolo, Certificate of Registration No. 17665, stipulate to the following penalties and/or conditions:

A. Respondent Rizzolo shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Rizzolo shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens #4854, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens #7864, Pharmacy License No. PH01977 stipulate to the following penalties and/or conditions:

C. Respondent Walgreens #7864 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

D. Respondent Walgreens #7864 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

14. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,**" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

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

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

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this 6 day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

Tina Rizzolo

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864, Pharmacy License No. PH01977, Respondent Minhquang D. Nguyen, RPH, Certificate of Registration No. 15913, and Respondent Tina Rizzolo, RPH, Certificate of Registration No. 17665, in Case Nos. 18-055-PH-A-S, 18-055-PH-B-S, 18-055-RPH-A-S, 18-055-RPH-B-S, and 18-055-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
SEP 01 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**CASE NOS. 18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minquang Nguyen, RPH ("Nguyen"), Certificate of Registration No. 15913, Maria Cruz, RPH ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPH ("Rizzolo"), Certificate of Registration No. 17665, were licensed/registered with the Board.

FACTUAL ALLEGATIONS

1. Respondent Walgreens #4854 is located at 4771 W. Craig Road, North Las Vegas, Nevada.

2. Respondent Walgreens #7864 is located at 7755 N. Durango Drive, Las Vegas, Nevada.

3. Respondent Nguyen was the managing pharmacist at Walgreens #4854 at the time of the events alleged herein.

4. Respondent Cruz was employed by Walgreens #4854 as a staff pharmacist at the time of the events alleged herein.

5. Respondent Rizzolo was employed by Walgreens #7864 as a staff pharmacist at the time of the events alleged herein.

6. Respondent Nguyen had past discipline in case no. 13-006-RPH-S where he stipulated to receive a public letter of reprimand for his failure to verify the status of a pharmaceutical technician in training. The pharmaceutical technician in training application was not on file with the Board and Respondent Nguyen allowed pharmaceutical technician in training to work ninety-three (93) days without a license.

7. Respondent Rizzolo had past discipline in case no. 15-028-RPH-A-S where she documented patient counseling but failed to detect a medication error during counseling.

8. On or about June 14, 2018, patient T.C. dropped off three (3) prescriptions to Walgreens #4854, one (1) prescription for himself and two (2) prescriptions for his mother, patient G.S.

9. T.C.'s prescription was for hydrocodone-acetaminophen 7.5/325, quantity 150, from Dr. A.A, and designated prescription no. 1929977. This prescription no. 1929977 was filled and dispensed for patient T.C. with no errors. Patient G.S.'s first prescription was for triamcinolone 0.1% cream from Dr. K.K., and designated prescription no. 1929983. This prescription no.

1929983 was filled and dispensed for patient G.S. with no errors. The second prescription for G.S. was for **tramadol HCl 50 mg**, quantity 90, from Dr. A.A., designated prescription no. **1929979.** This prescription no. 1929979 was filled and dispensed for wrong patient T.C. and with the wrong prescriber information, Dr. K.K. instead of Dr. A.A. The tramadol prescription was later duplicated and rescanned by Respondent Nguyen for reasons unknown, and designated prescription no. 1930079. Prescription no. 1930079 was filled and dispensed for patient G.S. correctly.

10. The misfilled tramadol prescription was scanned by pharmaceutical technician A.M. at 9:31 a.m. on June 14, 2018, and designated prescription no. 1929979 by Walgreen's system.

11. The initial data entry for the prescription no. 1929979 was performed by Respondent Rizzolo at Walgreens Pharmacy #7864 (a different location) at 2:14 p.m. on June 14, 2018.

12. The patient's name for prescription no. 1929979 was incorrectly entered or changed to reflect T.C. instead of the correct patient, T.C.'s mother – patient G.S. In addition, the incorrect prescriber information was entered as Dr. K.K. when the correct prescriber was Dr. A.A.

13. Respondent Nguyen performed a data entry review of prescription no. 1929979 at 2:16 p.m. and performed a DUR override for duplicate therapy because patient T.C. was already prescribed a pain medication hydrocodone-acetaminophen, and the tramadol is also used to treat pain.

14. Respondent Nguyen filled prescription no. 1929979 at 2:20 p.m.

15. Respondent Cruz performed the final product verification for prescription no. 1929979 at 2:25 p.m., which was misfilled.

16. Patient T.C. received four (4) total prescription medications instead of three (3), which included the misfilled and duplicate prescription of **tramadol**, prescription no. **1929979** for himself (which was prescribed for his mother, patient G.S., and filled by prescription no. 1930079).

Patient T.C. did not ingest any of the tramadol and the entire contents of the prescription were returned to Walgreens.

APPLICABLE LAW

17. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

18. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

19. NAC 639.252(2) states in relevant part: "If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription."

20. "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

21. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NRS 639.220; NAC 639.702.

22. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

23. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescriber(s)
(Respondents Nguyen, Cruz, Rizzolo)

24. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

25. Respondent Cruz performed her duties in an incompetent, unskillful or negligent manner when she performed the final product verification for prescription no. 1929979, failed to accurately verify the medication, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

26. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Pharmacy/Pharmacy Owner Responsibility
(Respondents Walgreens #4854 and Walgreens #7864)

27. As the pharmacy where Respondents Nguyen, Cruz, and PT A.M. violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

28. As the pharmacy where Respondent Rizzolo violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.945(2). Respondent Walgreens #7864 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy licenses or certificates of registrations of these Respondents.

Signed this 14 day of September, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14 day of September, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #7864

FILED
NOV 17 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 15-043-RPH-S**
	)	**CASE NO. 15-043-PH-S**
Petitioner,	)	
v.	)	**FINDINGS OF FACT,**
	)	**CONCLUSIONS OF LAW**
WILLIE BAWARSKI, RPH	)	**AND ORDER**
Certificate of Registration No. 17952	)	
	)	
WALGREENS PHARMACY #07864	)	
Certificate of Registration No. PH01977	)	
	)	
Respondents. /		

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on October 18, 2017, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Attorney William J. Stilling of and for Kimball Legal represented respondents Willie Bawarski, RPH, Certificate of Registration No. 17952 (Bawarski), and Walgreens Pharmacy #07864, Certificate of Registration #PH01977 (Walgreens).

Based on the evidence, including testimony and public records, presented at the hearing, the Board enters the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

On October 18, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, stipulated are as follows:

1. The Board has jurisdiction over this matter and each of the above-named Respondents because at the time of the alleged events, Bawarski was a pharmacist registered by the Board and Walgreens was a pharmacy licensed by the Board.

2. Bawarski was the managing pharmacist, or pharmacist in charge (PIC), of Walgreens at the time of the events set forth herein.

3. In May 2015, patient J.C. received a prescription from her physician calling for Tegretol (generic is carbamazepine) 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then take one tablet every twelve (12) hours as needed.

4. On May 20, 2015, the prescription was tendered to Walgreens, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.

5. During data entry, N.H. substituted generic carbamazepine 200 mg. tablets for the Tegretol 100 mg. tablets prescribed.

6. The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.

7. N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.

8. The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.

Medication	Directions for Use
Prescribed: Tegretol 100 mg. tablets	take 1 tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue
Dispensed: Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue

9. The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment (i.e., 100 mg). The dosing instructions for the subsequent days was double the strength prescribed (i.e., 400 mg instead of 200 mg).

10. Bawarski was the verifying pharmacist for prescription no. 1230834. He failed to detect the dosing error when he verified data entry and the final product as accurate.

11. In his written statement to the Board, Bawarski noted that he "did not realize the dosage issue" during verification.

12. Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

13. J.C.'s husband picked up the medication from Walgreens.

14. J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days.

15. J.C. experienced adverse physical effects because of the error.

16. Pharmacist R.K. detected the error during the data review process when refilling J.C.'s prescription on June 7, 2015.

17. R.K. closed prescription no. 1230834 in the pharmacy computer system.

18. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

CONCLUSIONS OF LAW

19. The Board has jurisdiction over this matter and over Respondents Bawarski and Walgreens, as stated in paragraph 1 above.

20. Bawarski violated NRS 639.210(4) when he engaged in unprofessional conduct, as that term is defined in NAC 639.945(1)(d) and/or (i). Bawarski acted unprofessionally by verifying as accurate erroneous data entered in Walgreens computer system and approving the prescription label as accurate when it was not, resulting in a dosing error for the patient.

21. As the pharmacy in which Bawarski's violations occurred, Walgreens is responsible for those actions pursuant to NAC 639.945(2).

22. During the hearing, Board Staff withdrew the Second and Third Causes of Action.

ORDER

Based upon the foregoing, the BOARD HEREBY ORDERS:

23. Respondent Bawarski shall pay a fine of one thousand dollars ($1,000.00). He shall pay the fine by cashier's or certified check or money order made payable to "*State of Nevada, Office of the Treasurer,*" to be received by the Board's Reno office within 60 days of the effective date of this Order.

24. Additionally, Bawarski shall, in addition to the continuing education requirements he must ordinarily complete to maintain his pharmacist registration, and within six (6) months of the execution date of this Order, take four (4) one-hour continuing education courses on topics relating to error prevention and/or managing pharmacist responsibilities.

25. Respondent Walgreens shall pay an administrative fee of one thousand five hundred dollars ($1,500.00) to partially reimburse the Board for its costs and expenses associated with investigating and prosecuting this action.

26. It shall pay that administrative fee by cashier's or certified check or money order made payable to the "*Nevada State Board of Pharmacy,*" to be received by the Board's Reno office within 60 days of the effective date of this Order.

27. Any failure by Bawarski to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of his license until he has complied with all of the terms. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 17 day of November, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIE EDWARD BAWARSKI, RPH** **Certificate of Registration No. 17952,** **JENNIFER T. CHAN, RPH** **Certificate of Registration No. 14660, and** **WALGREENS PHARMACY #07864** **Certificate of Registration No. PH01977,** **Respondents.**	**CASE NO. 15-043-RPH-A-S** **15-043-RPH-B-S** **15-043-PH-S** **STIPULATED FACTS** **(All Bawarski and Walgreens Only)**

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board) and Respondents Willie Edward Bawarski, Certificate of Registration No. 17952, and Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens) (collectively referred to herein as "Respondents") by and through their counsel William J. Stilling of and for Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter and each of the above-named Respondents because at the time of the alleged events, Respondent Mr. Bawarski was a pharmacist registered by the Board and Respondent Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens), was a pharmacy licensed by the Board.

2. Mr. Bawarski was the managing pharmacist, or pharmacist in charge (PIC), of Walgreens at the time of the events set forth herein.

3. In May 2015, patient J.C. received a prescription from her physician calling for Tegretol (generic is carbamazepine) 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then take one tablet every twelve (12) hours as needed.

4. On May 20, 2015, the prescription was tendered to Walgreens, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.

5. During data entry, N.H. substituted generic carbamazepine 200 mg. tablets for the Tegretol 100 mg. tablets prescribed.

6. The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.

7. N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.

8. The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.

Medication	Directions for Use
Prescribed: Tegretol 100 mg. tablets	take 1 tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue
Dispensed: Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue

9. The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment (i.e., 100 mg). The dosing instructions for the subsequent days was double the strength prescribed (i.e., 400 mg instead of 200 mg).

10. Mr. Bawarski was the verifying pharmacist for prescription no. 1230834. He failed to detect the dosing error when he verified data entry and the final product as accurate.

11. In his written statement to the Board, Mr. Bawarski noted that he "did not realize the dosage issue" during verification.

12. Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

13. J.C.'s husband picked up the medication from Walgreens.

14. J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days.

15. J.C. experienced adverse physical effects because of the error.

16. Pharmacist R.K. detected the error during the data review process when refilling J.C.'s prescription on June 7, 2015.

17. R.K. closed prescription no. 1230834 in the pharmacy computer system.

18. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

Respondents, and each of them, have fully considered the factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the factual statements set forth herein. These Stipulated Facts supersede and replace the factual allegations in the Notice of Intended Action and Accusation.

Acknowledged and Agreed

Nevada State Board of Pharmacy
By:

S. Paul Edwards
Attorney for Nevada Board of Pharmacy

Dated: 10/13/17

Respondents
By:

William J. Stilling
Of and for Kimball Legal
Attorneys for
Willie Edward Bawarski, RPh
Walgreens Pharmacy #07864

Dated: 10/18/17

FILED
SEP 13 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WILLIE EDWARD BAWARSKI, RPH Certificate of Registration No. 17952, JENNIFER T. CHAN, RPH Certificate of Registration No. 14660, and WALGREENS PHARMACY #07864 Certificate of Registration No. PH01977, Respondents.	)	CASE NO. 15-043-RPH-A-S 15-043-RPH-B-S 15-043-PH-S NOTICE OF INTENDED ACTION AND ACCUSATION

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

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Willie Edward Bawarski, Certificate of Registration No. 17952 (Mr. Bawarski), and Respondent Jennifer T. Chan, Certificate of Registration No. 14660 (Ms. Chan) were pharmacists registered by the Board; and Respondent Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens) was a pharmacy registered by the Board.

FACTUAL ALLEGATIONS

II.

On or about May 20, 2015, Patient J.C. saw her physician and received a prescription for Tegretol 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then

take one tablet every twelve (12) hours as needed.

III.

J.C. tendered the prescription to Walgreens on May 20, 2015, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.

IV.

Walgreens did not have the name brand product Tegretol (generic name carbamazepine) in stock.

V.

During data entry, N.H. substituted generic ***carbamazepine 200 mg.*** tablets for the ***Tegretol 100 mg.*** tablets prescribed.

VI.

The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.

VII.

N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.

VIII.

The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.:

Medication	Directions for Use
Prescribed: Tegretol 100 mg. tablets	take 1 tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (***200 mg/day***)
Dispensed: Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours as needed (***400 mg/day***)

IX.

The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment. The dosing instructions for the subsequent days was double the strength prescribed.

X.

Mr. Bawarski was the verifying pharmacist for prescription no. 1230834. Mr. Bawarski failed to detect the dosing error when he verified data entry and the final product as accurate.

XI.

Mr. Bawarski admits that he "did not realize the dosage issue" during verification and does not look at the prescription image unless he has a question or concern regarding the medication.

XII.

Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

XIII.

J.C.'s husband picked up the medication from Walgreens and maintains that counseling was not provided or offered.

XIV.

J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days, which caused her to experience adverse effects including migraines, nausea, lightheadedness, and extreme fatigue for approximately one month.

XV.

Pharmacist R.K. detected the error during the data review process when refilling J.C.'s prescription on June 7, 2015. R.K. closed prescription no. 1230834 in the pharmacy computer system. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

FIRST CAUSE OF ACTION

(Respondent Bawarski)

XVI.

Nevada Administrative Code (NAC) 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Mr. Bawarski violated NAC 639.945(1)(d) and/or (i) by verifying the data entry and final product of prescription no. 1237552, in which a technician's erroneous data entry of the directions for use resulted in the patient ingesting two times the prescribed dose. Mr. Bawarski verified as accurate carbamazepine 200 mg. tablets with instructions to take ½ tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (***400 mg/day***); rather than the prescribed carbamazepine 100 mg. tablets with instructions to take tablet 1 each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (***200 mg/day***).

SECOND CAUSE OF ACTION

(Respondent Chan)

XVII.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug. Further, NAC 639.945(1)(i) defines unprofessional conduct as performing duties in an "incompetent, unskillful or negligent manner".

Ms. Chan violated NRS 639.266, NAC 639.707(1) and (2), and NAC 639.945(1)(i), when

she failed to adequately counsel J.C's husband regarding the new prescription for carbamazepine 200 mg tablets (prescription no. 1230834) . That error, combined with other errors within the pharmacy, caused the pharmacy to dispense the medication with the incorrect directions for use.

THIRD CAUSE OF ACTION

(Respondent Bawarski)

XVIII.

As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #07864 at the time of each of the violations alleged herein. Respondent Bawarski is responsible for those violations, including those of his employees. *See* NRS 639.0087, NRS 639.210(15), NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2).

FOURTH CAUSE OF ACTION

(Respondent Walgreens #07864)

XIX.

As the pharmacy in which the violations alleged above occurred, Walgreens is responsible for the actions of respondents Willie Edward Bawarski and Jennifer T. Chan, as alleged herein, pursuant to NAC 639.945(2).

For the forgoing error and violations, the license(s)/registration(s) of Respondents, and each of them, are subject to discipline, suspension, or revocation pursuant to the previously cited statutes and regulations, including, but not limited to, NRS 639.210(4), (11), (12), and/or (15), as well as NRS 639.230(5) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 13th day of September, 2017.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NO. 12-062-RPH-S**
Petitioner,	)	**CASE NO. 12-062-PH-S**
v.	)	
	)	**FINDINGS OF FACT,**
WILLIE BAWARSKI, RPH	)	**CONCLUSIONS OF LAW**
Certificate of Registration No. 17952	)	**AND ORDER**
	)	
WALGREENS PHARMACY #07864	)	
Certificate of Registration No. PH01977	)	
	)	
Respondents	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on April 17, 2013, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Attorney Rob Graham, of Rob Graham and Associates, represented respondents Willie Bawarski, RPH and Walgreens Pharmacy #07864 (Walgreens). Based on the evidence, including testimony and public records, presented at the hearing, the Board enters the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Willie Bawarski, RPH was a pharmacist licensed by the Board when the events at issue in this matter occurred.

2. Respondent Walgreens, located at 7755 North Durango Drive, Las Vegas, Nevada, was a pharmacy licensed by the Board when the events at issue in this matter occurred.

3. In December 2011, a physician's assistant saw ten-year-old patient A.G., and prescribed to her erythromycin 250 mg. tablets, with instructions to take one tablet twice daily.

4. A.G.'s mother presented the prescription to Walgreens, and picked up A.G.'s medication the same day.

5. Walgreens routinely fills patient AG's prescriptions.

6. The drug allergy profile Walgreens maintains for patient A.G. includes a warning that A.G. is severely allergic to erythromycin, and brand name Zithromax (azithromycin), a derivative from erythromycin.

7. As part of the filling process, a Walgreens pharmaceutical technician input the original data for A.G.'s prescription into Walgreens's computer system. During the input, a Drug Utilization Review (DUR) warning appeared on the screen indicating that A.G. has a severe allergy to erythromycin.

8. Respondent Bawarski overrode the DUR warning within three seconds of its appearance, without taking action to contact the prescriber or prevent A.G. from receiving the medication.

9. The Walgreens pharmaceutical technician who was on duty at the time filled the prescription, which Respondent Bawarski subsequently verified.

10. Patient A.G. took the erythromycin as prescribed for seventeen days.

11. Patient A.G. experienced a rash over her entire body, which worsened over time, causing severe pain, swelling, loss of hair and fingernails.

12. Patient A.G. went to the University Medical Center (UMC), where physicians diagnosed her condition as an allergic reaction to erythromycin.

13. Patient A.G. was hospitalized for eight days in the UMC Intensive Care Unit and the UMC Burn Unit.

14. Prior to, and at the hearing, Respondent Bawarski and an authorized representative of Respondent Walgreens admitted to the allegations in the Accusation on file in this matter, which are set forth above.

15. Separate and apart from the discipline ordered below against Mr. Bawarski, at the hearing, Walgreens, by and through its counsel, offered to stipulate to a procedure under which Walgreens will demonstrate to Board Staff within thirty days of this Order that each of its

pharmacists and pharmaceutical technicians working in Nevada have read, and have agreed to comply with, Walgreen's policies and procedures regarding the resolution of drug utilization review warnings.

16. During the hearing, the Board accepted Walgreen's offer to stipulate.

CONCLUSIONS OF LAW

17. The Board has jurisdiction over this matter, and over respondents Mr. Bawarski and Walgreens Pharmacy #07864.

18. By overriding the DUR warning and filling patient A.G.'s prescription for erythromycin without taking proper steps to address the DUR warning, Respondent Bawarski is guilty of unprofessional conduct in violation of NRS 639.210(4).

19. Respondent Bawarski is guilty of performing his duties as a pharmacist in an incompetent, unskillful or negligent manner, as set forth herein, in violation of NAC 639.945(1)(i).

20. Respondent Walgreens #07864 is not guilty of the violations set forth in the Accusation on file in this matter.

ORDER

Based upon the foregoing, the BOARD HEREBY ORDERS:

21. Respondent Willie Bawarski, RPH shall, in addition to the continuing education requirements set forth by regulation, take a one-hour continuing education course on ethics, and an additional one-hour continuing education course on error prevention, both of which must be pre-approved by the Board Staff.

22. Respondent Bawarski shall pay a fine of $1,000.00.

23. Respondent Bawarski's registration shall be placed on probation for a period of twelve months, beginning on the date of this Order. During the probationary period, Respondent

Bawarski shall self-report any errors that result from any failure to follow procedures by him, or within the pharmacy over which he has responsibility as a pharmacist in charge (PIC).

24. Respondent Bawarski shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

25. The failure by Respondent Bawarski to comply with any term in this Order shall result in the immediate suspension of his license until all terms have been complied with and will result in further discipline, up to, and including revocation of his license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 13 day of May 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NO. 12-062-RPH-S**
Petitioner,	)	**CASE NO. 12-062-PH-S**
v.	)	
	)	**NOTICE OF INTENDED ACTION**
WILLIE BAWARSKI, RPH	)	**AND ACCUSATION**
Certificate of Registration No. 17952	)	
	)	
WALGREENS PHARMACY #07864	)	
Certificate of Registration No. PH01977	)	
	)	
Respondents	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because Respondent Willie Bawarski is a pharmacist licensed by the Board. Respondent Walgreens Pharmacy #07864, located at 7755 North Durango Drive, Las Vegas, Nevada, is a pharmacy licensed by the Board.

II.

On or about December 29, 2011, ten year old Patient AG was treated by physician assistant, TD (PA). PA prescribed to Patient AG erythromycin 250 mg. tablets with instructions to take one tablet twice daily. The prescription was presented to Walgreens Pharmacy #07864, filled and picked up the same day.

III.

Patient AG took the erythromycin as prescribed for seventeen days. She began to experience a rash over her entire body, which worsened causing severe pain, swelling, loss of hair and fingernails. Patient AG went to the University Medical Center (UMC), where her condition was diagnosed as an allergic reaction to erythromycin. Patient AG was hospitalized for eight days in the UMC Intensive Care Unit and the UMC Burn Unit.

IV.

Walgreens Pharmacy #07864 routinely fills Patient AG's prescriptions. Medications listed on Patient AG's drug allergy profile in Walgreens' computer system include erythromycin and brand name Zithromax (azithromycin), a derivative from erythromycin.

V.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the computer system. During input at 3:50:33 p.m., a Drug Utilization Review (DUR) warning appeared on the screen for Drug/Allergy, Severity Level: Major. A DUR warning prevents the technician from further processing until a pharmacist reviews and overrides the warning. At 3:50:36 p.m., Pharmacist Bawarski overrode the DUR warning. The prescription was filled by a pharmaceutical technician and verified by Pharmacist Bawarski. The pharmacy system-generated consultation message indicates that patient counseling was declined.

VI.

When interviewed by the Board Investigator, Pharmacist Bawarski said he did override the DUR warning three seconds after the appearance of the DUR alert. He admitted that he could not have checked the patient profile, contact the patient, and call the physician within three seconds. He acknowledged that he could have prevented the allergic reaction experienced by Patient AG by following the proper protocol for the severity level of the DUR warning. In his written statement, pharmacist Bawarski indicated that Patient AG had a previous allergy to azithromycin documented in her profile, but he failed to recognize this and consult the patient's parents or the prescriber.

FIRST CAUSE OF ACTION

VII.

In dispensing a prescription to Patient AG for erythromycin where Walgreens #07864's computer system contained documentation and warned of an allergy to erythromycin in her medication profile, and in failing to act upon the DUR allergy warning, Willie Bawarski violated NRS 639.210(4) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the alleged violations occurred, Walgreens Pharmacy #07864 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 8th day of March, 2013.

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

NOTICE TO RESPONDENT

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

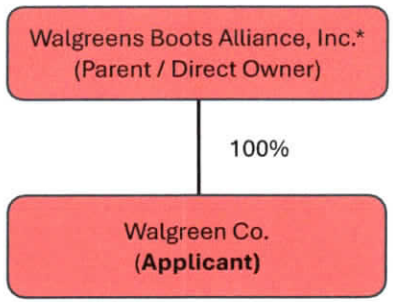
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

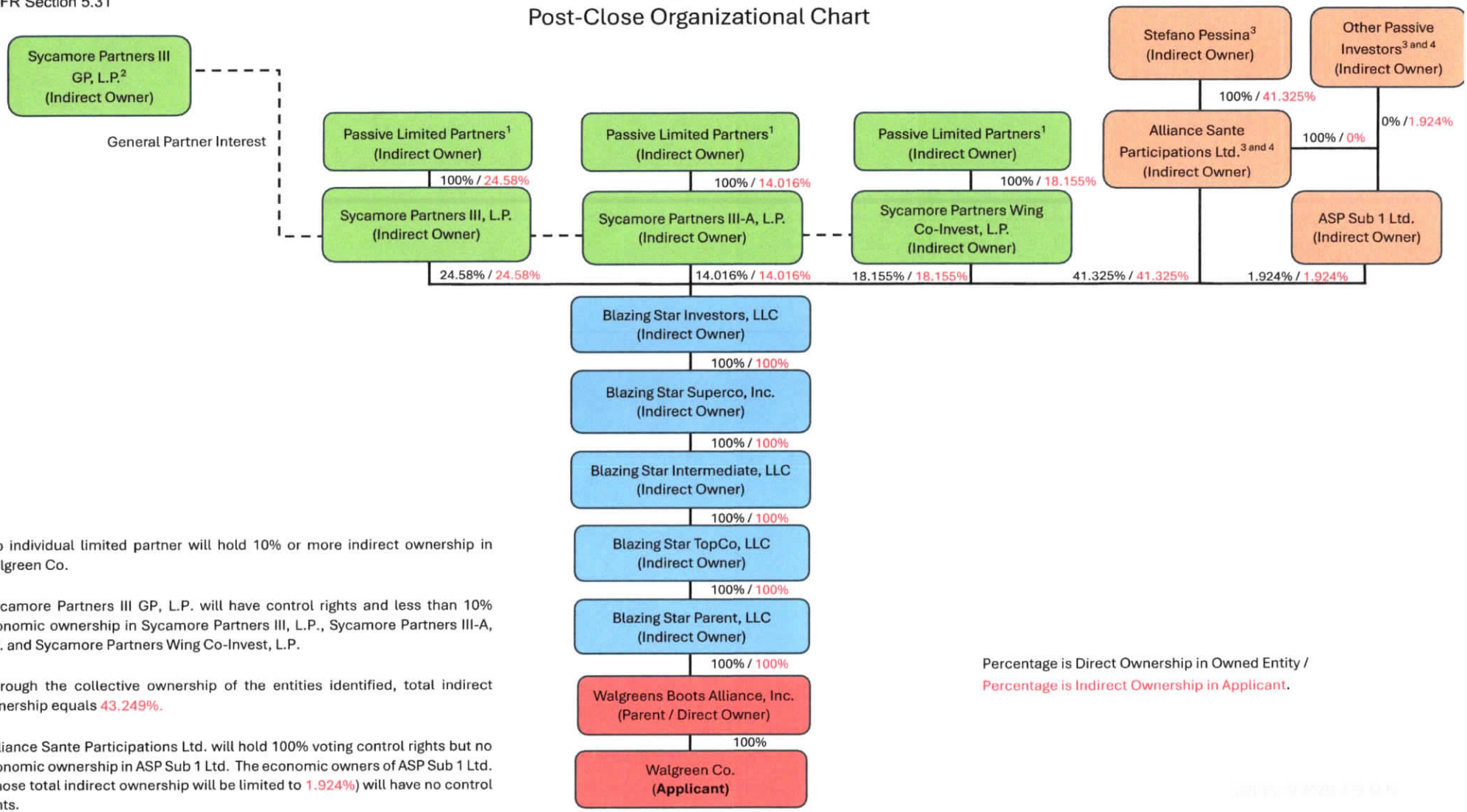
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

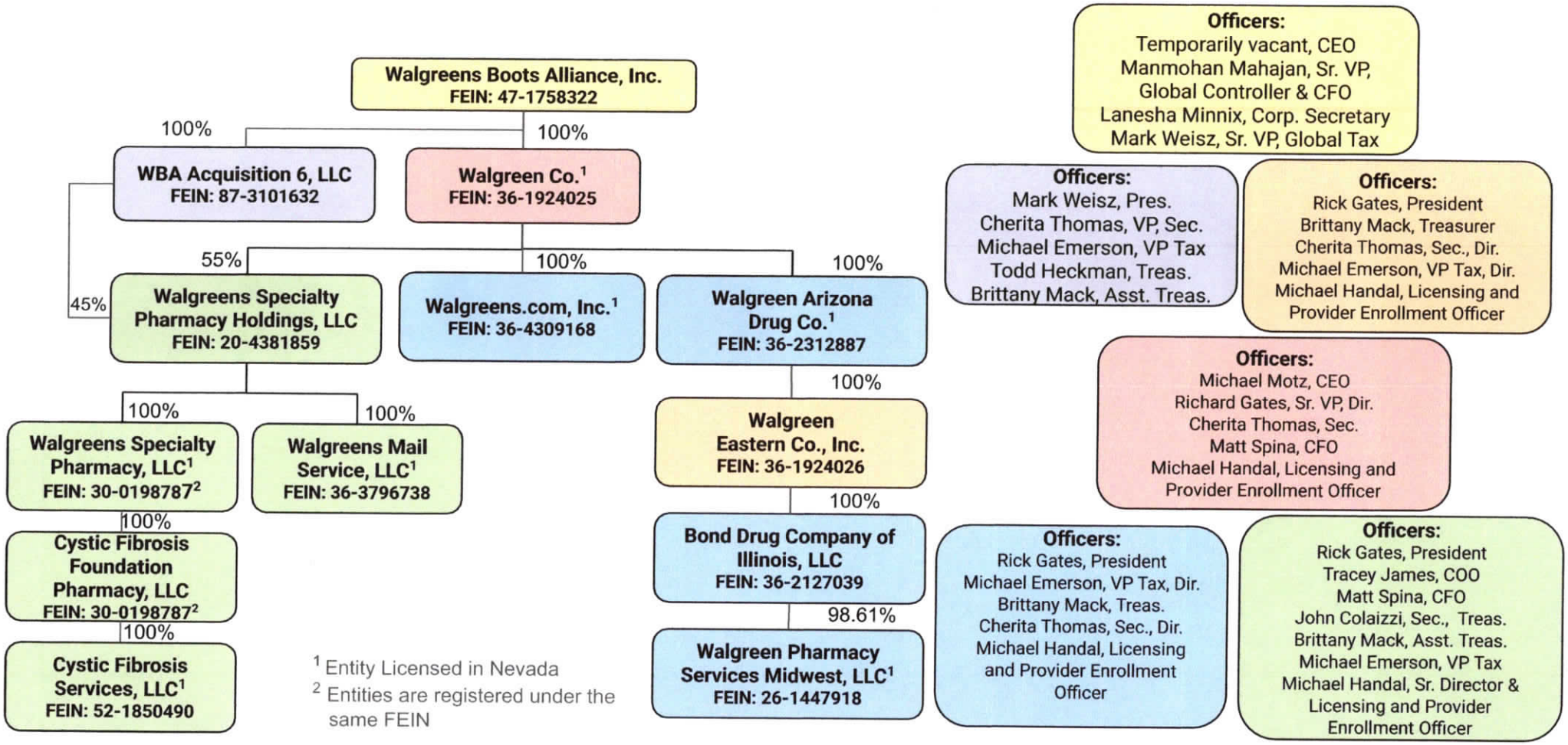
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



40000

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02371	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW0884696 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10215

Physical Address: 8595 W WARM SPRINGS RD

City: Las Vegas State: NV Zip: 89113-3625

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)262-6456 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)262-9767 Contact Email: rxm.10215@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): VICTORIA BUSH

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24230

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: VICTORIA BUSH	NV Pharmacist Registration #: 24230
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $800 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: VICTORIA BUSH Pharmacist Registration #: 24230

Pharmacy Name: WALGREENS #10215

Initial each statement below to indicate you have read and agree with the following:

V.B. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

V.B. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

V.B. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

V.B. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

V.B. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

VICTORIA BUSH

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 02 / 2025

Date

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Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

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Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

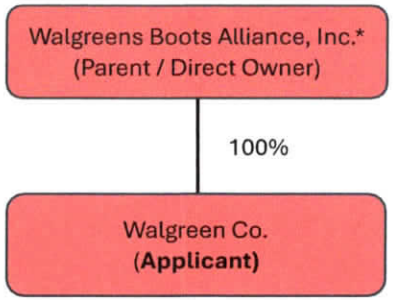
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Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

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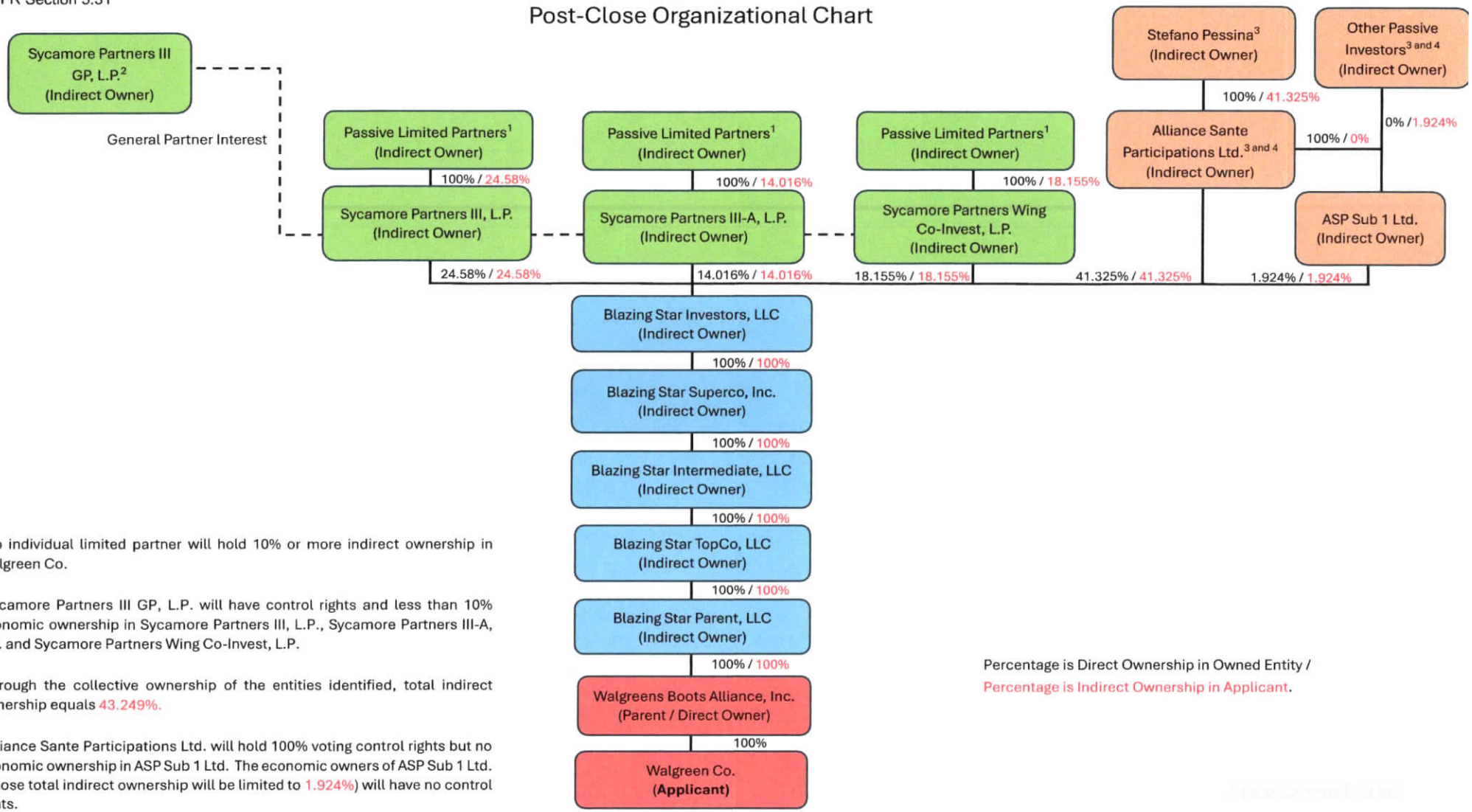
Walgreen Co.
Pre-Close Organizational Chart



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Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

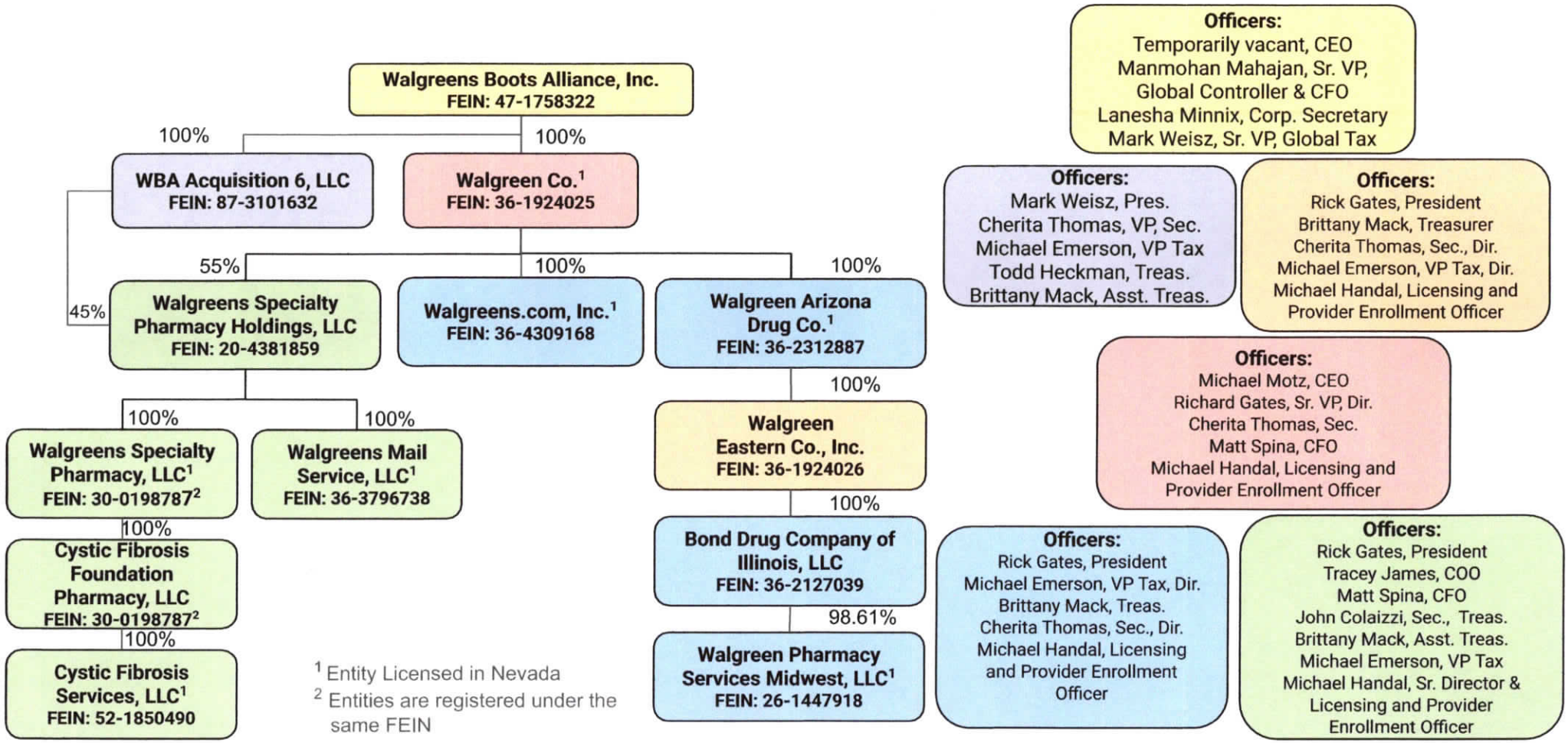
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4PPPP

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW0953085
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH02372		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10782

Physical Address: 5610 Centennial Center Blvd

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)395-3282 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)395-8675 Contact Email: rxm.10782@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): COLLIN MOULD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20726

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: COLLIN MOULD	NV Pharmacist Registration #: 20726
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: COLLIN MOULD Pharmacist Registration #: 20726

Pharmacy Name: WALGREENS #10782

Initial each statement below to indicate you have read and agree with the following:

CDM — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CDM — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CDM — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CDM — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CDM — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

COLLIN MOULD

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 03 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

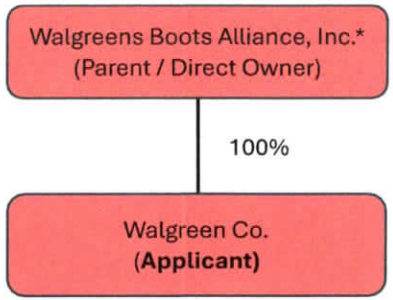
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

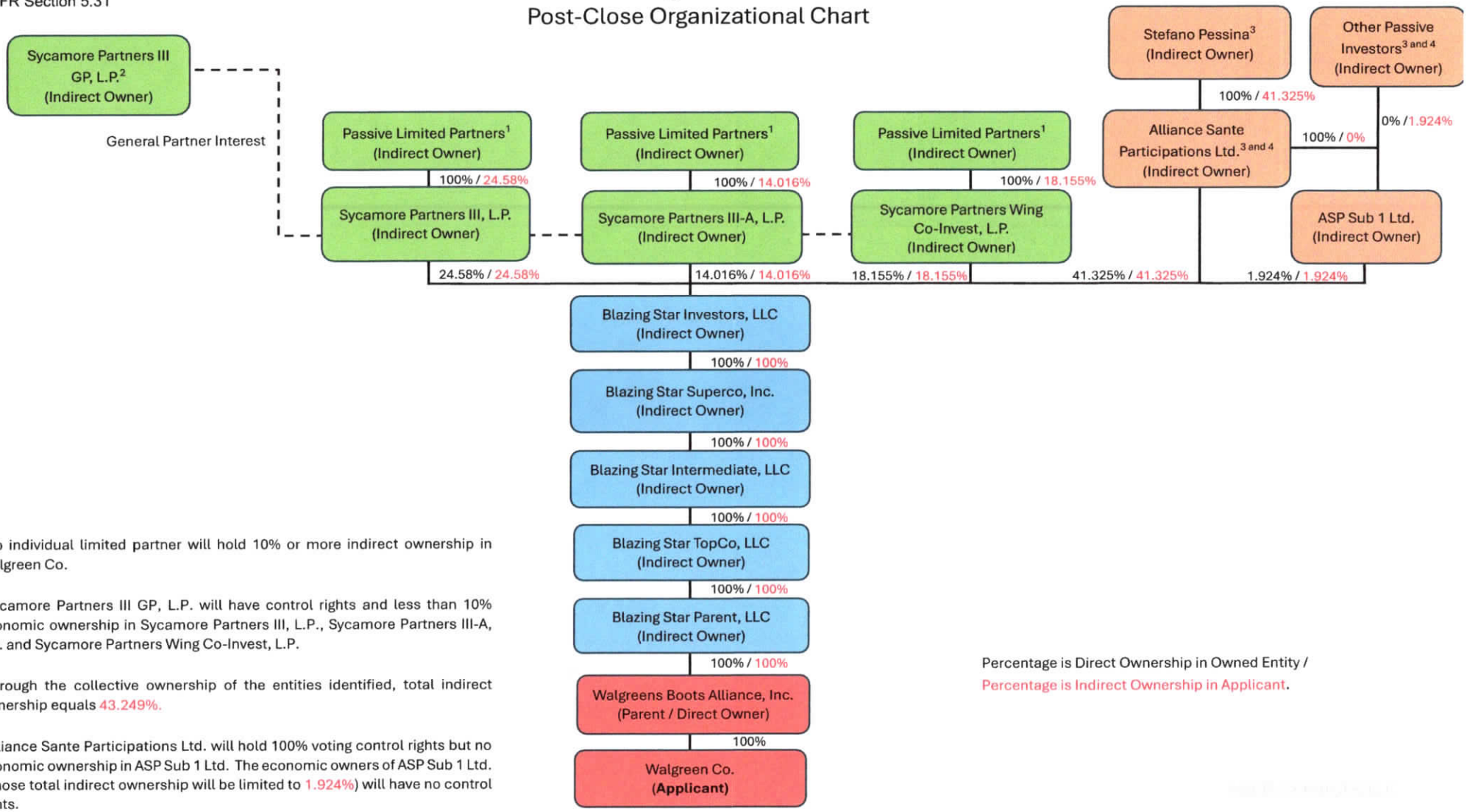
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

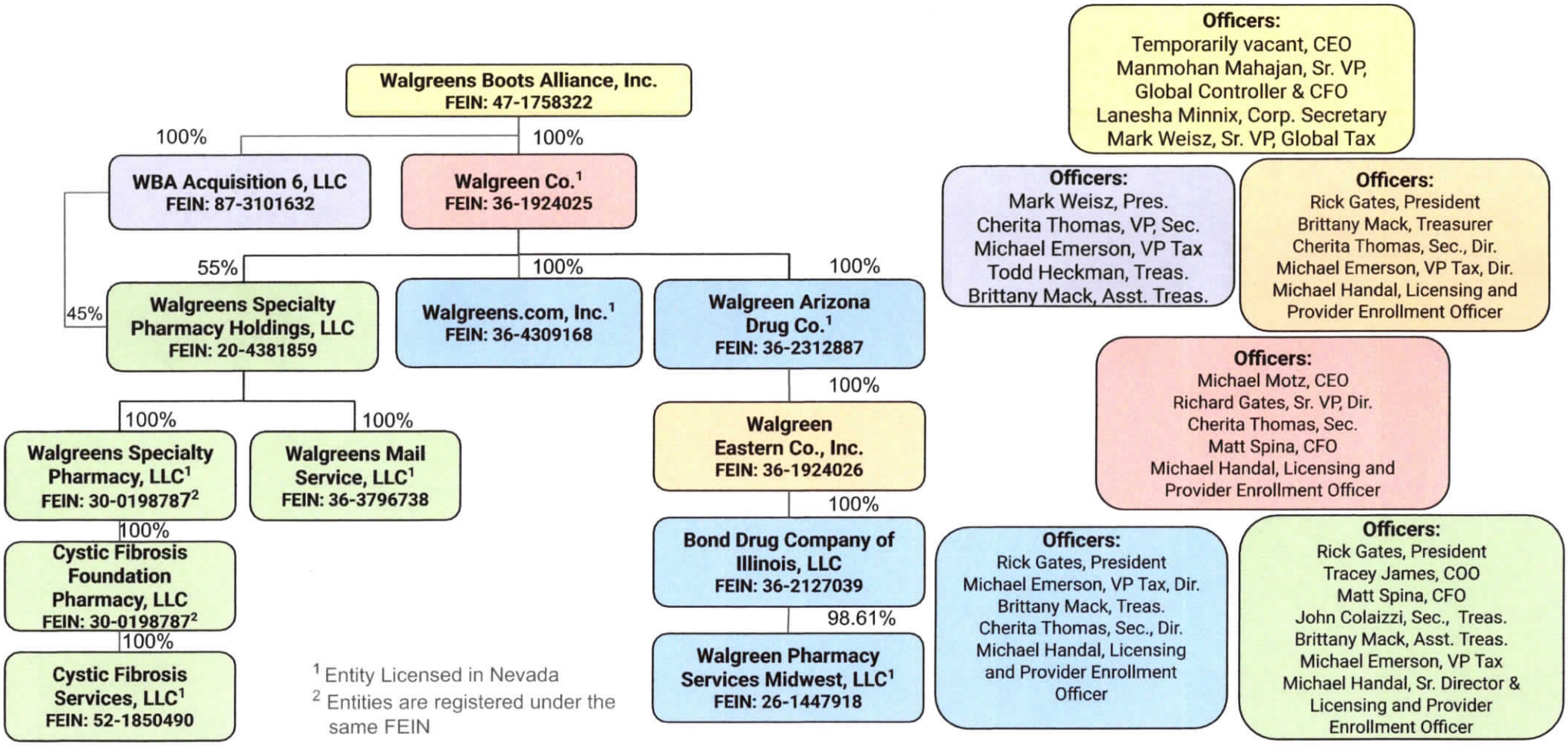
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4QQQQ

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW0775873
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH PH02334		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10783

Physical Address: 6495 N Decatur Blvd

City: Las Vegas State: NV Zip: 89131

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)395-4230 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)395-8395 Contact Email: rxm.10783@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JULIE LEE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19511

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JULIE LEE	NV Pharmacist Registration #: 19511
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck 5903-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JULIE LEE Pharmacist Registration #: 19511

Pharmacy Name: WALGREENS #10783

Initial each statement below to indicate you have read and agree with the following:

JSL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JSL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JSL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JSL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JSL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

Julie S. Lee
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025
Date

FILED
AUG 07 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MANUELITA PAVON-PENALOSA, RPH** **Certificate of Registration No. 16396,** **GARY KINSEY, PTT** **Certificate of Registration No. PT17463, and** **WALGREENS PHARMACY #10783** **Certificate of Registration No. PH02334,** **Respondents.**	**CASE NO. 16-072-RPH-S** **16-072-PTT-S** **16-072-PH-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. William J. Stilling, Esq., of Kimball Legal, appeared on behalf of Respondent Manuelita Pavon-Penalosa (Ms. Pavon-Penalosa), Certificate of Registration No. 16396; Respondent Gary Kinsey (Mr. Kinsey), Certificate of Registration No. PT17463, and Respondent Walgreens Pharmacy #10783, Certificate of Registration No. PH02334.

Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

On July 19, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, admitted in the *Stipulated Facts* are as follows:

1. In September 2016, complainant S.R. filed a complaint with the Board Office on behalf of his twelve-year-old daughter M.R.

2. S.R. alleges that Walgreens filled and dispensed the incorrect strength of Fentanyl patches for his daughter's prescription.

3. S.R. discovered the error before applying one of the errant Fentanyl patches to his daughter's skin, such that M.R. suffered no negative impact from the error.

4. The error occurred after M.R. saw her physician and received a prescription for ten Fentanyl Patches 12 mcg/hour with instructions to apply one patch every seventy-two (72) hours.

5. M.R.'s aunt, G.H., tendered the prescription to Walgreens on September 16, 2016, where Respondent Ms. Pavon-Penalosa entered the data into Walgreens' computer system.

6. The computer system designated the prescription as No. 533253.

7. During data entry, Ms. Pavon-Penalosa typed the prescription as Fentanyl Patch 100 mcg/hour, rather than Fentanyl Patch 12 mcg/hour as prescribed.

8. Ms. Pavon-Penalosa performed Data Entry Verification and Data Product Review at 14:52:56.

9. During the process, three Drug Utilization Review (DUR) warnings appeared on the computer screen in front of Ms. Pavon-Penalosa. Those warnings were indicated as follows:

a. DUR Type: DRUG/HLTH COND
DUR Description: RESPIRATORY PROBLEMS IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

b. DUR Type: DRUG/HLTH COND
DUR Description: ASTHMA IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

c. DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED
DUR Description: 60 DAYS OF FENTANYL 100MCG/HR PATCH AND PREVIOUS PRESCRIPTIONS FOR THE GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED PEDIATRIC DURATION: 3 – 30 DAYS

10. Walgreens' records show that Ms. Pavon-Penalosa overrode all three DUR warnings at 14:52:57, one second after performing data verification.

11. Ms. Pavon-Penalosa admitted to the Board Investigator that she could not have reviewed the DURs in one second.

12. Ms. Pavon-Penalosa acknowledged that she may have discovered the error by reviewing the DUR warnings.

13. In a subsequent written statement, Ms. Pavon-Penalosa indicated that in reviewing the patient medication profile, M.R. had the same medication filled at a different Walgreens Pharmacy the prior month.

14. Ms. Pavon-Penalosa admitted that during the review, she did not take into account the patient's age.

15. Walgreen's "Audit/Board of Pharmacy Inspection Report" indicates that Ms. Pavon-Penalosa filled the prescription. That report is not correct. Pharmaceutical technician Gary Kinsey actually filled the prescription.

16. In Walgreens' computer system, employees are not authorized to sign in and fill prescriptions under another employee's initials/sign on.

17. In his written statement, Mr. Kinsey admits to filling the prescription under Ms. Pavon-Penalosa's initials even though he knew that practice violated Walgreens' policy.

18. Ms. Pavon-Penalosa verified the final product as accurate. She failed to detect the error when verifying the final product.

19. In Walgreens' system, the original hard-copy of the prescription accompanies the Schedule II medication.

20. At final product verification, the verifying pharmacist can compare the hard-copy of the prescription to the prescription label and the final product.

21. Ms. Pavon-Penalosa did not compare the hard-copy of the prescription to the label and the final product.

22. Ms. Pavon-Penalosa trusted that the Data Entry Verification step in Walgreens' system was accurate and therefore did not verify that the prescription was accurate during product verification at the end of the filling process.

23. G.H. picked up M.R.'s medication from Walgreens. Respondent Mr. Kinsey performed the sales transaction for prescription No. 533253.

24. At the point of sale, Mr. Kinsey did not request a current and valid form of identification from G.H.

25. Jaclyn Latteri, Walgreens District Pharmacy Supervisor, informed the Board Investigator that a review of pharmacy records indicates that no information was recorded referencing G.H.'s identification when she picked up M.R.'s medication.

26. In a written statement, Mr. Kinsey indicated that he was unsure if he requested identification. Ms. Pavon-Penalosa told the Board Investigator that she thought the request for identification was for insurance purposes.

27. During the hearing, the Board admitted into the record, among other evidence, Exhibit 1.

28. Based on the evidence and testimony presented during the hearing, the Board finds that evidence exists to support each factual allegation set forth in the Accusation on file in this matter.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

29. The Board has jurisdiction over this matter and these Respondents because at the time of the alleged events, Respondent Ms. Pavon-Penalosa was a pharmacist registered by the Board; Respondent Mr. Kinsey was a pharmaceutical technician in training registered by the Board; and Respondent Walgreens Pharmacy #10783 was a pharmacy licensed by the Board.

30. Ms. Pavon-Penalosa acted in an unprofessional manner as defined in NAC 639.945(1)(d) and (i) by committing an error during data entry and verifying that data as accurate when it was not, which resulted in Walgreens dispensing *Fentanyl Patch 100 mcg/hour*, rather than *Fentanyl Patch 12 mcg/hour*, as prescribed.

31. Ms. Pavon-Penalosa acted in an unprofessional manner as defined in NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for Fentanyl 100mcg/hour patch.

32. Respondents stipulated during the hearing that Ms. Pavon-Penalosa and Mr. Kinsey each acted in an unprofessional manner as defined in NAC 639.945(1)(i) when Mr. Kinsey was allowed to and did sign into Walgreen Pharmacy #10783's computer system under Ms. Pavon-Penalosa log-in credentials.

33. As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #10783 at the time of each of the violations alleged herein, Respondent Pavon-Penalosa is responsible for the violations identified above, including those of her employees. *See* NRS 639.0087, NRS 639.210(15), and NAC 639.702.

34. As the pharmacy in which the violations cited above occurred, Walgreens Pharmacy #10783 is responsible for the actions of Respondents Manuelita Pavon-Penalosa and Gary Kinsey pursuant to NAC 639.945(2).

35. For the forgoing error and violations, the license(s)/registration(s) of Respondents, and each of them, are subject to discipline, suspension, or revocation pursuant to the previously cited statutes and regulations, including, but not limited to, NRS 639.210(4), (12), and (15), as well as NRS 639.230(5) and NRS 639.255.

ORDER

36. For the violations alleged in the First, Second, Third and Sixth Causes of Action, as and further described above, Respondent Ms. Pavon-Penalosa's Nevada Pharmacist Registration No. 16396 is suspended. The suspension is stayed, and Ms. Pavon-Penalosa's registration is placed on probation for a minimum of one (1) year with the following terms. Ms. Pavon-Penalosa:

a. Is prohibited from working as a pharmacist in charge/pharmacy manager while her registration is on probation,

b. Must complete 3 extra hours of continuing education (CE) on the topics of error prevention (2 hours) and pharmacy manager responsibilities (1 hour). The extra hours of CE ordered herein are in addition to any continuing education hours she must otherwise complete to maintain or review her license.

c. Must pay a fine of one thousand dollars ($1,000.00), and

d. During the probationary period, must not violate any Federal or state statute or regulation related to dangerous drugs, controlled substances, or the practice of pharmacy.

37. For the violations related to the Third Cause of Action, to which Respondents stipulated during the hearing, Mr. Kinsey shall:

a. Receive a letter of reprimand from the Board's Executive Secretary regarding his duties and obligations as a managing pharmacist,

b. Attend the disciplinary portion of two of the next 3 Las Vegas Board Meetings, and

c. Re-due all training modules required by Walgreens Co. for newly-hired pharmaceutical technicians in training within the next thirty (30) days, and shall report to the Board in writing once he completes that review.

38. For its responsibility for the violations found herein, as alleged in the Seventh Cause of Action, Walgreens Pharmacy #10783 shall:

a. Certify in writing to Board Staff that Mr. Kinsey has completed his review of the training modules referenced in paragraph 37(c) above,

b. Create a training module, subject to Board Staff approval, for all Nevada Walgreens Pharmacy pharmacists and pharmaceutical technicians detailing the facts and conclusions set forth herein with a particular emphasis on patient safety over prescription filling speed and efficiency,

c. Require all Nevada Walgreens Pharmacy pharmacists and pharmaceutical technicians to complete within thirty (30) days the training module referenced in paragraph 38(b) above, and

d. Pay an administrative fee of one thousand five hundred dollars ($1,500.00) to partially reimburse the Board for its costs and expenses associated with investigating and prosecuting this action.

39. During the hearing the prosecution withdrew the Fourth and Fifth Causes of Action.

40. Respondents, and each of them, shall pay the fines ordered herein when due, and by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

41. Respondents, and each of them, shall pay the administrative fees ordered herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

42. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of their respective license or registration.

43. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Signed and effective this 7 day of August, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

Exhibit 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-072-RPH-S**
	)	**16-072-PTT-S**
Petitioner,	)	**16-072-PH-S**
v.	)	
	)	**STIPULATED FACTS**
MANUELITA PAVON-PENALOSA, RPH	)	**(All Respondents)**
Certificate of Registration No. 16396,	)	
	)	
GARY KINSEY, PTT	)	
Certificate of Registration No. PT17463, and	)	
	)	
WALGREENS PHARMACY #10783	)	
Certificate of Registration No. PH02334,	)	
	)	
Respondents.	/	

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Manuelita Pavon-Penalosa, Certificate of Registration No. 16396 (Ms. Pavon-Penalosa); Respondent Gary Kinsey, Certificate of Registration No. PT17463 (Mr. Kinsey) and Respondent Walgreens Pharmacy #10783, Certificate of Registration No. PH02334 (Walgreens), by and through their counsel, William J. Stilling, Esq., of Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondents Ms. Pavon-Penalosa, Mr. Kinsey and Walgreens were each licensed or registered with the Board.

2. In September 2016, complainant S.R. filed a complaint with the Board Office on behalf of his twelve-year-old daughter M.R.

3. S.R. alleges that Walgreens filled and dispensed the incorrect strength of Fentanyl patches for his daughter's prescription.

4. S.R. discovered the error before applying one of the errant Fentanyl patches to his daughter's skin, such that M.R. suffered no negative impact from the error.

5. The error occurred after M.R. saw her physician and received a prescription for ten Fentanyl Patches 12 mcg/hour with instructions to apply one patch every seventy-two (72) hours.

6. M.R.'s aunt, G.H., tendered the prescription to Walgreens on September 16, 2016, where Respondent Ms. Pavon-Penalosa entered the data into Walgreens' computer system.

7. The computer system designated the prescription as No. 533253.

8. During data entry, Ms. Pavon-Penalosa typed the prescription as Fentanyl Patch 100 mcg/hour, rather than Fentanyl Patch 12 mcg/hour as prescribed.

9. Ms. Pavon-Penalosa performed Data Entry Verification and Data Product Review at 14:52:56.

10. During the process, three Drug Utilization Review (DUR) warnings appeared on the computer screen in front of Ms. Pavon-Penalosa. Those warnings were indicated as follows:

- DUR Type: DRUG/HLTH COND

  DUR Description: RESPIRATORY PROBLEMS IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

- DUR Type: DRUG/HLTH COND
  DUR Description: ASTHMA IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

- DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED
  DUR Description: 60 DAYS OF FENTANYL 100MCG/HR PATCH AND PREVIOUS PRESCRIPTIONS FOR THE GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED PEDIATRIC DURATION: 3 – 30 DAYS

11. Walgreens' records show that Ms. Pavon-Penalosa overrode all three DUR warnings at 14:52:57, one second after performing data verification.

12. Ms. Pavon-Penalosa admitted to the Board Investigator that she could not have reviewed the DURs in one second.

13. Ms. Pavon-Penalosa acknowledged that she may have discovered the error by reviewing the DUR warnings.

14. In a subsequent written statement, Ms. Pavon-Penalosa indicated that in reviewing the patient medication profile, M.R. had the same medication filled at a different Walgreens Pharmacy the prior month.

15. Ms. Pavon-Penalosa admitted that during the review, she did not take into account the patient's age.

16. Walgreen's "Audit/Board of Pharmacy Inspection Report" indicates that Ms. Pavon-Penalosa filled the prescription. That report is not correct. Pharmaceutical technician Gary Kinsey actually filled the prescription.

17. In Walgreens' computer system, employees are not authorized to sign in and fill prescriptions under another employee's initials/sign on.

18. In his written statement, Mr. Kinsey admits to filling the prescription under Ms. Pavon-Penalosa's initials even though he knew that practice violated Walgreens' policy.

19. Ms. Pavon-Penalosa verified the final product as accurate. She failed to detect the error when verifying the final product.

20. In Walgreens' system, the original hard-copy of the prescription accompanies the Schedule II medication.

21. At final product verification, the verifying pharmacist can compare the hard-copy of the prescription to the prescription label and the final product.

22. Ms. Pavon-Penalosa did not compare the hard-copy of the prescription to the label and the final product.

23. Ms. Pavon-Penalosa trusted that the Data Entry Verification step in Walgreens' system was accurate and therefore did not verify that the prescription was accurate during product verification at the end of the filling process.

24. G.H. picked up M.R.'s medication from Walgreens. Respondent Mr. Kinsey performed the sales transaction for prescription No. 533253.

25. At the point of sale, Mr. Kinsey did not request a current and valid form of identification from G.H.

26. Jaclyn Latteri, Walgreens District Pharmacy Supervisor, informed the Board Investigator that a review of pharmacy records indicates that no information was recorded referencing G.H.'s identification when she picked up M.R.'s medication.

27. In a written statement, Mr. Kinsey indicated that he was unsure if he requested identification. Ms. Pavon-Penalosa told the Board Investigator that she thought the request for identification was for insurance purposes.

I, the undersigned, William J. Stilling, Esq., of and for the law firm Kimball Legal, have consulted with Respondents in this action, and each of them, regarding the factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. Each Respondent has freely and voluntarily agreed to the factual statements set forth herein, and each has authorized me to sign on their individual behalf.

Signed this 19th day of July, 2017

William J Stilling, Esq.

Kimball Legal

Counsel for Respondents Manuelita Pavon-Penalosa, Gary Kinsey, and Walgreens Pharmacy #10783

FILED
JUN 07 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-072-RPH-S**
	)	**16-072-PTT-S**
Petitioner,	)	**16-072-PH-S**
v.	)	
	)	
MANUELITA PAVON-PENALOSA, RPH	)	
Certificate of Registration No. 16396,	)	**NOTICE OF INTENDED ACTION**
	)	**AND ACCUSATION**
GARY KINSEY, PTT	)	
Certificate of Registration No. PT17463, and	)	
	)	
WALGREENS PHARMACY #10783	)	
Certificate of Registration No. PH02334,	)	
	)	
Respondents.	/	

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

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Manuelita Pavon-Penalosa, Certificate of Registration No. 16396, (Ms. Pavon-Penalosa) was a pharmacist licensed by the Board; Respondent Gary Kinsey, Certificate of Registration No. PT17463, (Mr. Kinsey) was a pharmaceutical technician in training licensed by the Board; and Respondent Walgreens Pharmacy #10783, Certificate of Registration No. PH02334, (Walgreens) was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

On or about September 29, 2016, S.R. filed a complaint with the Board Office on behalf of his twelve-year-old daughter M.R. In the complaint, S.R. alleges that Walgreens filled and dispensed the incorrect strength of Fentanyl patches for his daughter's prescription. S.R. discovered the error in the strength as he was preparing to apply a patch to his daughter's skin.

III.

The error occurred after M.R. saw her physician and received a prescription for ten Fentanyl Patches 12 mcg/hour with instructions to apply one patch every seventy-two (72) hours.

IV.

M.R.'s aunt, G.H., tendered the prescription to Walgreens on September 16, 2016, where Respondent Ms. Pavon-Penalosa, R.Ph., entered the data into Walgreens' computer system. The computer system designated the prescription as No. 533253.

V.

During data entry, Ms. Pavon-Penalosa inadvertently selected ***Fentanyl Patch 100 mcg/hour***, rather than ***Fentanyl Patch 12 mcg/hour*** as prescribed.

VI.

Ms. Pavon-Penalosa performed data entry verification and data product review at 14:52:56.

VII.

During data input, three Drug Utilization Review (DUR) warnings appeared on the computer screen. Those warnings were indicated as follows:

- DUR Type: DRUG/HLTH COND
  DUR Description: RESPIRATORY PROBLEMS IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

- DUR Type: DRUG/HLTH COND
  DUR Description: ASTHMA IS A POTENTIAL CONTRAINDICATION FOR FENTANYL 100MCG/HR PATCH

- DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED
  DUR Description: 60 DAYS OF FENTANYL 100MCG/HR PATCH AND PREVIOUS PRESCRIPTIONS FOR THE GENERIC ENTITY(IES) MAY EXCEED THE RECOMMENDED PEDIATRIC DURATION: 3 – 30 DAYS

VIII.

Per Walgreens' records, Ms. Pavon-Penalosa overrode all three DUR warnings at 14:52:57, one second after performing data verification.

IX.

Ms. Pavon-Penalosa admitted to the Board Investigator that she could not have reviewed the DURs in one second.

X.

Ms. Pavon-Penalosa acknowledged that she may have discovered the error by reviewing the DUR warnings.

XI.

In a subsequent written statement, Ms. Pavon-Penalosa indicated that in reviewing the patient medication profile, M.R. had the same medication filled at a different Walgreens Pharmacy the prior month. Ms. Pavon-Penalosa admitted that during the review, she did not take into account the patient's age.

XII.

The "Audit/Board of Pharmacy Inspection Report" indicates that Ms. Pavon-Penalosa filled the prescription. That report is incorrect. Pharmaceutical technician Gary Kinsey actually filled the prescription.

XIII.

Ms. Pavon-Penalosa allowed Mr. Kinsey to document the fill under Ms. Pavon-Penalosa's computer credentials. In a written statement, Mr. Kinsey admits to filling the prescription under the pharmacist's initials even though he is aware that is against Walgreens' policy.

XIV.

Ms. Pavon-Penalosa verified the final product as accurate. She failed to detect the error when verifying the final product.

XV.

In Walgreens' system, the original hard-copy of the prescription accompanies the Schedule II medication. At final product verification, the verifying pharmacist can compare the hard-copy of the prescription to the prescription label and the final product.

XVI.

Ms. Pavon-Penalosa did not compare the hard-copy of the prescription to the label and the final product.

XVII.

She trusted the Data Entry Verification step in Walgreens' system and did not verify that the prescription was accurate when she verified it at the end of the filling process.

XVIII.

G.H. picked up M.R.'s medication from Walgreens. Respondent Mr. Kinsey performed the sales transaction for prescription No. 533253. At the point of sale, Mr. Kinsey did not request a current and valid form of identification from G.H.

XIX.

Jaclyn Latteri, Walgreens District Pharmacy Supervisor, informed the Board Investigator that a review of pharmacy records indicates that no information was recorded referencing G.H.'s identification when she picked up M.R.'s medication. In a written statement, Mr. Kinsey indicated that he was unsure if he requested identification. Ms. Pavon-Penalosa told the Board Investigator that she thought the request for identification was for insurance purposes.

FIRST CAUSE OF ACTION
(Respondent Pavon-Penalosa)

XX.

Nevada Administrative Code (NAC) 639.945(1)(d) defines unprofessional conduct to

include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Ms. Pavon-Penalosa violated NAC 639.945(1)(d) and/or (i) by committing an error during data entry that resulted in Walgreens dispensing the incorrect strength of the prescribed drug to 12-year-old M.R. During data entry, Pavon-Penalosa selected ***Fentanyl Patch 100 mcg/hour***, rather than ***Fentanyl Patch 12 mcg/hour*** as prescribed. Ms. Pavon-Penalosa verified, labeled and caused Walgreens to dispense the wrong medication.

SECOND CAUSE OF ACTION
(Respondent Pavon-Penalosa)

XXI.

NAC 639.945(1)(i) defines unprofessional conduct to include a licensee performing any of his or her duties in an "incompetent, unskillful or negligent manner."

Ms. Pavon-Penalosa violated NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for Fentanyl 100mcg/hour patch. The alerts indicated the potential for (1) respiratory contraindication; (2) asthma contraindication; and (3) drug dosage condition which may exceed the recommended pediatric duration.

THIRD CAUSE OF ACTION
(Respondent Pavon-Penalosa)

XXII.

NAC 639.945(1)(h) defines unprofessional conduct to include a licensee performing "any fraudulent or deceitful practice or transaction." By willfully and knowingly permitting Mr. Kinsey to falsely document the "filled by" record of prescription No. 53323 under her computer credentials, Ms. Pavon-Penalosa is guilty of unprofessional conduct, as that term is defined in NAC 639.945(1)(h).

FOURTH CAUSE OF ACTION
(Respondent Kinsey)

XXIII.

NAC 639.748 requires that an employee of a pharmacy shall, before dispensing a controlled substance, request the person who picks up the controlled substance to present a current and valid form of identification. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful or negligent manner" *See* NAC 639.945(1)(i).

Mr. Kinsey violated NAC 639.748 and/or NAC 639.945(1)(i) by failing to request identification from M.R.'s aunt at the point of sale for the Fentanyl patches, which are classified as a Schedule II narcotic.

FIFTH CAUSE OF ACTION
(Respondents Pavon-Penalosa and Kinsey)

XXIV.

NAC 639.930(1) and (2) require a pharmacy computer system to have adequate safeguards to "[p]revent access by a person who is not authorized to obtain information from the system" and "who is not authorized to modify or manipulate information in the system." When information in the pharmacy's system is modified or manipulated, the system must identify "the person who modified or manipulated the information in the system." *See* NAC 639.930(3). NAC 639.751 similarly requires that a pharmacy's computer system "accurately depict the identity of the person entering [a] signature or initials" or other required information into the computer system.

NRS 639.210 states that grounds for suspension or revocation of a license or registration issued by the Board includes instances where a licensee/registrant:

> Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or

regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit.

Walgreens #10783 has a computerized system that has safeguards in place pursuant to NAC 639.751 and NAC 639.930. In that system, employees are not authorized to sign in and fill prescriptions under another employee's initials/sign on. When Respondent Kinsey filled Prescription No. 533253 under Respondent Pavon-Penalosa's initials, and when Respondent Pavon-Penalosa allowed Respondent Kinsey to fill Prescription No. 533253 under her initials, each of them circumvented Walgreen's safeguards in violation of NAC 639.751 and NAC 639.930. They each subjected their respective license or registration to discipline pursuant to NRS 639.210(12), as well as NRS 639.255.

SIXTH CAUSE OF ACTION
(Respondent Pavon-Penalosa)

XXV.

As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #10783 at the time of each of the violations alleged herein, Respondent Pavon-Penalosa is responsible for those violations, including those of her employees. *See* Nevada Revised Statute (NRS) 639.0087, NRS 639.210(15), NRS 639.220(3)(c), and NAC 639.702.

SEVENTH CAUSE OF ACTION
(Walgreens Pharmacy #10783)

XXVI.

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondents Manuelita Pavon-Penalosa and Gary Kinsey, as alleged herein, pursuant to NAC 639.945(2).

For the forgoing error and violations, the license(s)/registration(s) of Respondents, and each of them, are subject to discipline, suspension, or revocation pursuant to the previously cited statutes and regulations, including, but not limited to, NRS 639.210(4), (11), (12), and/or (15), as well as NRS 639.230(5) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 7th day of June, 2017.

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

NOTICE TO RESPONDENT

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

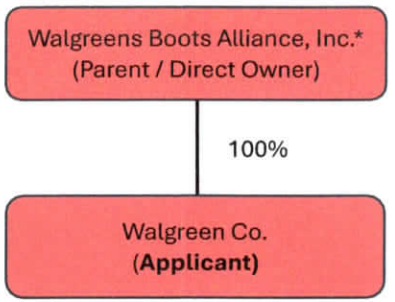
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Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

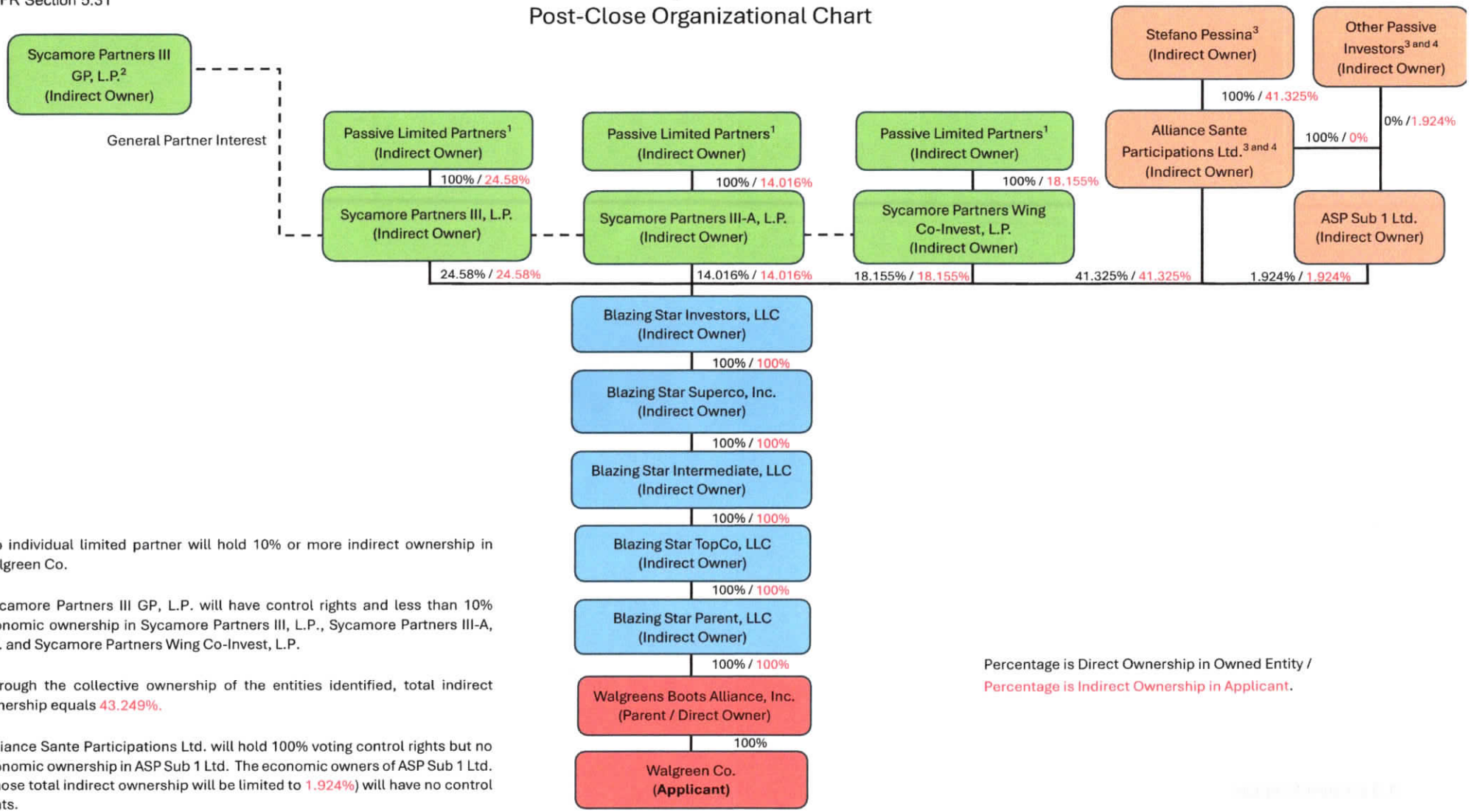
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

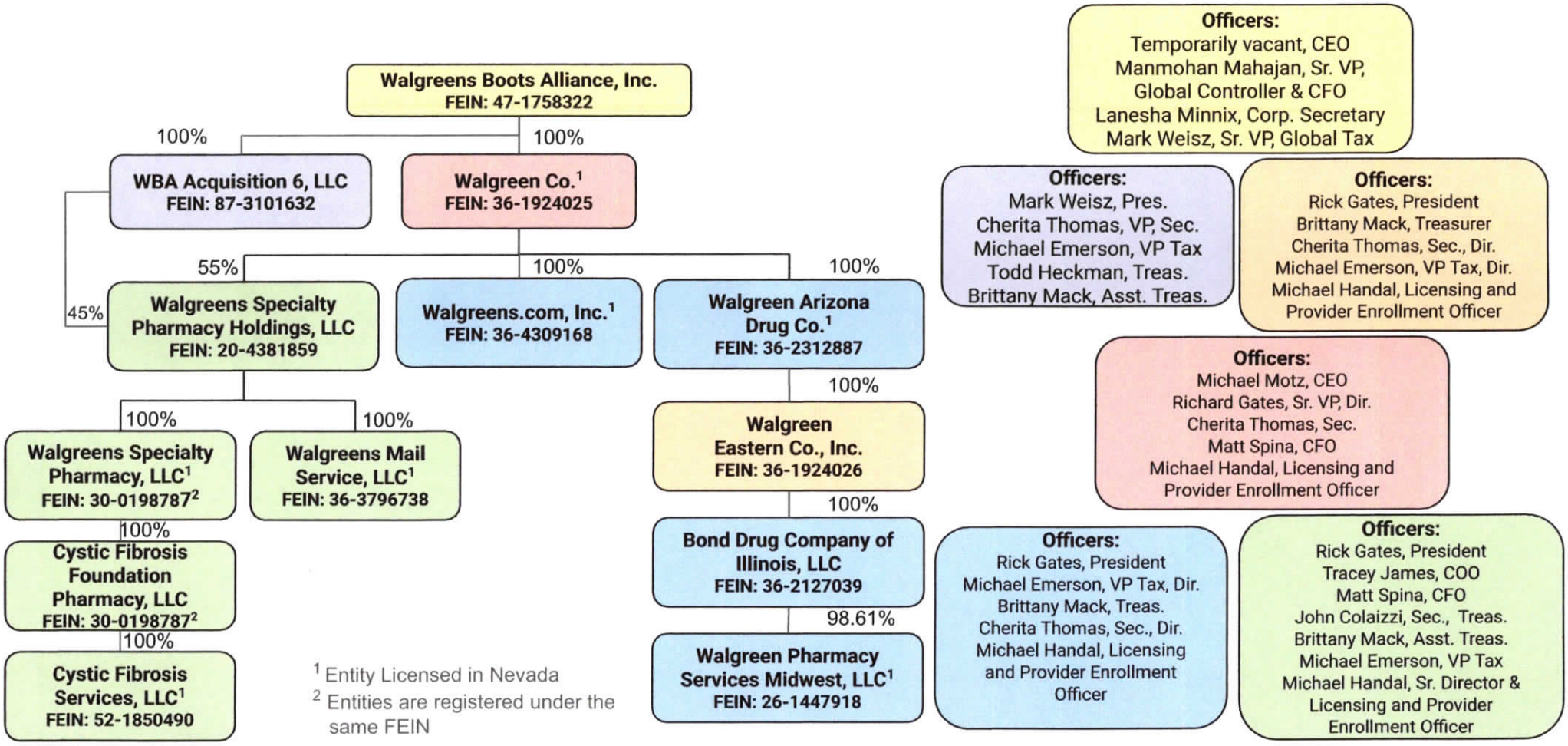
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4RRRR

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW1894888
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH02598		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10862

Physical Address: 2421 E BONANZA RD

City: Las Vegas State: NV Zip: 89101-3400

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)366-1556 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)366-9832 Contact Email: rxm.10862@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CHRISTOPHER LEE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23767

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CHRISTOPHER LEE	NV Pharmacist Registration #: 23767
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CHRISTOPHER LEE Pharmacist Registration #: 23767

Pharmacy Name: WALGREENS #10862

Initial each statement below to indicate you have read and agree with the following:

C.H.L — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.H.L — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.H.L — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.H.L — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.H.L — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☑	☐
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

CHRISTOPHER LEE

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

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Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

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Richard Gates - Senior Vice President, Chief Pharmacy Officer
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Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

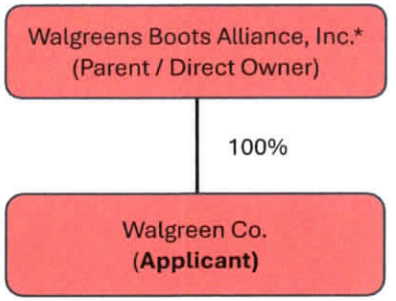
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Mark Weisz - Sr VP, Global Tax
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45 CFR Section 5.31

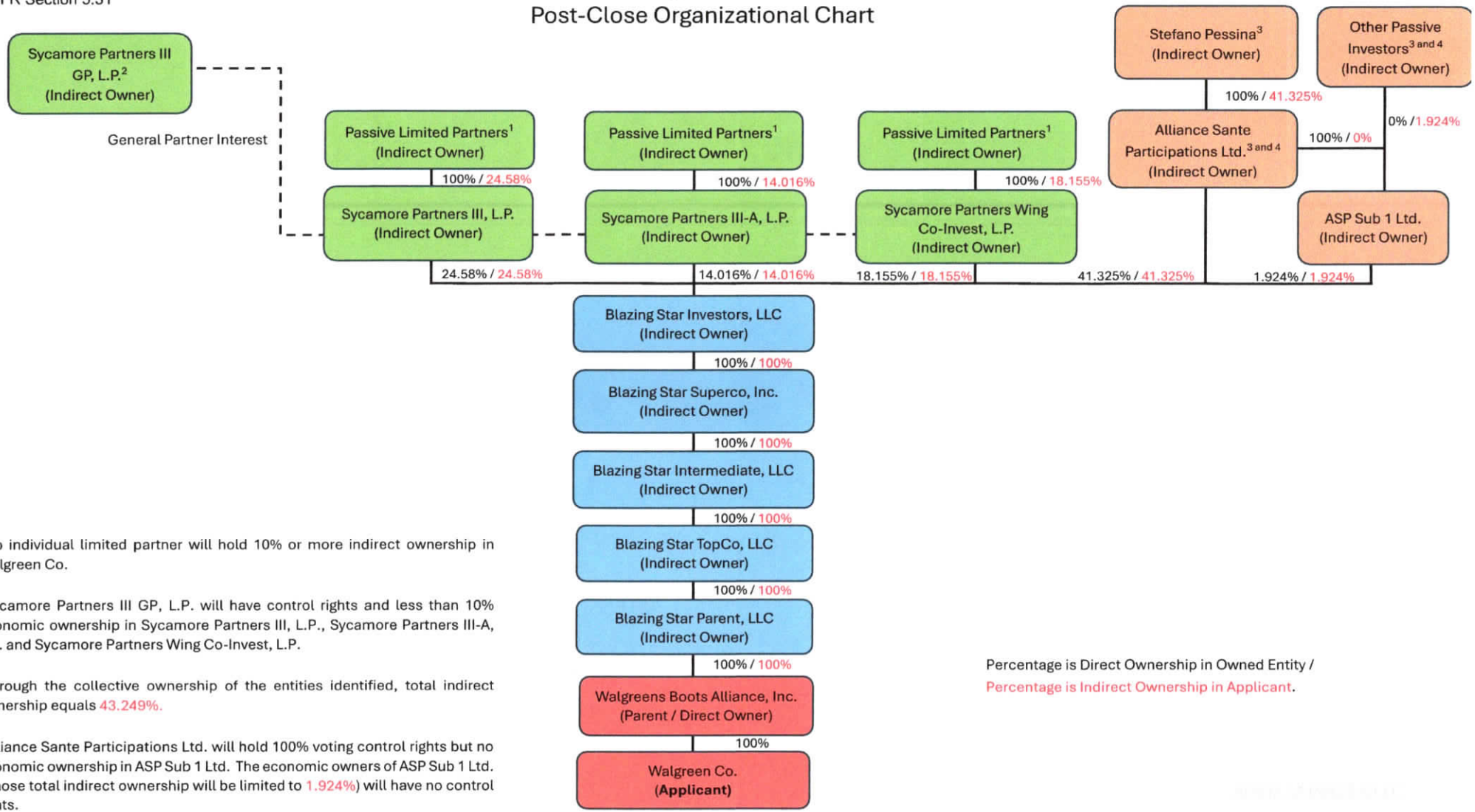
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
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Walgreen Co.
Post-Close Organizational Chart



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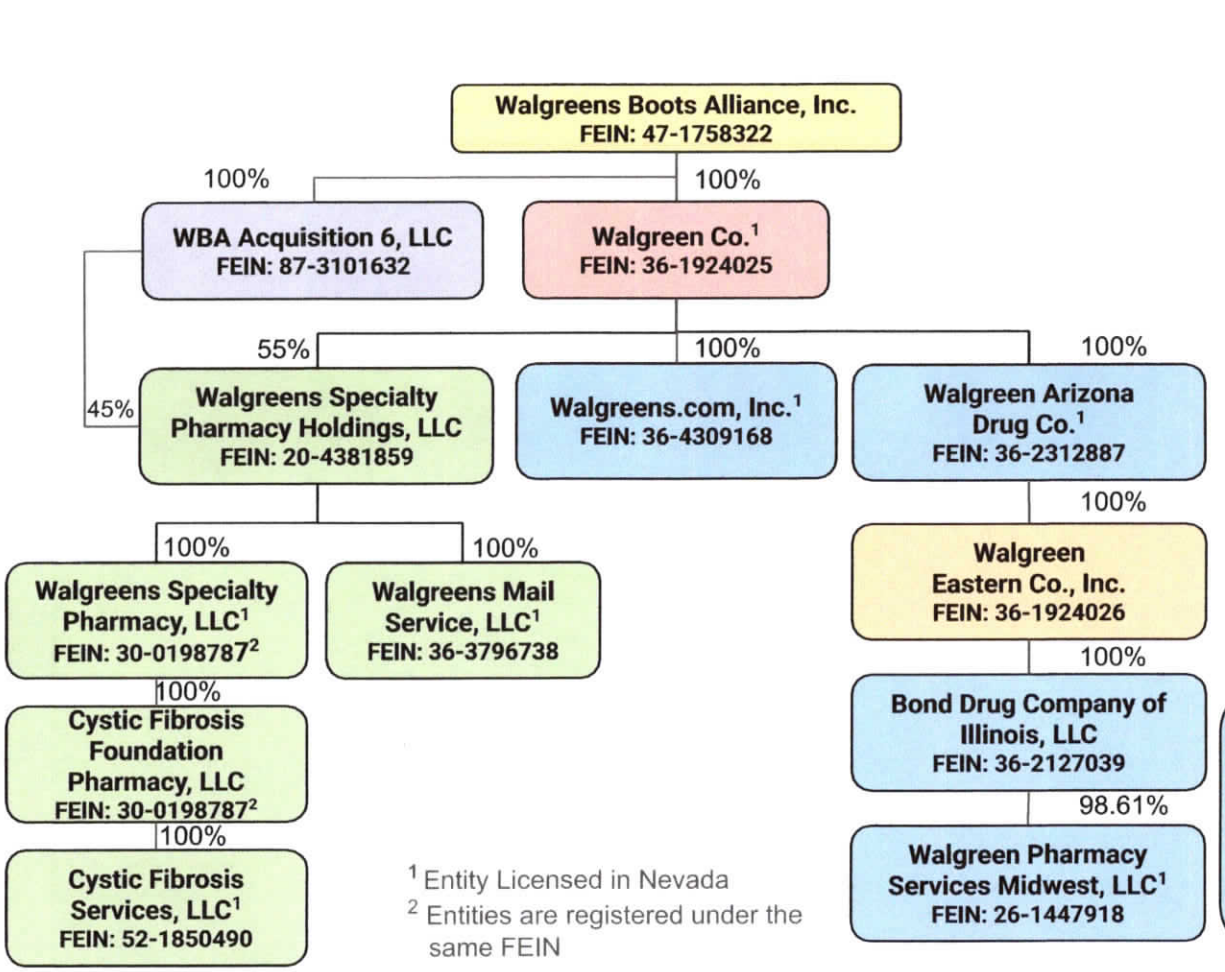
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Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



Officers:
Temporarily vacant, CEO
Manmohan Mahajan, Sr. VP, Global Controller & CFO
Lanesha Minnix, Corp. Secretary
Mark Weisz, Sr. VP, Global Tax

Officers:
Mark Weisz, Pres.
Cherita Thomas, VP, Sec.
Michael Emerson, VP Tax
Todd Heckman, Treas.
Brittany Mack, Asst. Treas.

Officers:
Rick Gates, President
Brittany Mack, Treasurer
Cherita Thomas, Sec., Dir.
Michael Emerson, VP Tax, Dir.
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Michael Motz, CEO
Richard Gates, Sr. VP, Dir.
Cherita Thomas, Sec.
Matt Spina, CFO
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Rick Gates, President
Michael Emerson, VP Tax, Dir.
Brittany Mack, Treas.
Cherita Thomas, Sec., Dir.
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Rick Gates, President
Tracey James, COO
Matt Spina, CFO
John Colaizzi, Sec., Treas.
Brittany Mack, Asst. Treas.
Michael Emerson, VP Tax
Michael Handal, Sr. Director & Licensing and Provider Enrollment Officer

4SSSS

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02473	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW1223647 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11206

Physical Address: 8582 BLUE DIAMOND RD

City: Las Vegas State: NV Zip: 89178-9202

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)260-0135 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)260-7345 Contact Email: rxm.11206@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CHRISTIAN ALONZO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23094

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CHRISTIAN ALONZO	NV Pharmacist Registration #: 23094
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CHRISTIAN ALONZO Pharmacist Registration #: 23094

Pharmacy Name: WALGREENS #11206

Initial each statement below to indicate you have read and agree with the following:

C.A. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.A. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.A. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.A. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.A. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

CHRISTIAN ALONZO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

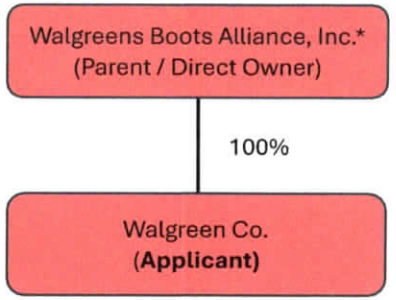
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

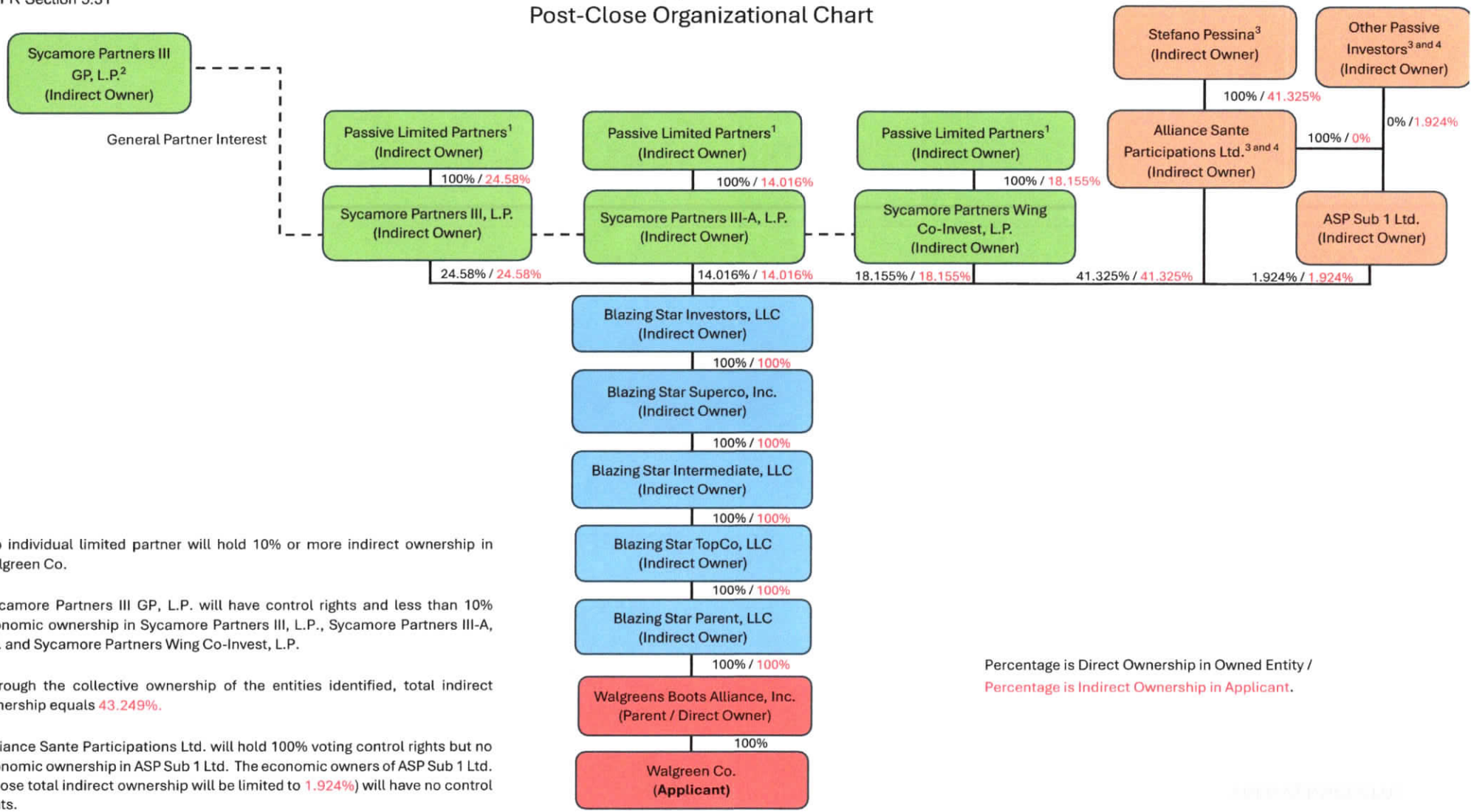
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

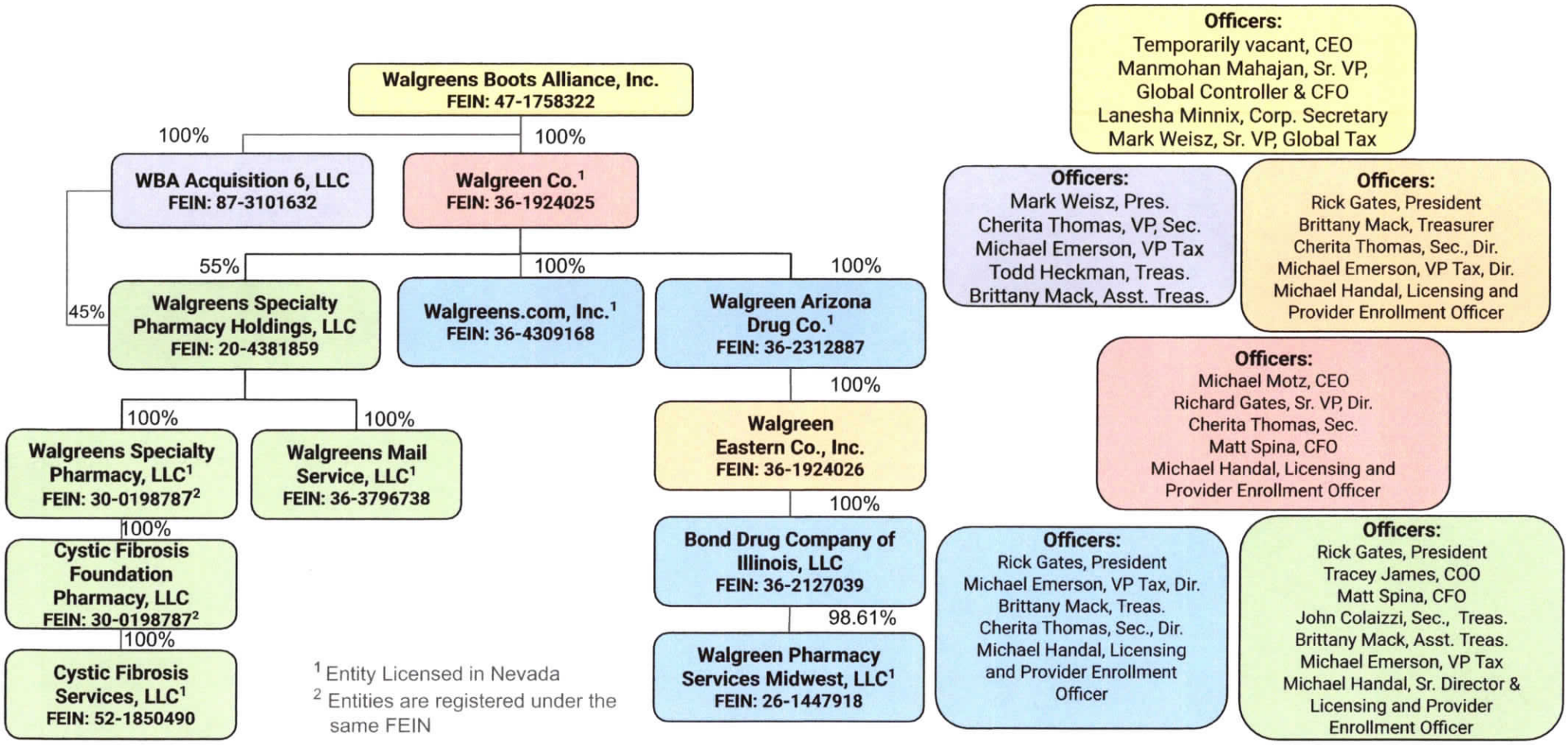
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



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NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02600	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1925594 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11668

Physical Address: 6390 BOULDER HWY

City: Las Vegas State: NV Zip: 89122-7439

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)435-6263 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)435-5579 Contact Email: rxm.11668@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): SARAH MAE PASCUAL

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20433

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: SARAH MAE PASCUAL	NV Pharmacist Registration #: 20433
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SARAH MAE PASCUAL Pharmacist Registration #: 20433

Pharmacy Name: WALGREENS #11668

Initial each statement below to indicate you have read and agree with the following:

S.A. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

S.A. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

S.A. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

S.A. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

S.A. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

SARAH MAE PASCUAL

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

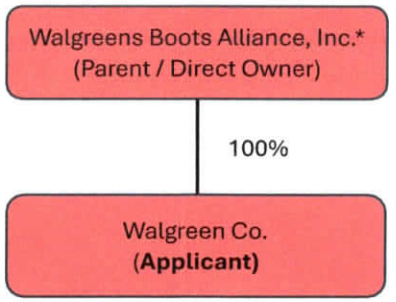
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

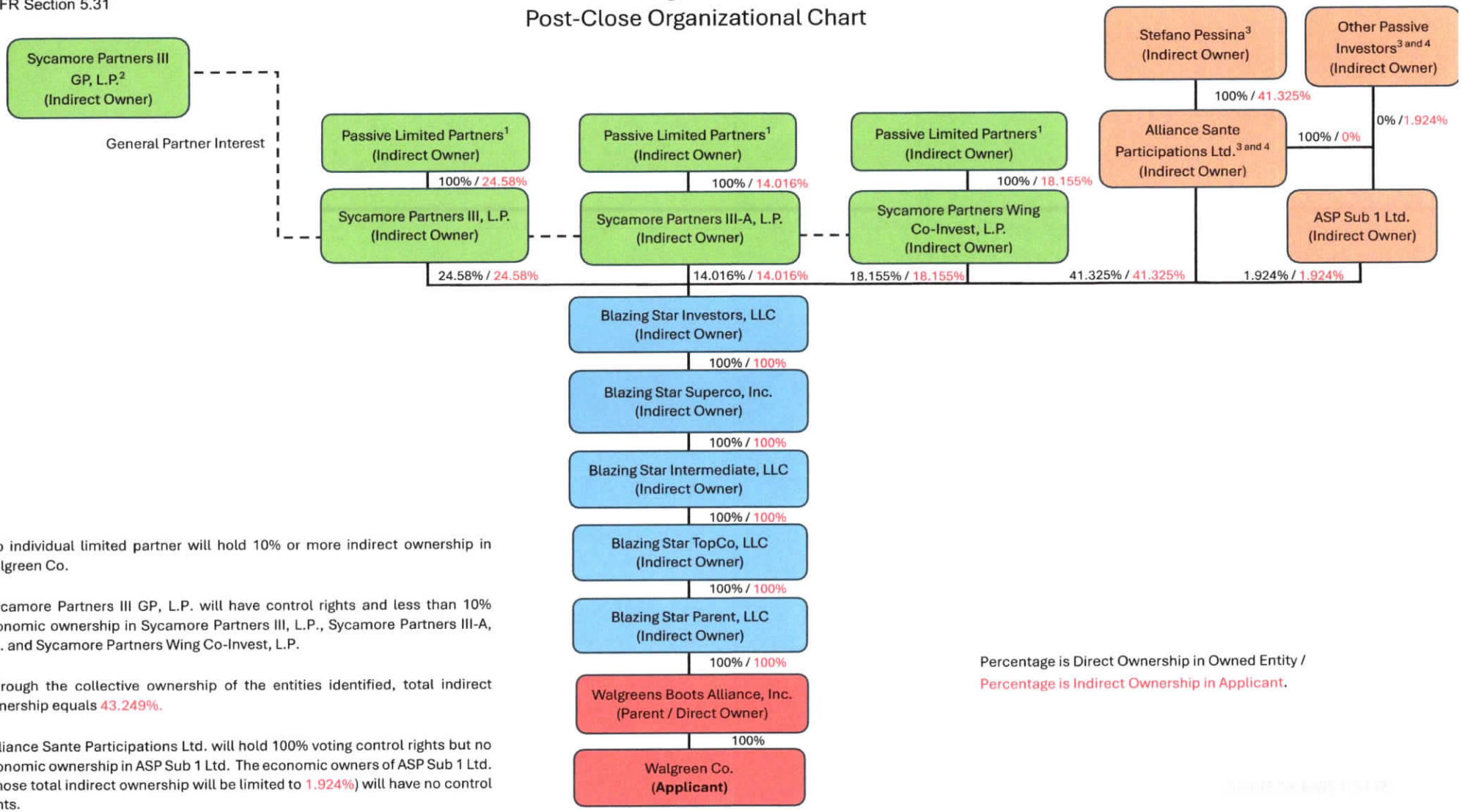
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

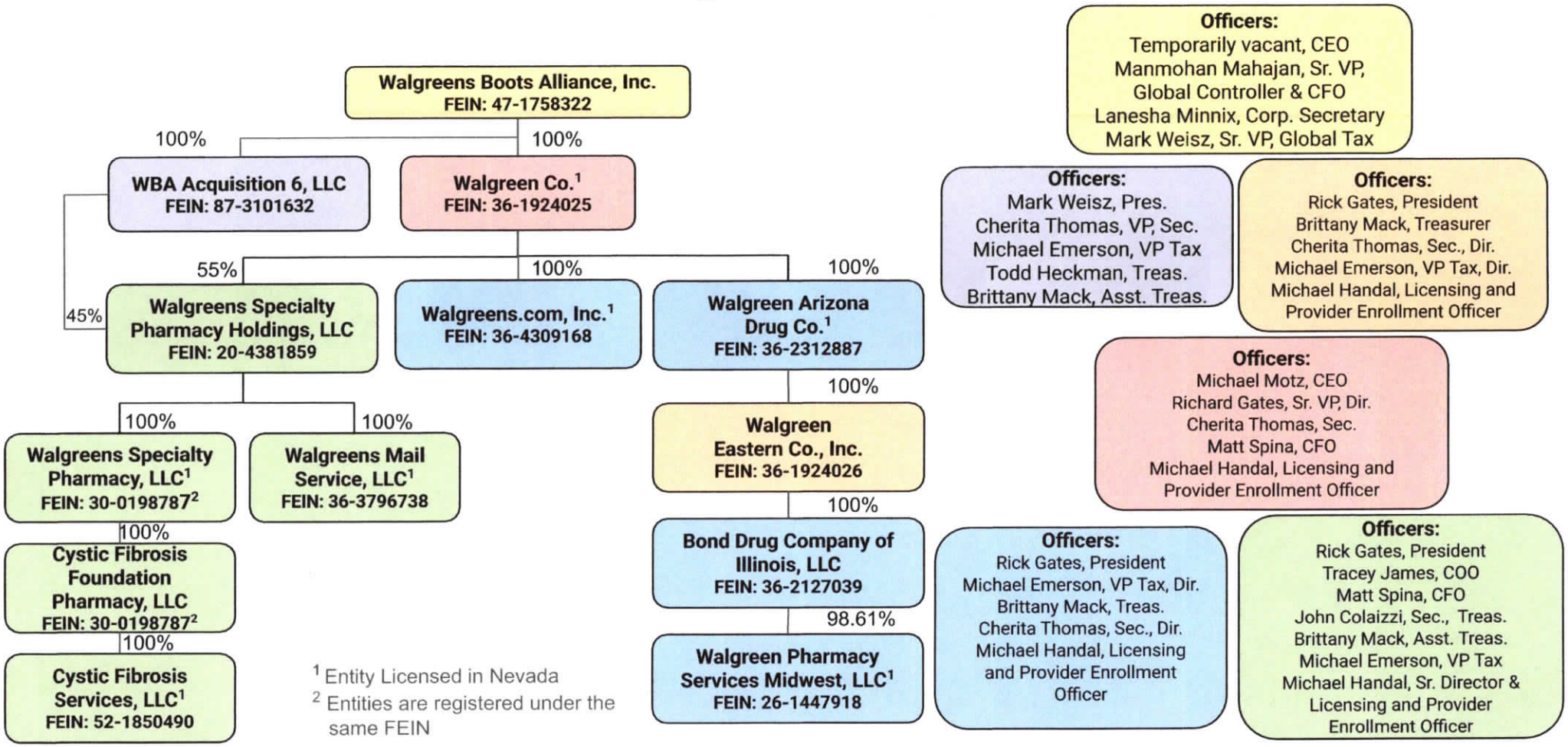
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4UUUU

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02632	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW2194772 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11766

Physical Address: 4930 Blue Diamond Rd

City: Las Vegas State: NV Zip: 89139

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)260-9695 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)260-4635 Contact Email: rxm.11766@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MONIQUE KUN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21256

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MONIQUE KUN	NV Pharmacist Registration #: 21256
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-300011129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MONIQUE KUN Pharmacist Registration #: 21256

Pharmacy Name: WALGREENS #11766

Initial each statement below to indicate you have read and agree with the following:

MK I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MK I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MK I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MK I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MK I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

MONIQUE KUN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

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Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
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108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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Richard Gates - Senior Vice President, Chief Pharmacy Officer
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Matthew Spina - CFO
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Ownership & Leadership of Walgreens Boots Alliance, Inc.

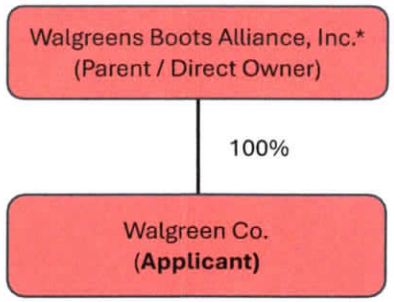
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Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

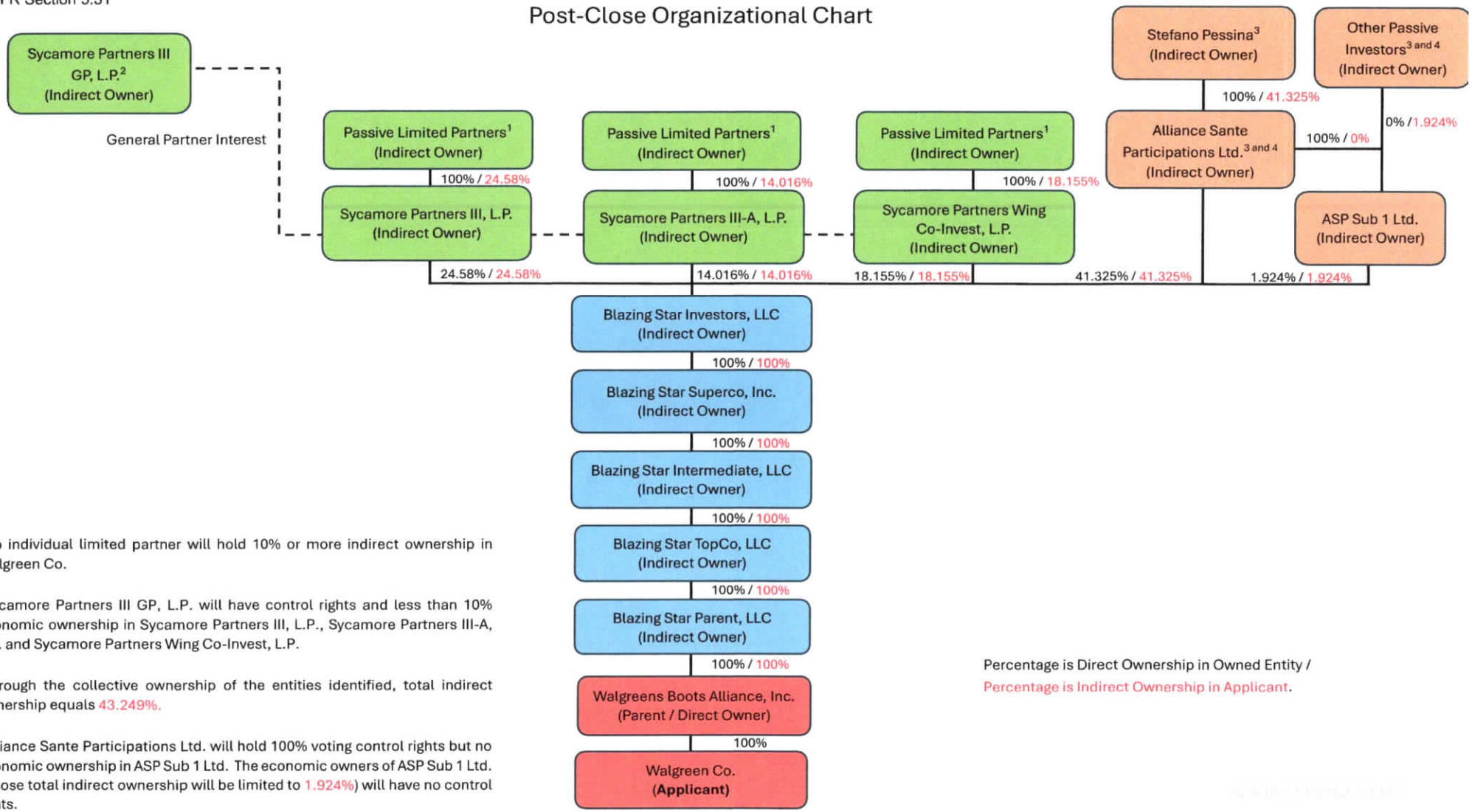
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
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Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

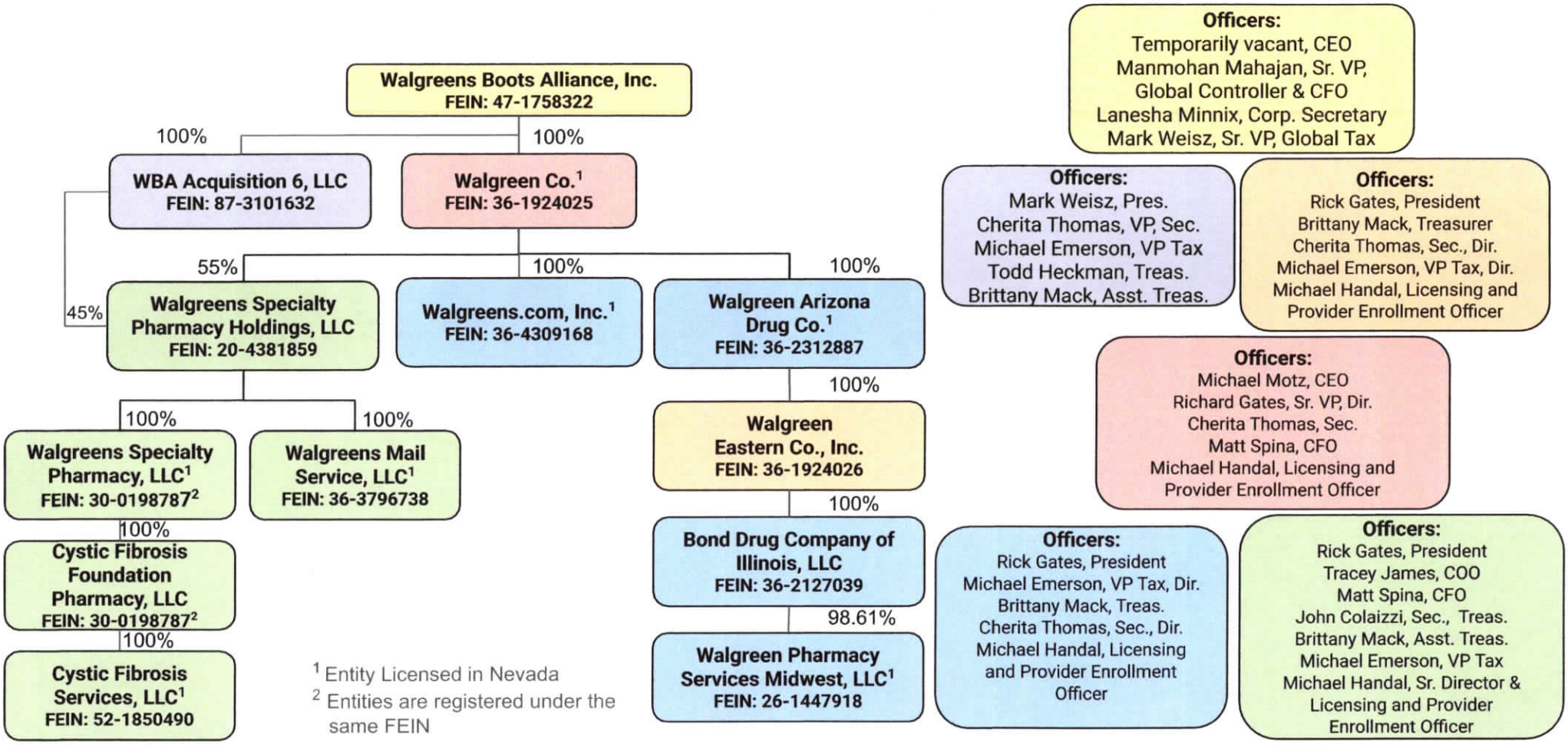
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

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Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4VVVV

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02487	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1260479 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11899

Physical Address: 6485 S FT APACHE RD

City: Las Vegas State: NV Zip: 89148-6742

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)262-1247 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)262-9396 Contact Email: rxm.11899@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): KEVIN CHAU

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21084

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: KEVIN CHAU	NV Pharmacist Registration #: 21084
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $800 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KEVIN CHAU Pharmacist Registration #: 21084

Pharmacy Name: WALGREENS #11899

Initial each statement below to indicate you have read and agree with the following:

K.C. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

K.C. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

K.C. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

K.C. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

K.C. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

KEVIN CHAU

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

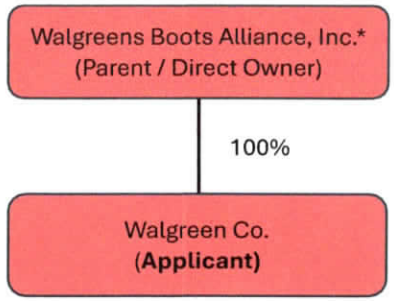
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

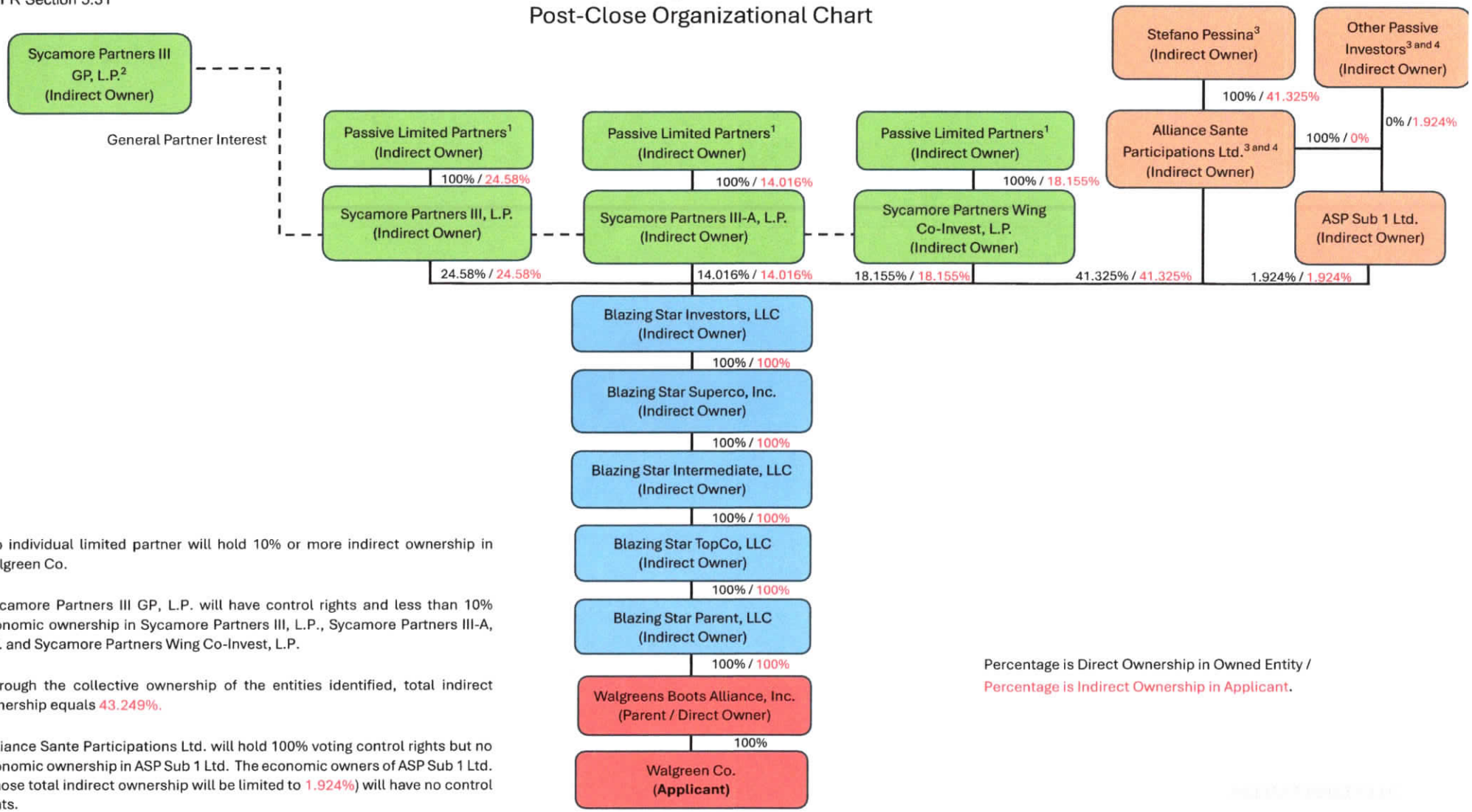
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

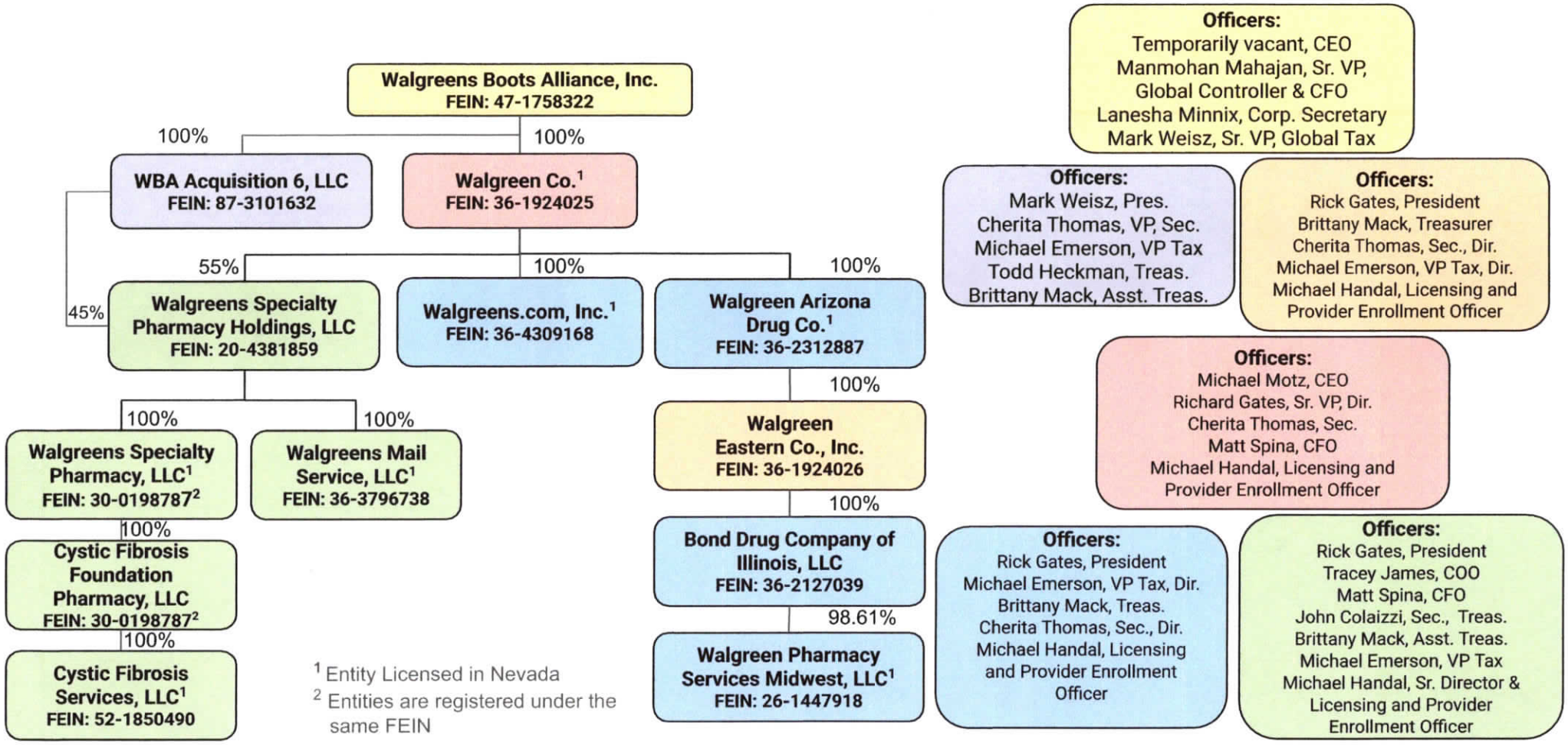
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4WWWW

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH03346	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW5164025 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12271

Physical Address: 2427 Las Vegas Blvd S STE 100

City: Las Vegas State: NV Zip: 89104-2530

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)545-9494 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)545-9495 Contact Email: rxm.12271@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): IRWIN ROTMAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15963

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: IRWIN ROTMAN	NV Pharmacist Registration #: 15963
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-CK JR05-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: IRWIN ROTMAN Pharmacist Registration #: 15963

Pharmacy Name: WALGREENS #12271

Initial each statement below to indicate you have read and agree with the following:

I.R. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I.R. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

I.R. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I.R. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I.R. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

IRWIN ROTMAN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

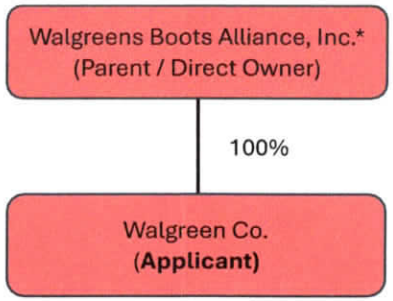
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

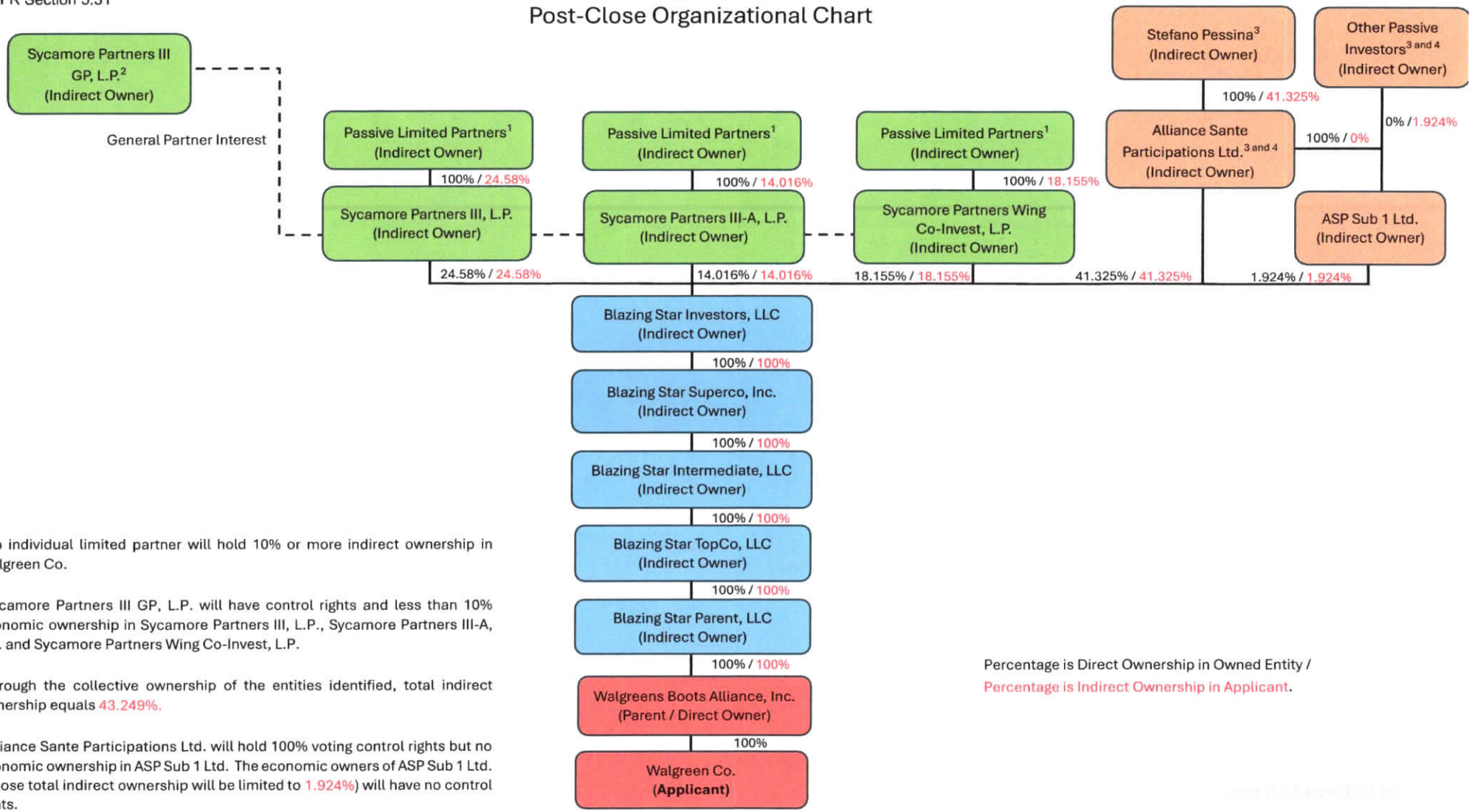
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

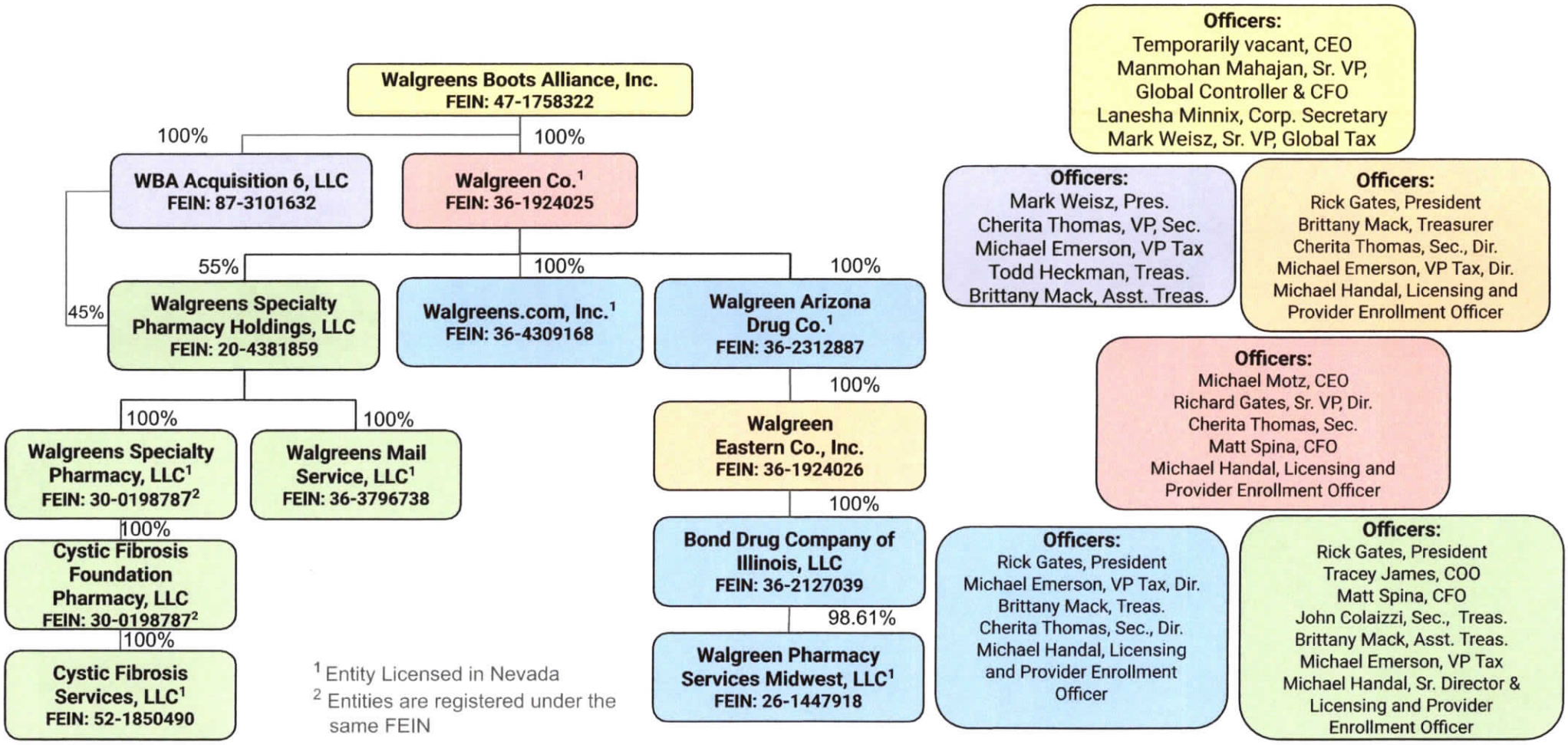
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4XXXX

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02610	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW2034394 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12539

Physical Address: 6825 N Durango Dr

City: Las Vegas State: NV Zip: 89149

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)260-8242 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)260-7225 Contact Email: rxm.12539@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): JACQUELINE MARTINEZ

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24413

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: JACQUELINE MARTINEZ	NV Pharmacist Registration #: 24413
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-ck JP03·3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JACQUELINE MARTINEZ Pharmacist Registration #: 24413

Pharmacy Name: WALGREENS #12539

Initial each statement below to indicate you have read and agree with the following:

J.M I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

J.M I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

J.M I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

J.M I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

J.M I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

JACQUELINE MARTINEZ
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025
Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
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Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

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5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

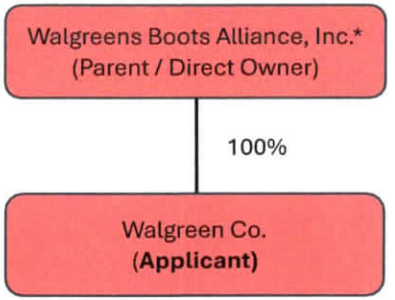
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Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

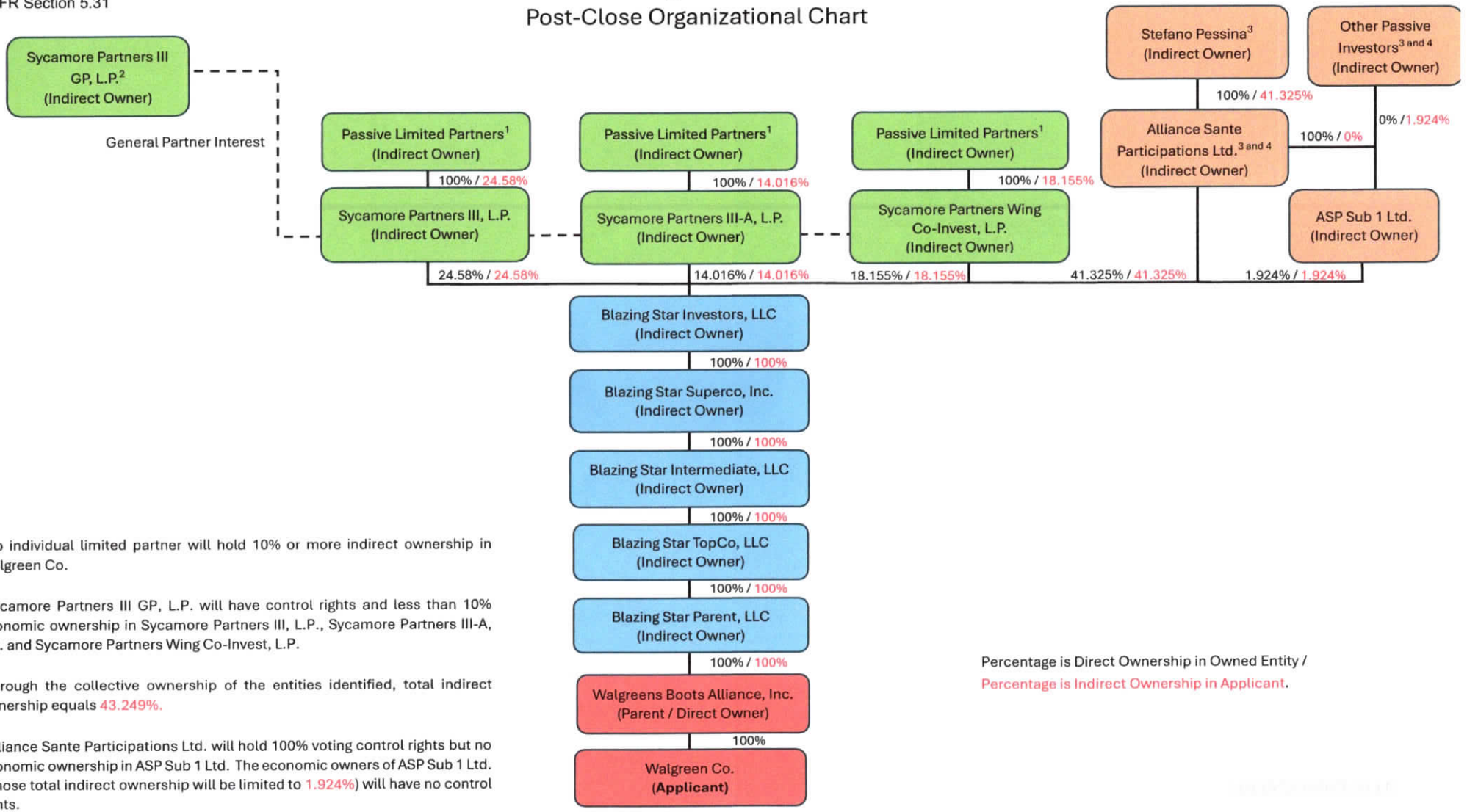
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

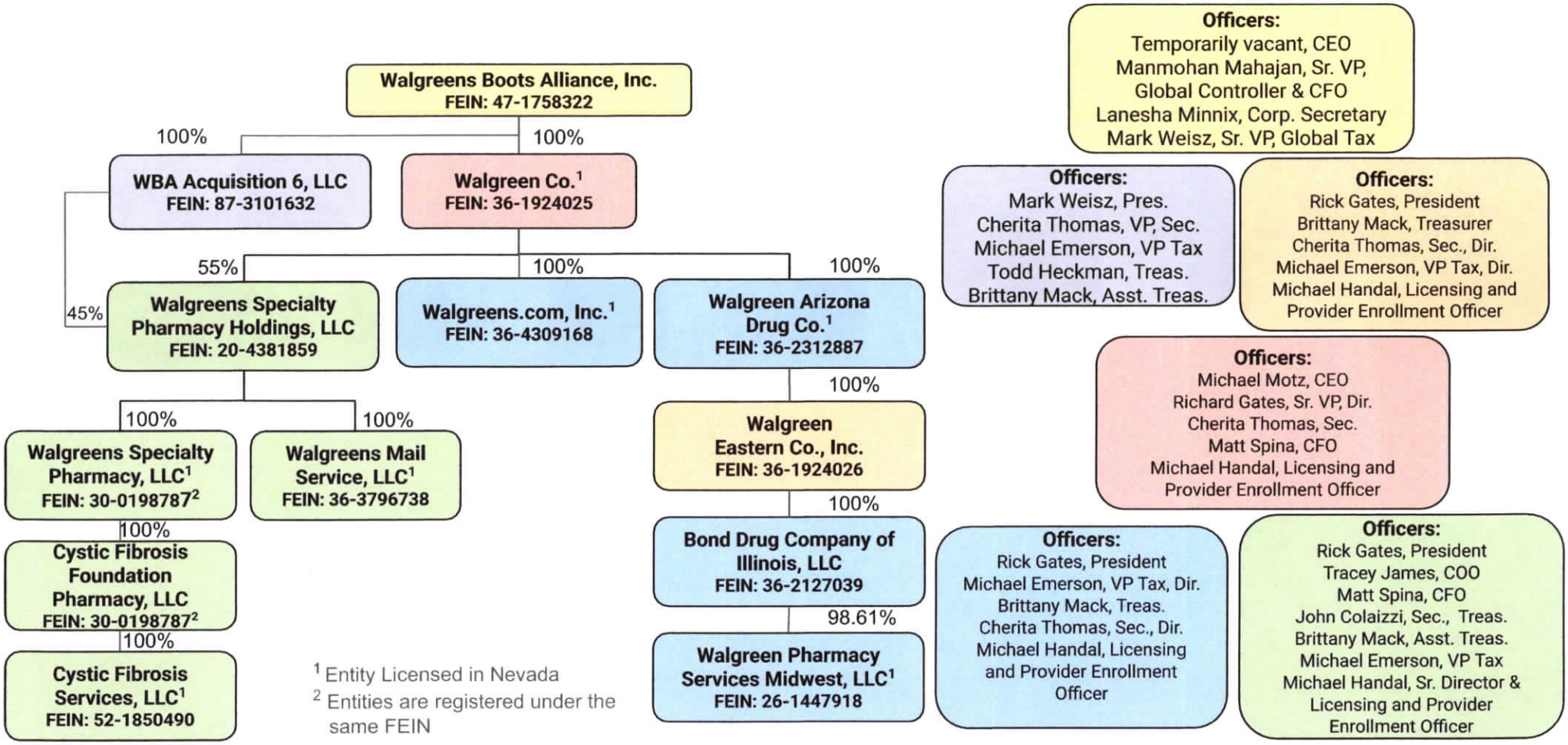
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4YYYY

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02516	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW1400857 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12641

Physical Address: 9300 W SAHARA AVE

City: Las Vegas State: NV Zip: 89117-5351

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)228-2480 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)228-8589 Contact Email: rxm.12641@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): HEATHER KIM

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18846

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: HEATHER KIM	NV Pharmacist Registration #: 18846
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JPOS-30001111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: HEATHER KIM Pharmacist Registration #: 18846

Pharmacy Name: WALGREENS #12641

Initial each statement below to indicate you have read and agree with the following:

H.K. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

H.K. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

H.K. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

H.K. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

H.K. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

HEATHER KIM

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

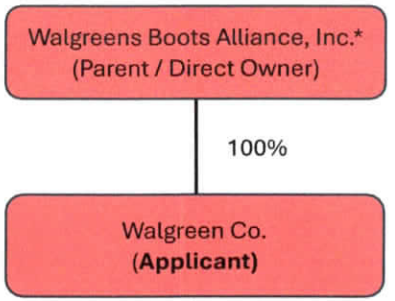
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

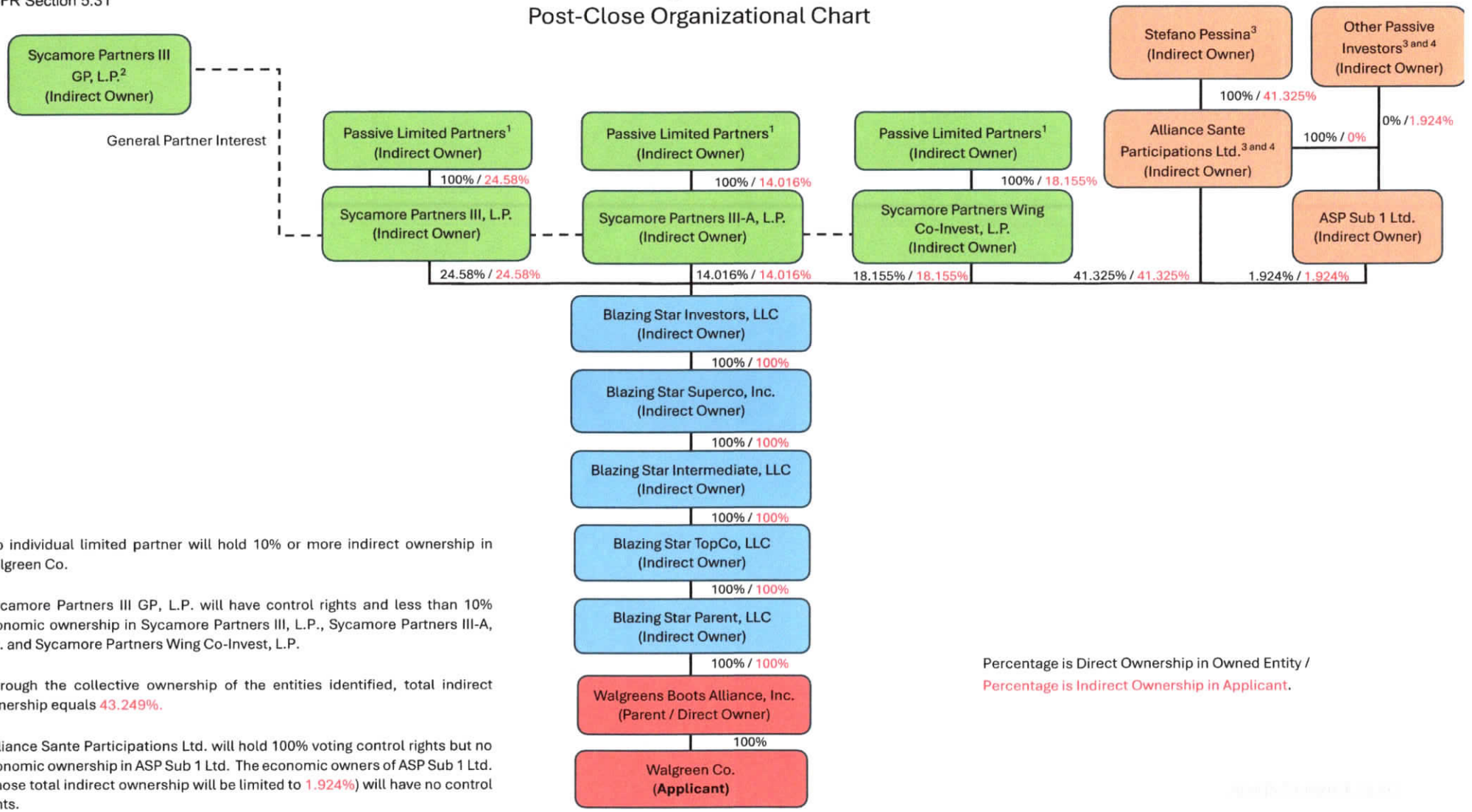
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

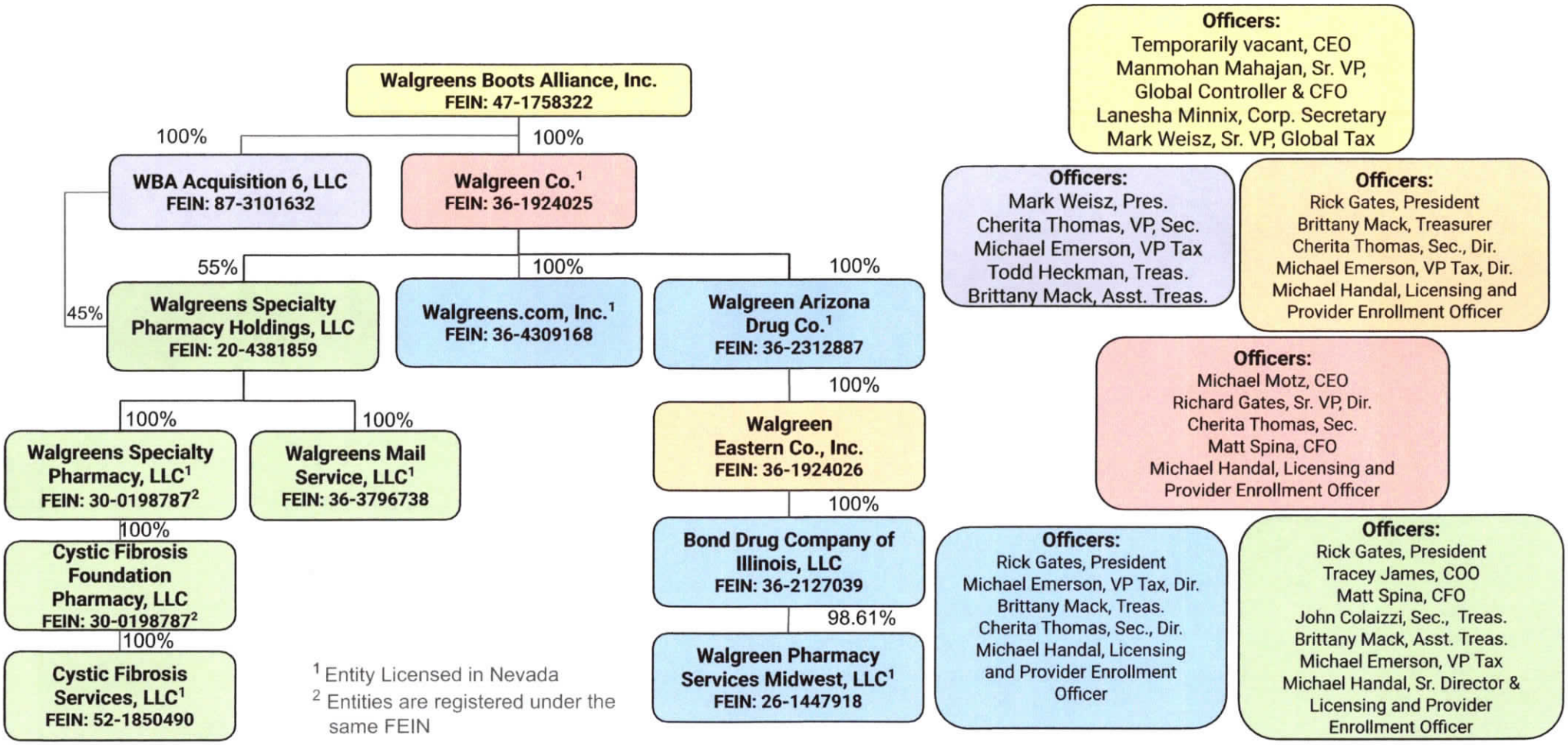
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4ZZZZ

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02770	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW3022908 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #13900

Physical Address: 3717 S Las Vegas Blvd Ste 100

City: Las Vegas State: NV Zip: 89109-4385

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)262-0635 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)262-0896 Contact Email: rxm.13900@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DAITRANG DO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17144

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DAITRANG DO	NV Pharmacist Registration #: 17144
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JP 03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DAITRANG DO Pharmacist Registration #: 17144

Pharmacy Name: WALGREENS #13900

Initial each statement below to indicate you have read and agree with the following:

DD — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DD — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DD — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DD — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DD — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

DAITRANG DO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

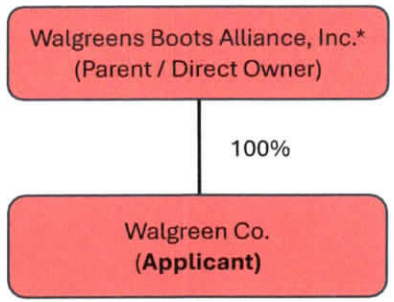
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

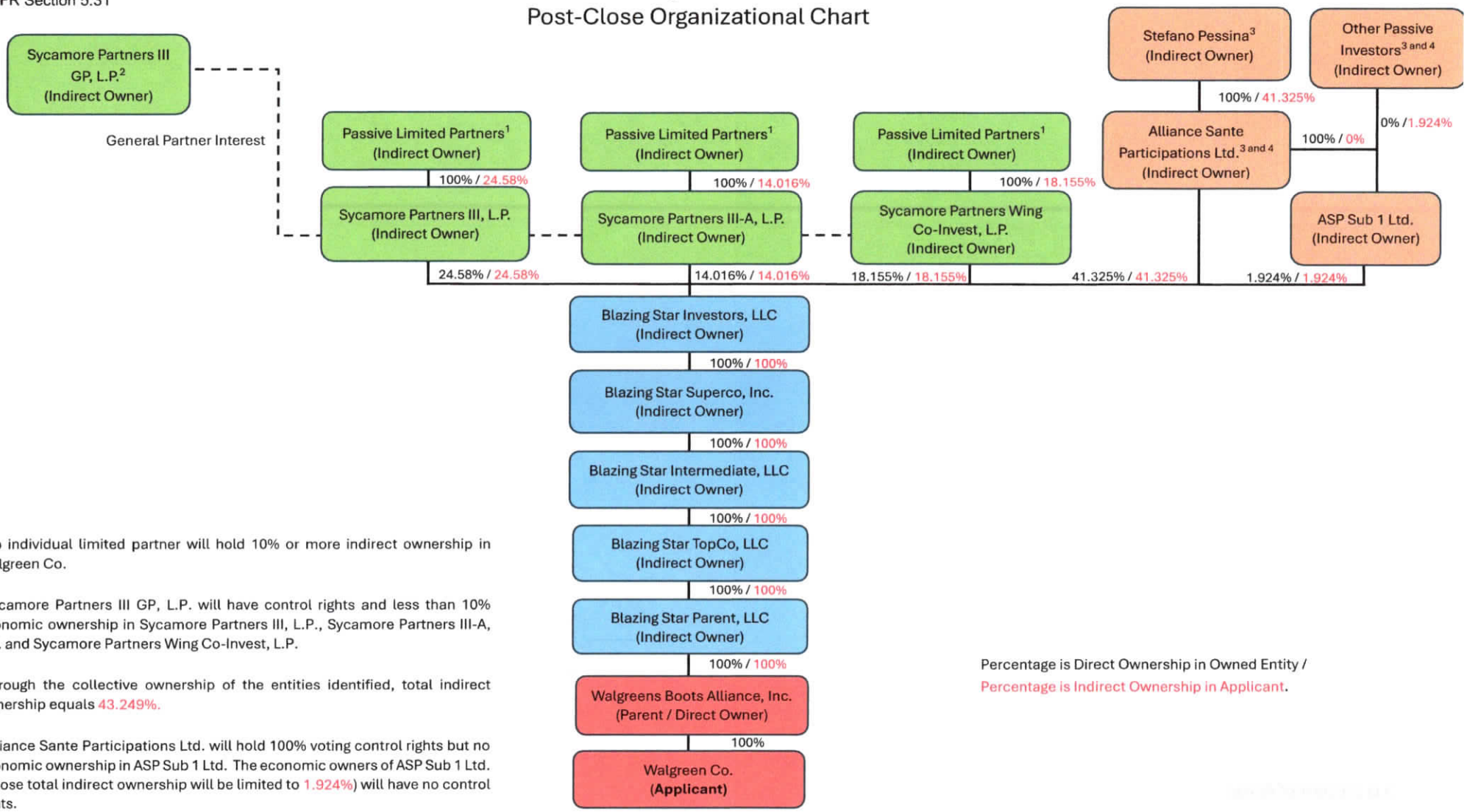
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

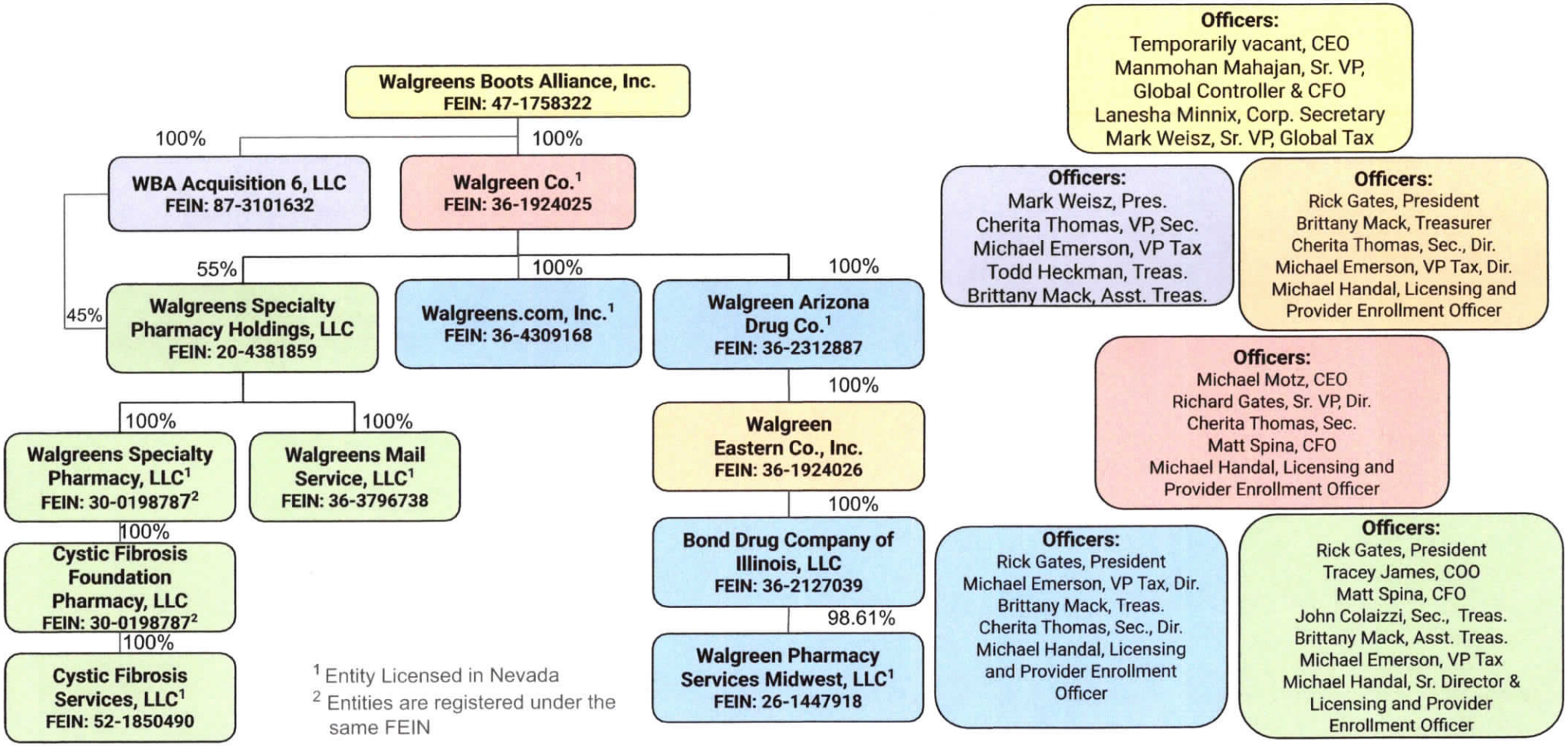
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4AAAAA

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW2933390
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH02742		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #15035

Physical Address: 3150 N TENAYA WAY STE 170

City: LAS VEGAS State: NV Zip: 89128-0462

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-256-2059 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)256-2079 Contact Email: rxm.15035@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ELISE CACCIO

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22906

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ELISE CACCIO	NV Pharmacist Registration #: 22906
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck UP03-30001111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ELISE CACCIO Pharmacist Registration #: 22906

Pharmacy Name: WALGREENS #15035

Initial each statement below to indicate you have read and agree with the following:

E.C. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

E.C. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

E.C. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

E.C. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

E.C. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

ELISE CACCIO

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 07 / 2025

Date

FILED
APR 26 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KARA BALDUZZI, RPH Certificate of Registration No. 18074, and WALGREENS PHARMACY #15035 Certificate of Registration No. PHN02742, Respondents.	CASE NO. 18-071-RPH-S 18-071-PH-S STIPULATION AND ORDER

S. PAUL EDWARDS, ESQ., prosecuting for the State of Nevada, Nevada State Board of Pharmacy ("Board") and Respondents KARA BALDUZZI, RPh., Certificate of Registration No. 18074 ("Balduzzi") and WALGREENS PHARMACY #15035, Certificate of Registration No. PHN02724 ("Walgreens"), represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law,

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over these parties and this matter.

2. The Board properly served a *Notice of Intended Action and Accusation* (Accusation) on Walgreens on or about February 14, 2019.

3. Respondents filed a joint *Answer and Notice of Defense* in this case on March 19, 2019.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and either obtained the advice of counsel or hereby waive the right to seek the advice of counsel by signing this Stipulation below.

5. Respondents are aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that they have failed to comply with the provisions of Paragraph 10 below, Respondents, and each of them, hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Respondents admit that if this case were to proceed to a hearing, evidence exists and could be presented by the prosecutor to establish the following factual allegations as set forth in the Accusation.

a. On August 6, 2018, Mountainview Hospital in Las Vegas discharged 75-year-old patient A.C. following heart surgery.

b. Prior to discharge, A.C.'s physician wrote a prescription for Deltasone (name brand Prednisone) 5 mg. tablets, quantity forty-five (45) with directions to take 8 tablets daily for 3 days (40 mg.), then 4 tablets daily for 3 days (20 mg.), then 2 tablets daily for 3 days (10 mg.), then 1 tablet daily for 3 days (5 mg.).

c. Walgreens received the prescription and delivered the medication to A.C. in his hospital room.

d. Pharmaceutical technician Rhodora Galang scanned the prescription at 4:38 p.m. Walgreens system designated it as Prescription No. 191694.

e. Managing pharmacist, Balduzzi, entered the prescription data into Walgreens' system at 4:42 p.m. She mistakenly chose 50 mg. prednisone tablets instead of the 5 mg. tablets called for in the prescription.

f. Balduzzi performed data entry review at 4:48:17 p.m. She did not detect the dosing error.

g. One second later, at 4:48:18 p.m., Balduzzi overrode three Drug Utilization Review (DUR) warnings related to the excessive nature of the dosing error without responding appropriately to them.

h. Pharmaceutical technician Eva Vergara filled the medication based on the erroneous information on the prescription label printed from Walgreens' computer system.

i. Balduzzi performed the final product verification. She again failed to detect that Walgreens was dispensing 50 mg. tablets instead of the 5 mg. tablets called for by the prescription.

j. Walgreens sold the prescription and Balduzzi marked that she completed counseling for the prescription.

k. Patient A.C. ingested forty-four tablets of the dispensed medication as directed, resulting in the ingestion of ten times the intended dose.

l. A.C. experienced a temporary negative physical outcome as a result of the prescription error.

8. Respondents further admit that the facts alleged in the Accusation support the legal conclusions set forth in the First, Second and Fourth Causes of Action in the Accusation, including that:

a. Respondent Balduzzi violated NAC 639.945(1)(d) and (i) when she (1) verified the data entered on Prescription No. 191694 as accurate when it was not, and/or (2)

verified the 50 mg. tablets in the prescription bottle as the correct product when Walgreens should have dispensed 5 mg. tablets.

b. Balduzzi violated NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for the 50 mg. prednisone tablets being prepared to dispense to A.C., including by overriding the DUR alerts within one second of verifying the incorrect data for the prescription as being correct.

c. For each of the forgoing violations, Respondents, and each of them, are subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

d. As the owner of the pharmacy in which the foregoing violations occurred, and as Balduzzi's employer, Walgreens bears responsibility pursuant to NAC 639.945(2).

9. Board Staff hereby withdraws the third cause of action related to insufficient counselling and all related alleged violations of NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i).

10. Based upon the Accusation and the foregoing admissions, the Board and Respondents, and each of them, stipulate to the following penalties:

a. For the First Cause of Action, Balduzzi shall pay a fine of five hundred dollars ($500.00) and complete two continuing education units ("CEU") on topics related to prescription verification/error prevention.

b. For the Second Cause of Action, Balduzzi shall pay a fine of five hundred dollars ($500.00) and complete two CEUs related to the proper responses to Drug Utilization Review ("DUR") warnings.

c. Additionally, Balduzzi shall pay an administrative fee of five hundred dollars ($500.00) to partially offset the costs the Board incurred to investigate and prosecute this matter.

d. For the Fourth Cause of Action, Walgreens shall pay an administrative fee of one thousand dollars ($1000.00) to partially offset the costs the Board incurred to investigate and prosecute this matter.

11. The CEUs agreed to above are in addition to the number of CEUs Balduzzi must complete to renew her license during the current renewal period, ARE and will be completed within 60 days of the effective date of this Order.

12. Counsel will present this Stipulation to the Board Members for approval at the Board's regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. Respondents, and each of them, will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Walgreens is not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

14. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's June 2019 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Balduzzi shall pay the fine(s) agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

16. Upon approval of this Stipulation by the Board, Walgreens shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

17. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Respondents' respective registrations until all terms have been complied with.

Respondents KARA BALDUZZI, RPh., Certificate of Registration No. 18074, and WALGREENS PHARMACY #15035, Certificate of Registration No. PHN02724, has each fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10 day of April 2019

Kara Balduzzi, RPh.
Certificate of Registration No. 18074

Signed this 30th day of April 2019

Authorized Representative
Walgreens #15035
Certificate of Registration No. PH2742.

Signed this 10th day of April 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents KARA BALDUZZI, RPh., Certificate of Registration No. 18074, and WALGREENS PHARMACY #15035, Certificate of Registration No. PHN02724, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

26 APRIL 2019
Dated

Jason Penrod, President
Nevada State Board of Pharmacy

FILED
FEB 14 2019
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
Petitioner,	**CASE NO. 18-071-RPH-S** **CASE NO. 18-071-PH-S**
v.	
KARA BALDUZZI, RPH., **Certificate of Registration No. 18074,**	**NOTICE OF INTENDED ACTION AND ACCUSATION**
and	
WALGREENS PHARMACY #15035, **Certificate of Registration No. PH02742,**	
Respondents. /	

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

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because Kara Balduzzi, Certificate of Registration No. 18074 ("Ms. Balduzzi"), is a pharmacist registered with the Board and Walgreens Pharmacy #15035, Certificate of Registration No. PH02742 ("Walgreens"), is a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

On August 6, 2018, Mountainview Hospital in Las Vegas discharged 75-year-old patient A.C. following heart surgery. The instructions in A.C.'s discharge summary called for Prednisone tapering from 40 mg. daily for 3 days to 20 mg. daily for 3 days to 10 mg. daily for 3 days, then to 5 mg. daily for 3 days.

III.

Consistent with the discharge summary, A.C.'s physician wrote a prescription for Deltasone (name brand Prednisone) 5 mg. tablets, quantity forty-five (45) with directions to take 8 tablets daily for 3 days (40 mg.), then 4 tablets daily for 3 days (20 mg.), then 2 tablets daily for 3 days (10 mg.), then 1 tablet daily for 3 days (5 mg.).

IV.

A.C. presented the prescription to Walgreens on August 6, 2018, which filled and sold the medication the same day.

V.

Pharmaceutical technician Rhodora Galang scanned the prescription at 4:38 p.m. Walgreens system designated it as Prescription No. 191694.

VI.

Managing pharmacist, Ms. Balduzzi, entered the prescription data into Walgreens' system at 4:42 p.m. She mistakenly chose **50** mg. prednisone tablets instead of the **5** mg. tablets called for in the prescription.

VII.

Ms. Balduzzi performed data entry review at 4:48:17 p.m. She did not detect the dosing error.

VIII.

One second later, at 4:48:18 p.m., Ms. Balduzzi overrode three Drug Utilization Review (DUR) warnings. Those warnings indicated:

- "HYPERTENSION INDICATES USING CAUTION WITH PREDNISONE 50MG (FIFTY) TABLETS",
- "DIABETES MELLITUS INDICATES USING CAUTION WITH PREDNISONE 50 MG (FIFTY MG) TABLETS", and

- "3.75 TAB(S) OF PREDISONE 50MG (FIFTY MG) TABLETS EXCEEDS THE RECOMMENDED GERIATRIC DOSAGE: 0.02 – 1.20 TAB(S) PER DAY."

IX.

Pharmaceutical technician Eva Vergara filled the medication based on the erroneous information on the prescription label printed from Walgreens' computer system.

X.

Ms. Balduzzi performed the final product verification at 5:09 p.m. She again failed to detect that Walgreens was dispensing 50 mg. tablets instead of the 5 mg. tablets called for by the prescription.

XI.

Walgreens sold Prescription No. 191694 at 6:20 p.m.

XII.

At 7:10 p.m., Ms. Balduzzi marked that she completed counseling for the prescription.

XIII.

Patient A.C. ingested forty-four (44) tablets of the dispensed medication as directed. As a result, he ingested ten times the intended dose, or 400 mg. of Prednisone daily for 3 days, instead of the 40 mg. he was prescribed. He then ingested 200 mg. daily for 3 days, instead of the 20 mg. as prescribed. He then tapered to 100 mg. daily, instead of 10 mg. as prescribed, and finally, to 50 mg. daily, instead of 5 mg. as prescribed.

XIV.

A.C.'s physician discovered Walgreens' dosing error on August 17, 2018, during a follow-up examination of A.C. at the doctor's office.

XV.

As a result of Walgreens' error, A.C.'s blood sugar levels were elevated to 300-500 and were uncontrollable by insulin. A.C. also experienced edema in his legs, and Walgreens' error may have caused delays in the healing of A.C.'s wounds.

XVI.

A.C.'s physician gave A.C. a subsequent prescription for prednisone to safely taper off the high dose Walgreens provided.

FIRST CAUSE OF ACTION
Unprofessional Conduct, Failure to Verify the Dispensed Medication
(Respondent Kara Balduzzi)

XVII.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner". *See* NAC 639.945(1)(i).

Respondent Kara Balduzzi violated NAC 639.945(1)(d) and (i) when she (1) verified the data entered on Prescription No. 191694 as accurate when it was not, and/or (2) verified the 50 mg. tablets in the prescription bottle as the correct product when Walgreens should have dispensed 5 mg. tablets. Ms. Balduzzi's registration is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

SECOND CAUSE OF ACTION
Failure to Act on Drug Utilization Review (DUR) Warnings
(Respondent Kara Balduzzi)

XVIII.

NAC 639.945(1)(i) defines unprofessional conduct to include a licensee performing any of his or her duties in an "incompetent, unskillful or negligent manner." Ms. Balduzzi violated NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for the 50 mg. prednisone tablets being prepared to dispense to A.C., including by overriding the DUR alerts within one second of verifying the incorrect data for the prescription as being correct. That violation is grounds for action pursuant to NRS 639.210(4) and/or (12), and under NRS 639.255.

THIRD CAUSE OF ACTION
Failure to Adequately Counsel
(Respondent Kara Balduzzi)

XIX.

NRS 639.266(1) requires a pharmacist to "communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient." NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling "at the time that counseling is provided or refused."

By marking that counseling was completed at 7:10 PM, nearly an hour after Walgreens sold the medication, and, to the extent any counseling actually occurred, by failing to discuss the medication sufficiently to detect that she was dispensing an inaccurate dose of prednisone that was ten (10) times the dose prescribed, Ms. Balduzzi violated NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i). Those violations are grounds for action pursuant to NRS 639.210(4) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #15035)

XX.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Walgreens was Respondent Kara Balduzzi's employer. As such, Walgreens Pharmacy is responsible for each of the violations alleged herein.

XXI.

The violations alleged above are grounds for discipline against the pharmacist registration of Kara Balduzzi, as well as Walgreens #15035, pursuant to NRS 639.210(4) and (12), and/or NRS 639.255.

XXII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration and/or license of these respondents.

Signed this 14th day of February 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Shelly Verma, Rachel McDonald,**
	)	**Suzette Jacobs, Walgreens**
SUZETTE JACOBS, RPH	)	**Pharmacy #03845, Walgreens**
Certificate of Registration No. 17642,	)	**Pharmacy #04086, Walgreens**
	)	**Pharmacy #15035 and Walgreens**
WALGREENS PHARMACY #15035	)	**Co.)**
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. William J. Stilling, Esq., of Kimball Legal, appeared on behalf of Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens #04086),

Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co.

Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board finds that evidence exists to support each of the factual allegations in the Accusation and enters Findings of Fact, Conclusions of Law, and Orders as follows:

FINDINGS OF FACT

On July 19, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, admitted in the *Stipulated Facts* are as follows:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

15. In a separate Order on file in this matter, the Board found that

> By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days

between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

See Findings of Fact, Conclusions of Order and Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S (2017), attached hereto as **Exhibit 2**, and incorporated herein by reference.

16. Additionally, during the hearing the Board heard testimony and accepted into evidence Exhibit 1, along with certain written evidence, including the prosecution's Hearing Exhibits 1 through 4, Respondents' Hearing Exhibits A and B.

Based on the evidence presented during the hearing, the Board finds that evidence exists to support each of the factual allegations stated in the Accusation.

CONCLUSIONS OF LAW

From the forgoing findings of fact, the Board concludes as a matter of law:

17. The Board has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs, were registered pharmacists with the Board.

18. Similarly, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035, were pharmacies registered with the Board.

19. As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

20. As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT

registration for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

21. As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one (1) day, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

22. By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and (15), and under NRS 639.255.

23. NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each employees of one of the Walgreens Pharmacies. As such, that Walgreens Pharmacies are responsible for each of the violations alleged herein.

ORDER

24. For the violations described in the Second[i] and Fifth Causes of Action, Respondent Ms. Verma shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of*

[i] The Board resolved the First Cause of Action in this matter through a separate Order. *See* Exhibit 2 (*Findings of Fact, Conclusions of Order and* Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S)(2017).

continuing education (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of five hundred dollars* ($500.00).

25. For the violations described in the Third and Fifth Causes of Action, Respondent Ms. McDonald shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of one hundred and sixty dollars* ($160.00).

26. For the violations described in the Fourth and Fifth Causes of Action, Respondent Ms. Jacob shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*, and (3) *pay a fine of forty dollars* ($40.00).

27. As to Ms. Verma, Ms. McDonald and Ms. Jacob, the extra hours of CE ordered herein are in addition to any continuing education hours each must otherwise complete to maintain or renew her licensure.

28. For the Sixth Cause of Action, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035 shall each (1) *pay a fine of five hundred dollars* ($500.00)(for a total of $1,500 between the three Walgreens Pharmacies), and (2) pay a combined administrative fee of *one thousand five hundred dollars* ($1,500.00).

29. The Prosecution withdraw the Seventh Cause of Action.

30. Respondents, and each of them, shall pay the fines ordered herein when due, and by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

31. Respondents, and each of them, shall pay the administrative fees ordered herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

32. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of their respective license or registration.

33. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**STIPULATED FACTS**
Certificate of Registration No. 18416,	)	**(All Respondents)**
	)	
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens

#04086), Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co., by and through their counsel, William J. Stilling, Esq., of Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016 through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records the Walgreens Pharmacies provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day

- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

I, the undersigned, William J. Stilling, Esq., of and for the law firm Kimball Legal, have consulted with Respondents in this action, and each of them, regarding factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. Each Respondent has freely and voluntarily agreed to the factual statements set forth herein, and each has authorized me to sign below on their individual behalf.

Signed this 17th day of July, 2017

William J Stilling, Esq.
Kimball Legal

Counsel for Respondents Shelly Verman,
Suzette Jacobs, Rachael McDonald,
Walgreens Pharmacy #03845,
Walgreens Pharmacy #4086
Walgreens Pharmacy #15035, and
Walgreens Co., an Illinois
Corporation

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Hakeem Sanchez-Bravo Only)**
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration No. PT17763, a pharmaceutical technician in training (PTT) at the time of the events alleged in the *Notice of Intended Action and Accusation* (Accusation) on file herein, did not file an answer in response to the Accusation. He did not respond to the Accusation in any way, and failed to appear at the hearing.

Having received no pleading and no response from Mr. Sanchez-Bravo, the Board hereby enters default against him as follows:

FINDINGS OF FACT

The allegations in the Accusation and on which the Board enters default against Mr. Sanchez-Bravo are as follows:

1. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

2. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

3. Certificate of Registration No. PT17763 expired on October 31, 2016.

4. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

5. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

6. A Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

7. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at three Walgreens pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

8. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and

- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

9. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

10. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

11. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

12. During the hearing, the Board admitted into the record, among other evidence, the prosecution's Exhibit 4, which is a written statement from Mr. Sanchez-Bravo supporting the allegations that Board Staff eventually filed against him by way of the Accusation.

13. Additionally, on May 5, 2017, Board Staff served the Accusation in this matter on Mr. Sanchez-Bravo by certified mail, return receipt requested, using the address Mr. Sanchez-Bravo most recently provided to the Board.

14. Based on evidence and testimony presented during the hearing, the Board finds that Board Staff satisfied the service requirements of NRS 639.242.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

15. The Board has jurisdiction over this matter because at the time of the events alleged herein, Respondent Mr. Sanchez-Bravo was a registered pharmaceutical technician in training with the Board.

16. A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

17. Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

18. By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

19. Those violations are grounds for discipline pursuant to NRS 639.210(4), and (13), as well as NRS 639.255.

ORDER

20. For the violations described above, Respondent Mr. Sanchez-Bravo shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding his obligations as a pharmaceutical technician in training, (2) *pay a fine of two hundred dollars* ($200.00), and (3), *complete 2 hours of continuing education* (CE) on the topics of *ethics* and *Nevada law*. Those extra hours of CE are in addition to any continuing education hours Mr. Sanchez-Bravo must otherwise complete to maintain or renew his registration.

21. Mr. Sanchez-Bravo shall pay the fine ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 30 days of the effective date of the Board's Order.

22. Any failure by Mr. Sanchez-Bravo to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of his registration, or be grounds for the denial of any application by him for registration or licensure with the Board, until all terms have been satisfied.

23. Mr. Sanchez-Bravo may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has a valid registration.

24. In the event Mr. Sanchez-Bravo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

FILED
MAY 05 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. HAKEEM SANCHEZ-BRAVO, PTT Certificate of Registration No. PT17763, SHELLEY VERMA, RPH Certificate of Registration No. 17761, WALGREENS PHARMACY #03845 Certificate of Registration No. PHN01064, RACHAEL MCDONALD, RPH Certificate of Registration No. 18416, WALGREENS PHARMACY #04086 Certificate of Registration No. PH01248, SUZETTE JACOBS, RPH Certificate of Registration No. 17642, WALGREENS PHARMACY #15035 Certificate of Registration No. PH02742, and WALGREENS CO., an Illinois Corporation, Respondents.	)	CASE NOS. 16-080-PTT- S 16-080-RPH-A-S 16-080-PH-A-S 16-080-RPH-B-S 16-080-PH-B-S 16-080-RPH-C-S 16-080-PH-C-S 16-080-PH-D-S NOTICE OF INTENDED ACTION AND ACCUSATION

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration PT17763, was a registered pharmaceutical technician in training with the Board; Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; and Suzette Jacobs

(Ms. Jacobs), Certificate of Registration 17642, were registered pharmacists with the Board. Similarly, Respondent Walgreens Pharmacy #03845, Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086, Certificate of Registration PH01248; and Walgreens Pharmacy #15035, Certificate of Registration PH02742, were pharmacies registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of each of the individual Walgreens pharmacies named in this matter.

II.

Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

III.

Additionally, a trainee may be employed as a technician in training at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5). If a pharmaceutical technician in training changes pharmacy locations (even within the same chain), the trainee must submit a new application and become registered for the new site. *Id.* Termination of employment at a pharmacy voids the trainee's registration and the trainee must reapply for registration before working at any other pharmacy.

FACTUAL ALLEGATIONS

IV.

On or about January 8, 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo).

V.

Certificate of Registration No. PT17763 was valid at Walgreens Pharmacy #4790.

VI.

Certificate of Registration No. PT17763 expired on October 31, 2016.

VII.

On November 7, 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During that discussion with Board Staff, Mr. Sanchez-Bravo indicated that he has been working at Walgreens Pharmacy #03845 for the prior four months.

VIII.

Board Staff learned that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

IX.

Records provided to the Board Investigator by Walgreens' District Manager Jaclyn Latteri show that from April 2016, through November 2016, Mr. Sanchez-Bravo worked as a technician in training at three separate Walgreens' where he did not have a registration. Those records show that he worked unregistered at those locations for a combined total of approximately one-hundred and forty (140) days.

X.

Table 1 below shows the number of hours and the pharmacy manager at each location where Mr. Sanchez-Bravo worked without a registration.

Walgreens Store #	Number of Days Sanchez-Bravo Worked Unregistered	Pharmacy Manager at Each Walgreens Location
03845	135	Shelley Verma
04086	4	Rachael McDonald
15035	1	Suzette Jacobs
Total	**140**	

XI.

Ms. Latteri, Walgreens' District Manager, confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

XII.

The Board Investigator also requested Walgreens' records documenting the hours Mr. Sanchez-Bravo was on duty during the pharmacies' hours of business. The records Walgreens

provided indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

XIII.

The following summarizes the number of days Mr. Sanchez-Bravo worked but failed to log his hours on duty during the 140-day period:

- Walgreens #03845 – 84 days
- Walgreens #04086 – 3 days
- Walgreens #15035 – 1 day

XIV.

Walgreens Co. has a history of allowing employees to work unlicensed in its stores, as evidenced by a number of prior disciplinary actions taken by the Board against various Walgreens' pharmacies for unlicensed activity. Those cases include each of the following:

Prior Disciplinary Actions Taken Against Walgreen Respondents for Unlicensed Practice

A. *Board of Pharmacy v. Respondent Walgreens Pharmacy #05646,* Case No. 07-062-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #03844, Case No. 07-063-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #05646, Case No. 07-064-PH-S

B. *Board of Pharmacy v. Respondent Walgreens Pharmacy #06310,* Case No. 07-021-PH-S

C. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12646,* Case No. 10-007-PH-S

D. *Board of Pharmacy v. Respondent Walgreens Pharmacy #04855,* Case No. 11-044-PH-S

E. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12488,* Case No. 13-016-PH-S

XV.

A copy of the Findings of Fact, Conclusions of Law and Order and/or the Stipulation and Order for each of those cases are attached hereto as **Exhibits A through E,** respectively, the contents of which are incorporated herein by reference.

XVI.

FIRST CAUSE OF ACTION
(Respondent Hakeem Sanchez-Bravo)

A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he

did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1), which violations are grounds for discipline pursuant to NRS 639.210(4), and/or (13), or alternatively, under NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Shelley Verma)

XVII.

As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Rachael McDonald)

XVIII.

As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Suzette Jacobs)

XIX.

As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one (1) day, and in failing to verify that

Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FIFTH CAUSE OF ACTION

(Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs)

XX.

NAC 639.245(1) requires that "[a] written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business." The record must be "[r]eadily retrievable" and "[r]etained for 2 years. *Id.* NAC 639.945(m) defines unprofessional conduct to include "failing to provide any document, data or information that is required to be made and maintained...to a member of the Board or member of the staff of the Board . . ." upon request.

By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and/or (15), or alternatively, under NRS 639.255.

SIXTH CAUSE OF ACTION

(Respondents Walgreens #03845, Walgreens #04086, and Walgreens #15035)

XXI.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each Walgreens' employees. As such, Walgreens is responsible for each of the violations alleged herein.

The violations alleged above, including in causes of action one through five, are grounds

for discipline against the licenses of Ms. Verma, Mr. McDonald, Ms. Jacobs, as well as Walgreens #03845, Walgreens #04086 and Walgreens #15035 pursuant to NRS 639.210(4), (11), (12), (15) and/or (17) as well as NRS 639.255.

SEVENTH CAUSE OF ACTION
(Respondent Walgreens Co.)

XXII.

In being repeatedly negligent in its registration verification process, as evidenced by the allegations in this action, and the outcome in Case Nos. 07-062-PH-S, 07-063-PH-S, 07-064-PH-S, 07-021-PH-S, 10-007-PH-S, 11-044-PH-S, and 13-016-PH-S, Walgreens Co., through its pharmacies, violated NRS 639.210(4), (12) and/or (16), as well as NAC 639.945(1)(i). Collectively they are responsible for those actions under NAC 639.945(2), and are subject to discipline pursuant to NRS 639.210(4), (11), (12), (15) and (17), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 1st day of May, 2017.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

AMANDA L. WEAVER, P.T.,
Certificate of Registration No. PT06996,

Case No. 07-021-PT-S

WALGREENS #06310,
Certificate of Registration No. PH01549,

Case No. 07-021-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Amanda L. Weaver appeared and represented herself. Mr. Ling represented to the Board that Board Staff had entered into an oral stipulation with Robert Graham, counsel for Walgreens #06310, pursuant to which the parties had agreed that Mr. Ling would present the terms of the oral stipulation and that Mr. Graham or representatives of Walgreens were excused from appearing in the matter. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Weaver appeared, testified, and represented herself. Because of the oral stipulation between Mr. Ling and Mr. Graham, Board Staff presented no witnesses or evidence. Instead, Board Staff represented the terms of the

oral stipulation between himself and Mr. Graham, namely that Walgreens #06310 admitted that it had employed Ms. Weaver for 16 days while Ms. Weaver's pharmaceutical technician's registration was expired and that Walgreens #06310 was willing to pay whatever fine and fees and costs as might be assessed by the Board up to but not to exceed the regulatorily established amount of $100.00 per day for each day that Ms. Weaver was employed on an expired registration. Board Staff further explained that Walgreens #06310's employment of Ms. Weaver appeared to be an isolated incident because other similar incidences were not noted after November 1, 2007 in any other Walgreens pharmacy. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. All registrations of pharmaceutical technicians were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician may lawfully be employed as a pharmaceutical technician on an expired registration.

3. On March 9, 2007, Board Staff learned that Ms. Weaver had failed to renew her pharmaceutical technician's registration and that she had worked at Walgreens #06310 while her registration was expired. Subsequent investigation showed that Mr. Weaver had been employed as a pharmaceutical technician a total of 16 days between November 1, 2006 and March 7, 2007.

4. At hearing, Ms. Weaver explained that prior to November 1, 2006, she had accepted temporary employment as an intern at Walt Disney World in Orlando, Florida and that during her internship she had inadvertently forgotten to renew her registration. When she returned to Nevada, she recommenced employment at Walgreens #06310.

After working for a few weeks, Ms. Weaver and Walgreens #06310 discovered that she had failed to renew her registration. Ms. Weaver apologized to the Board for her actions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a pharmaceutical technician registered by the Board and Respondent Walgreens #06310 is a pharmacy licensed by the Board.

2. In working as a pharmaceutical technician on and expired registration, Respondents Weaver violated NRS 639.210(4) and (13) and NAC 639.945(1)(i) and (k).

3. In owning and operating the pharmacy that employed Ms. Weaver as a pharmaceutical technician while her registration was expired, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(i) and (k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Walgreens #06310 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Respondent Walgreens #06310 shall pay the Board's costs and attorney's fees of $210.00 and the Board's administrative fee of $290.00, for a total of $500.00 by cashier's or certified check or money order made payable to "Nevada State Board of

Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondent Weaver shall pay a fine of $125.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Respondent Weaver shall attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff. Additionally, Respondent Weaver shall complete three hours of continuing education regarding legal issues related to her practice as a pharmaceutical technician, which hours must be completed before October 31, 2008.

5. The failure by Respondent Weaver to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by Respondent Walgreens #06310 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 28th day of June, 2007.

J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LISA A. HEATHCOCK, PT,
Certificate of Registration No.: PT02628,

Case No. 10-007-PT-S

WALGREENS #12646,
Certificate of Registration No.: PH02353,

Case No. 10-007-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, and Ms. Heathcock was not present because of a family emergency and her matter was continued until the October, 2010 Board meeting. Walgreens #12646 (Walgreens) was represented by Robert Graham, Esq. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were essentially true and correct regarding the issues related to Ms. Heathcock working for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Mr. Graham advised that Walgreens did check to ensure all of their staff had renewed their licenses and that their computer system was working properly, however Walgreens staff was given false

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not following through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #12646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #12646 shall pay the Board's administrative fee of $295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.

4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 9th day of August, 2010.

Candy Nally for
Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.
_____/

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents, Yvonne Jett, Walgreens #04855 and Walgreens Corporation, all represented by Rob Graham, Esq., of Rob Graham and Associates, stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First, Second and Third Causes of Action.

2. Respondents admit that although there are systems in place to prevent a licensed employee who has not renewed his or her license from working in Respondent's pharmacy, those systems did not work and additional steps must be taken to prevent this from happening again.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and the Respondent Jett will recommend that the Board impose discipline for the First Cause of Action by suspending her pharmaceutical technician registration for 120 days during which time she cannot work in any facility that is licensed pursuant the Nevada Board of Pharmacy and pay a total fine of $2,500 by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 180 days after her suspension ends. The suspension of Respondent Jett's pharmaceutical technician registration will start with the effective date of this order and run through November 10, 2011.

5. Board Staff and Respondents Walgreens Corporation and Walgreens #04855 will recommend that the Board impose discipline on Respondents for the Second and Third Causes of Action by requiring that all Nevada Walgreens pharmacies be trained on and use the licensing computer program that is in place in Nevada. In addition, Walgreens pharmacies in Nevada will be required to implement a statewide policy requiring all managing pharmacists, or if none is present staff pharmacists, to personally verify that the personnel they are working with are properly licensed or registered before they work. If the managing pharmacist, or if no managing pharmacist is present the staff pharmacist, fails to personally verify that all registered personnel are properly licensed or registered and may lawfully work, the managing pharmacist or staff pharmacist will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

6. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Yvonne Jett, PT.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ANGELIQUE CHEYENNE STINSON, PT Certificate of Registration No. PT06175 LUDWIG JOSEPH, PTT Certificate of Registration No. PT14490 AMBER SHORE, RPH Certificate of Registration No. 17498 WALGREENS #12488 Certificate of Registration No. PH02741 Respondents.	)	CASE NOS. 13-016-PT-N 13-016-PTT-N 13-016-RPH-N 13-016-PH-N STIPULATION AND ORDER

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and ANGELIQUE CHEYENNE STINSON, PT, Certificate of Registration No. PT06175; LUDWIG JOSEPH, PTT, Certificate of Registration No. PT14490; AMBER SHORE, RPH, Certificate of Registration No. 17498 and WALGREENS #12488, Certificate of Registration No. PH02741 (collectively Respondents), by and through their counsel, Williams J. Stilling of Parsons Behle & Latimer, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. Respondents, and each of them, admit to the factual allegations set forth in paragraphs I through III of the Accusation on file herein.

2. Respondent Ms. Stinson agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

3. Respondent Mr. Joseph agrees that the facts he admits above subject him to fines under NRS 639.255 and NAC 639.955.

4. Respondent Ms. Shore agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

5. Respondent Walgreens #12488 agrees that the facts it admits above subject it to fines under NRS 639.255 and NAC 639.955.

6. Based on Respondents' admissions, Board Staff and Respondents will recommend that the Board impose discipline as follows:

a. Ms. Stinson, PT, shall pay a fine of $480.00 ($20/day for each of the twenty-four (24) days she worked without a current registration).

b. Mr. Joseph, PTT, shall pay a fine of $100.00 ($20/day for each of the five (5) days he worked without a current registration).

c. Ms. Shore, RPh., shall pay a fine of $250.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work under her supervision without a current registration.

d. Walgreens shall pay a fine of $500.00 and an administrative fee of $395.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work in its store without a current registration.

e. Walgreens shall establish policies and procedures to prevent unlicensed and/or unregistered personnel from performing tasks that require a license or registration in any of its Nevada stores. Walgreens shall further demonstrate to Board Staff, within 30 days of entry of this Order, that all of its pharmacists, intern pharmacists, pharmaceutical technicians, and pharmaceutical technicians in training have read, and expressly agree to strictly comply with, those policies and procedures.

7. Board Counsel will present this Stipulation to the Board at its regular meeting on September 4, 2013.

8. Respondents will appear at the September 4, 2013, meeting to answer questions, if any, put to them by the Board. The Board may discuss and deliberate, and at its sole discretion, may enter a Decision and Order accepting this Stipulation and imposing discipline as recommended by the parties, but it is not obligated to do so.

9. If the Board adopts the recommendations set forth above, respondents shall pay the fine(s) set forth herein by cashier's check, certified check or money order made payable to

the "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

10. Respondents shall pay the administrative fees ordered herein by cashier's check, certified check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

11. If the Board adopts the recommendations set forth above, the Board and Respondents, and each of them, each agree to release the other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's December 4, 2013 meeting.

13. The terms and admissions in this Stipulation may not be used or referred to in a full hearing on the merits of this matter.

Signed this 4th day of September, 2013

S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of September 2013

ANGELIQUE CHEYENNE STINSON, PT

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this ___ day of September, 2013.

Kamlesh Gandhi, President

Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this 4 day of September, 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

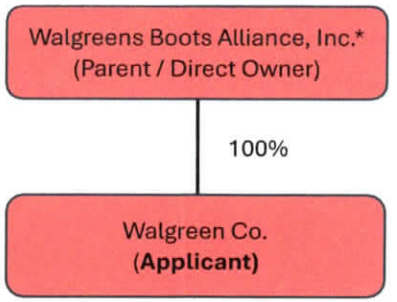
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

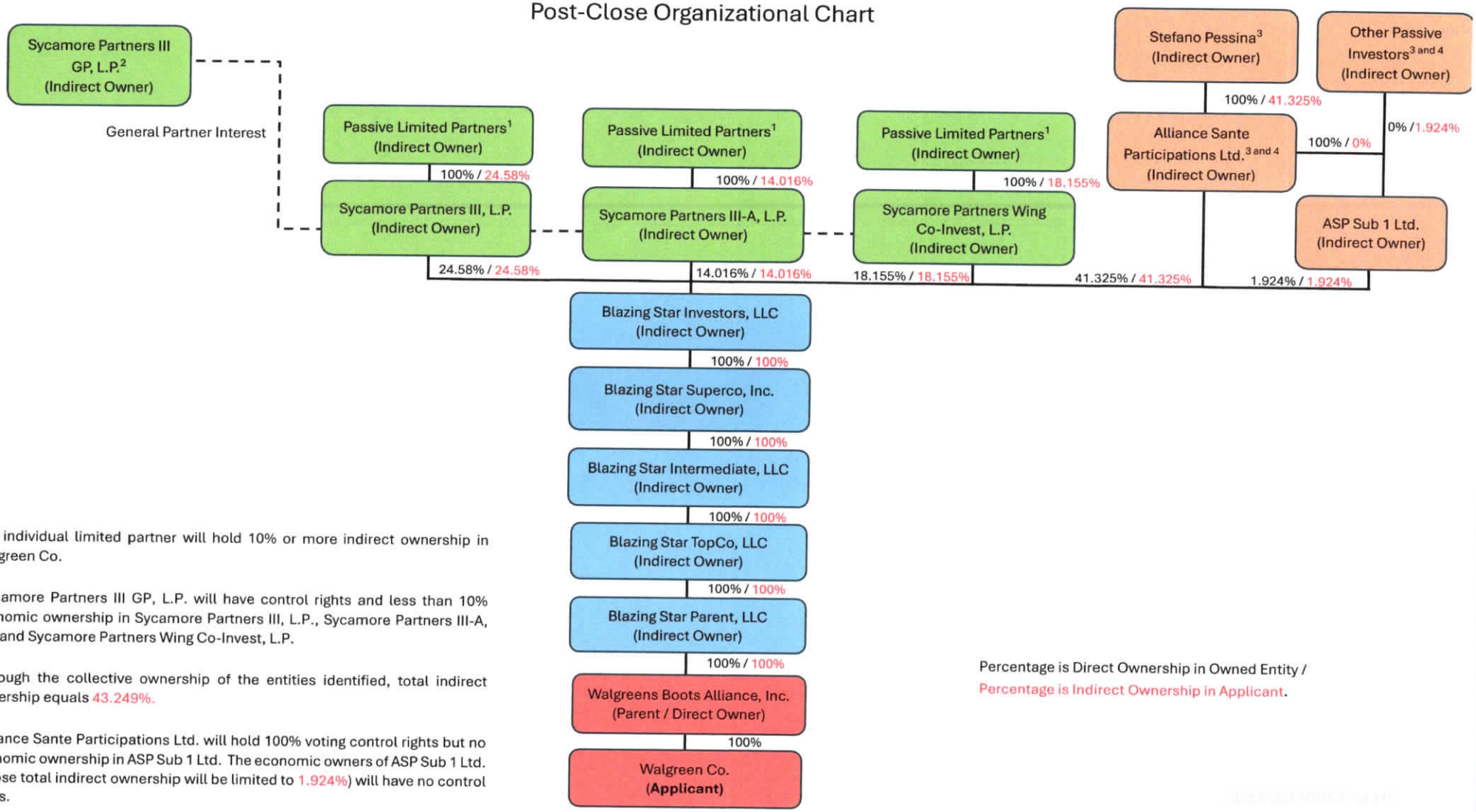
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

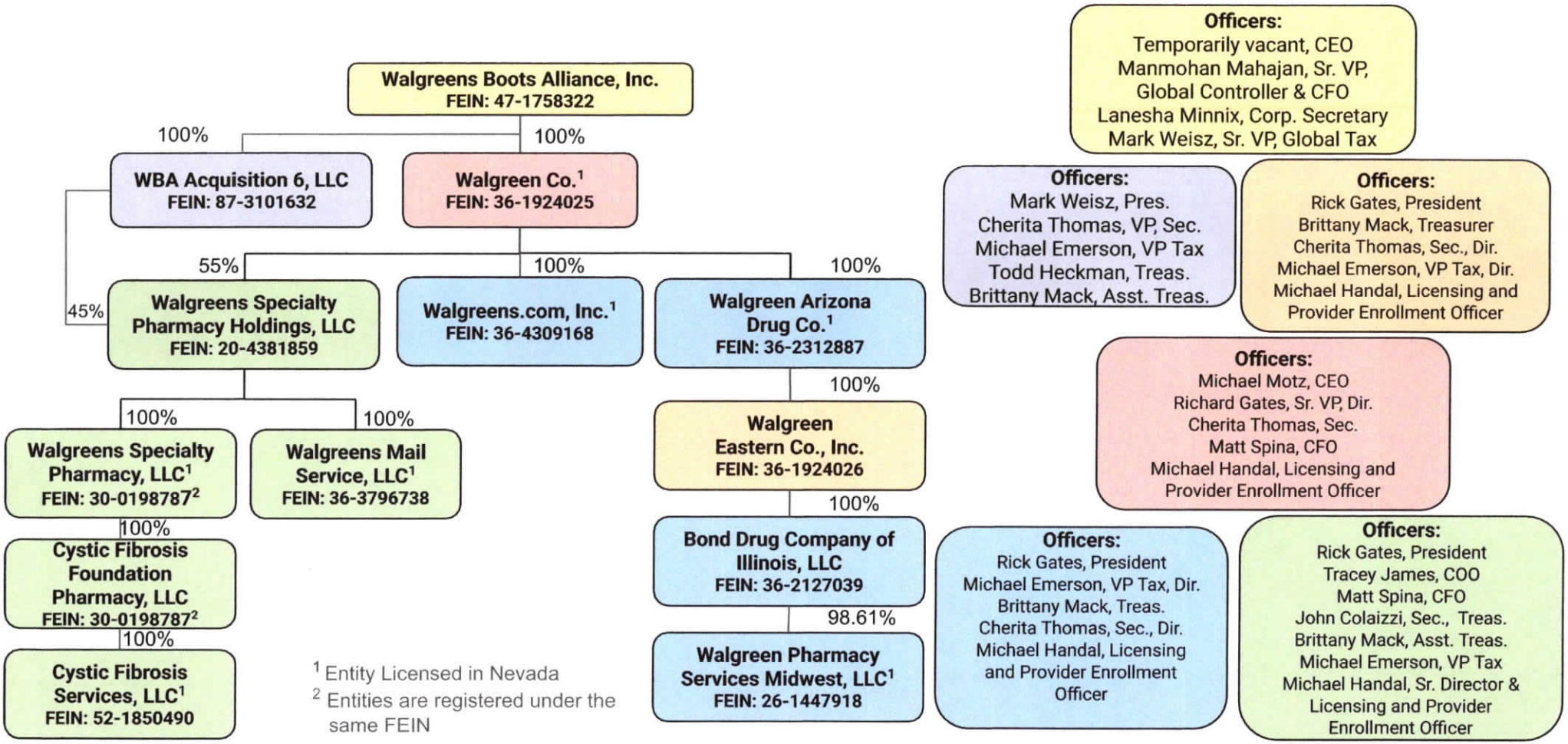
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4BBBBB

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW3121542
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01378		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy #15312

Physical Address: 901 S RANCHO DR

City: LAS VEGAS State: NV Zip: 89106-3815

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)471-7828 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)471-7805 Contact Email: rxm.15312@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ANDREW ROMAND

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18420

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ANDREW ROMAND	NV Pharmacist Registration #: 18420
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: 2JFES-7PGTP-8J92B-H3PRS

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ch. UP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ANDREW ROMAND Pharmacist Registration #: 18420

Pharmacy Name: Walgreens Specialty Pharmacy #15312

Initial each statement below to indicate you have read and agree with the following:

A.R — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

A.R — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

A.R — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

A.R — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

A.R — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

ANDREW ROMAND

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Document Ref: XXQLA-7BKTV-LMSAR-B2PC9

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

May 1, 2025

Via Certified Mail and Email
Walgreens Specialty Pharmacy #15312
License No. PH01378
901 S. Rancho Dr. Ste 20
Las Vegas, NV 89106
taxlicenserenewals@walgreens.com
bstilling@shhealthlawyers.com

CITATION-AND-FINE ORDER: Walgreens Specialty Pharmacy #15312, Case No. 24-089-PH-S, Dispensing Without Valid Prescriber Authorization

Dear Walgreens Colleagues:

The Nevada State Board of Pharmacy ("Board") has determined that on March 18, 2024, your managing pharmacist, Andrew Romand, dispensed a dangerous drug without valid authorization from the prescribing practitioner, in violation of Nevada law. The incident occurred at Walgreens Specialty Pharmacy #15312 located at 901 S. Rancho Drive in Las Vegas, Nevada.

On that date, Dr. Roman filled a prescription for deferasirox 180mg for patient C.D. by reassigning the prescription from the original prescriber, Dr. Nik Rashid—who had since passed away—to Advanced Practice Registered Nurse ("APRN") Jessica Casey, without her authorization. The reassignment was made in response to technical adjudication limitations and based on communication with the caregiver that there had been no change in therapy. However, no response or approval had been received from APRN Casey at the time of dispensing. The prescription was shipped under her name without her consent. After the fact, APRN Casey confirmed that she had reduced the patient's dosage to 720mg daily and would not have authorized the additional 180mg.

Under NRS 454.221(1), dangerous drugs may only be dispensed upon the order of a valid practitioner. The term "practitioner," as defined in NRS 454.00958, includes licensed professionals such as physicians and APRNs who are acting within their legal authority and have issued a valid prescription. At the time the prescription was filled, no such valid order existed: Dr. Rashid was deceased, and APRN Casey—whose name appeared on the dispensing record—had not authorized the prescription. Reassigning the prescription to her without her knowledge or consent did not satisfy the statutory requirement.

Pursuant to NAC 639.945(3), a pharmacy is responsible for the acts of its personnel, including pharmacists. As the permit holder, Walgreens is accountable for ensuring that all dispensing activity complies with state law. Therefore, pursuant to NRS 639.2895(3), the Board

has assessed an administrative fine against Walgreens Specialty Pharmacy #15312 for permitting the dispensing of a dangerous drug without valid prescriber authorization. The administrative fine is **Five Hundred and 00/100 Dollars ($500).**

If you do not intend to contest the above fine, please pay the fine within 30 days of receipt of this citation or otherwise contact Board staff to request an extension for good cause shown. Payment must be made by *certified check, cashier's check,* or *money order* payable to **"State of Nevada, Office of the Treasurer,"** and it must be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You may appeal this citation by submitting a notice of appeal requesting a public hearing before the Board. You must submit any such notice of appeal not later than 30 days after receipt of this citation. NRS 639.2895(2). Please mail or personally deliver any notice of appeal to the Reno address listed on the letterhead. If you have any questions, please contact the Board's Senior General Counsel, Gregory Zunino, at 775-850-1440, ext. 124, or *via* email at zunino@pharmacy.nv.gov.

Sincerely,

Nevada State Board of Pharmacy

Re: NV Board Pharmacy Investigative case no. 24-089

Dear Investigator Dena McClish,

My name is Andrew Romand, Pharmacy Manager of Community Walgreens #15312. I was personally responsible for the fill error which occurred on March 18, 2024 for deferasirox.

This patient has been under our care since my arrival to Community Walgreens in 2021 and had been established with Dr. Nik Abdul Rashid with Hemostasis and Thrombosis Center of Nevada. As noted by fill history, this patient was maintained for the entirety of this time on deferasirox 900mg daily (2 x 360mg + 1 x 180mg) with Dr. Rashid. This dosage is within weight-based dosing guidelines for prescribed/approved indication. Due to lack of continuity of care with Dr. Rashid's medical absence, provider staffing and ultimate passing, care was re-established with Cure4Kids in late February 2024 under Jessica Casey APRN. It was our understanding during routine refill calls with caregiver that there were no changes in therapy during this transition of care.

Events leading to and following dispensing error:

- On March 13, 2024 my technician spoke with mother of patient, Vanessa, who accepted refills for deferasirox 360mg under Jessica Casey from Rx dated 2/22/2024 in addition to deferasirox 180mg under Dr. Rashid, which had refill remaining at the time of processing. Caregiver had indicated refills needed for both 360mg and 180mg deferasirox and reported no changes at this time. Order was scheduled for shipment out March 18, 2024 to patients home.
- On March 18, 2024 in attempting to adjudicate the 180mg deferasirox prescription under Dr. Rashid for shipment, this was brought to my attention for resolution. As Dr. Rashid had recently passed away and care had been transferred to Ms. Casey, I closed this Rx and generated a fax for renewal under Jessica Casey at Cure4Kids notifying office that patient had previously been maintained at 900mg daily under Dr. Rashid and that caregiver had indicated no changes to medications.
- Attempt was made to outreach to caregiver to notify but was unsuccessful in establishing contact. As we did not receive response, shipment pickup time was approaching and my understanding of treatment plan that this was to be continued - refill for 180mg was added and dispensed under Jessica Casey and shipped to patient home.
- In discussion with Ms. Casey in the following days, the dispensing error was realized on shipment arrival, caregiver had been appropriately instructed of a dosage change to 720mg daily between scheduling delivery and receipt of shipment.
- Patient did not utilize the additional 180mg (or total 900mg daily dose)
- Informed Ms. Casey of previous fill history, caregiver requesting both strengths during refill encounter and what lead to confusion surrounding the initial fills following transition of care. I have as a result of this discussion closed out Rx for 180mg under Ms. Casey, appropriately documented dose reduction to 720mg in patient profile. I have ensured caregiver is aware of current dosage and that we would not dispense additional 180mg Rx

in the future, unless pursuant to valid Rx indicating therapy change. We have also subsequently reversed insurance billing as Ms. Casey did not authorize this refill and did intend to decrease dosage to 720mg total – consistent with valid Rx already on file with valid refills.

We take any event that may impact patient safety extremely seriously. Thankfully in this instance, patient harm was not the outcome of my error in judgement but understand that this could have not been the case in a different scenario. In addition to corrective actions to this patient profile outlined above, I have taken the following steps to address this in both my personal practice and with staff under my supervision to ensure avoidance of similar events in the future:

- Discussed with our pharmacy staff during April Peer Review:
  - Full recap of events that led to dispensing error including corrective actions taken
  - Appropriate medication reconciliation performed during transition of care with new prescriber/office
  - Appropriate documentation, clarification and resolution of similar discrepancies in patient reported dosing vs valid prescription approval on file including prescriber contact, date, time, initials when clarifications are required
  - Handling of similar patients/Rx of Dr. Rashid to ensure appropriate transition of care
  - Proper resolution of claims billing prior to confirming shipment
  - Obligation to delay fulfillment in the event that we are missing appropriate clarification and refill approval as required by prescriber
- Discussed with Cure4Kids internal Pharmacy Manager:
  - Perform medication reconciliation with pharmacy staff directly on transition of care for previously established patients to ensure patient, provider and pharmacy are aligned on treatment plan prior to dispensing

Sincerely,

Andrew Romand PharmD
NV18420

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL E. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

June 2, 2025

VIA U.S. MAIL & EMAIL
Andrew Romand, RPh
Certificate of Registration No. 18420
9050 W. Tropicana Ave. #1031
Las Vegas, NV 89147
Ajromand13@gmail.com

Re: Satisfaction of the Nevada State Board of Pharmacy's Citation and Fine – Case No. 24-089-RPH-S

To Whom it Concerns:

This letter serves to acknowledge your satisfaction of the payment terms of the ***Citation and Fine*** issued by the Nevada State Board of Pharmacy ("Board") in Case No. ***24-089-RPH-S*** and dated/filed on ***May 1, 2025.***

If you have questions, please do not hesitate to contact the Board's Coordination Office at 775-850-1440 or teambc@pharmacy.nv.gov.

Sincerely,

Board Coordination
Nevada State Board of Pharmacy

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

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Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

May 27, 2025

VIA U.S. MAIL & EMAIL
Walgreens Specialty Pharmacy #15312
License No. PH01378
901 S. Rancho Dr. Ste 20
Las Vegas, NV 89106
taxlicenserenewals@walgreens.com
bstilling@shhealthlawyers.com
michael.simko@walgreens.com

Re: ***Satisfaction of the Nevada State Board of Pharmacy's Citation and Fine – Case No. 24-089-PH-S***

To Whom it Concerns:

This letter serves to acknowledge your satisfaction of the payment terms of the ***Citation and Fine*** issued by the Nevada State Board of Pharmacy ("Board") in Case No. ***24-089-PH-S*** and dated/filed on ***May 1, 2025.***

If you have questions, please do not hesitate to contact the Board's Coordination Office at 775-850-1440 or teambc@pharmacy.nv.gov.

Sincerely,

Board Coordination
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

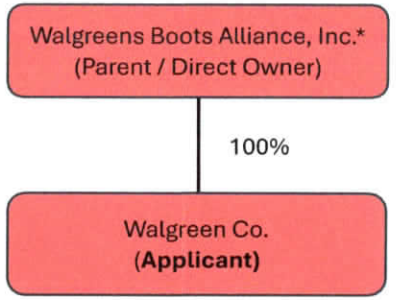
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

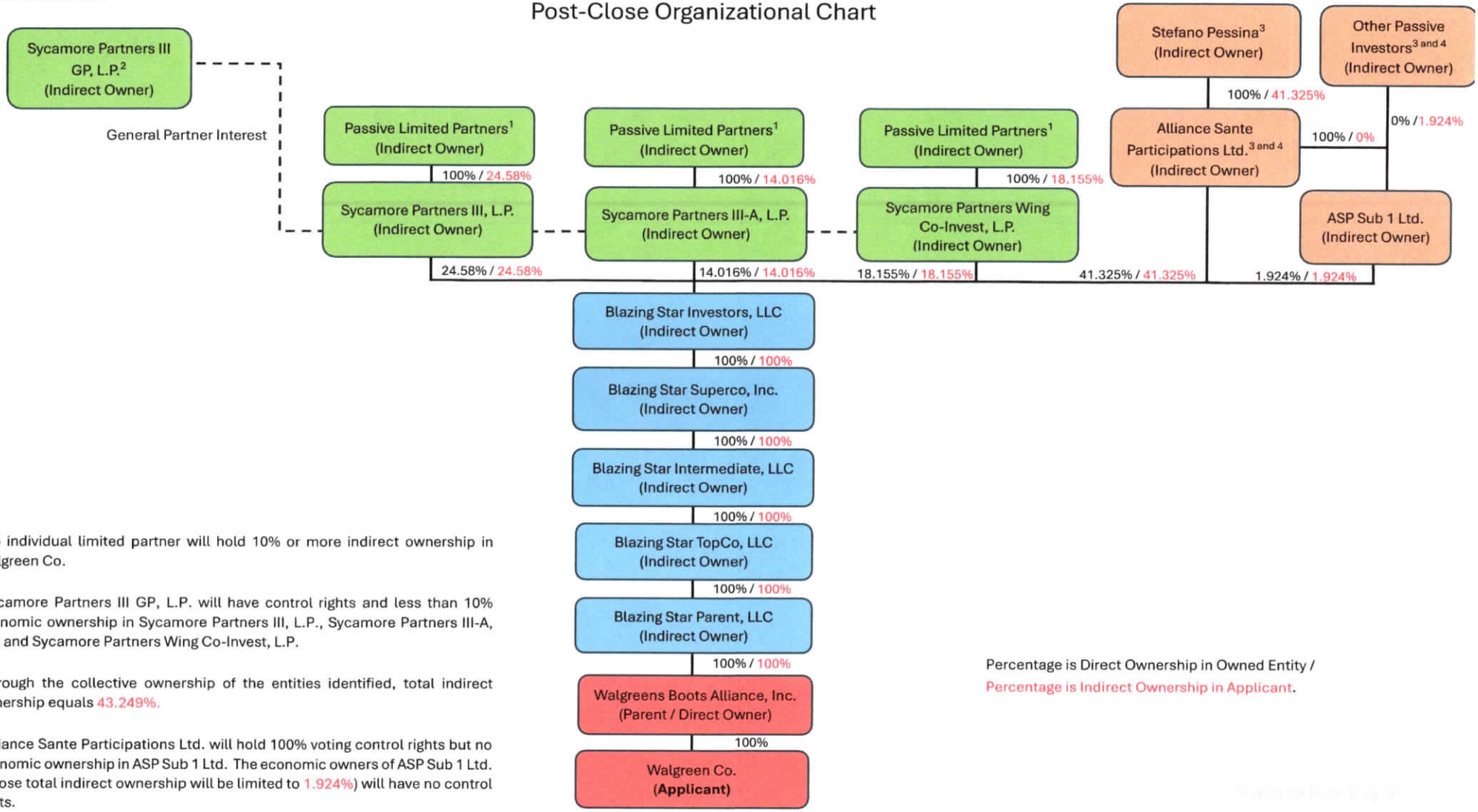
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

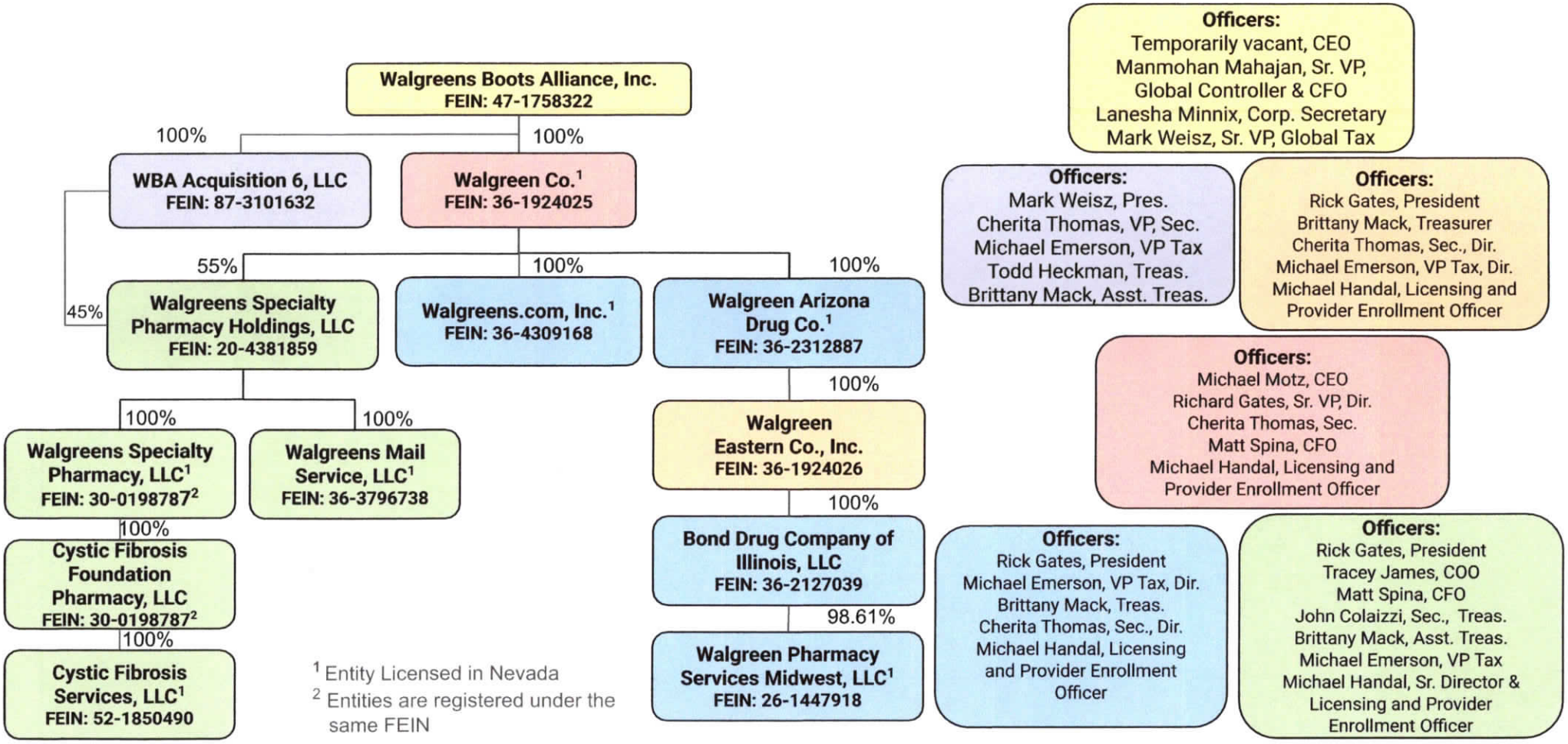
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4CCCCC

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH04116	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW8755970 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens #21159

Physical Address: 3821 W Flamingo Rd

City: Las Vegas State: NV Zip: 89103-4009

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)854-2178 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)854-2187 Contact Email: rxm.21159@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ORNELA KOLICCI

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19984

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ORNELA KOLICCI	NV Pharmacist Registration #: 19984
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/12/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ORNELA KOLICCI Pharmacist Registration #: 19984

Pharmacy Name: Walgreens #21159

Initial each statement below to indicate you have read and agree with the following:

O.K — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

O.K — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

O.k — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

O.k — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

O.k — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

ORNELA KOLICCI

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

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Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 20 25

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

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Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

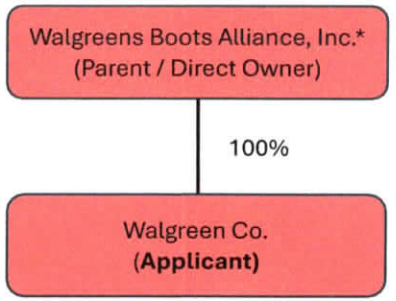
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

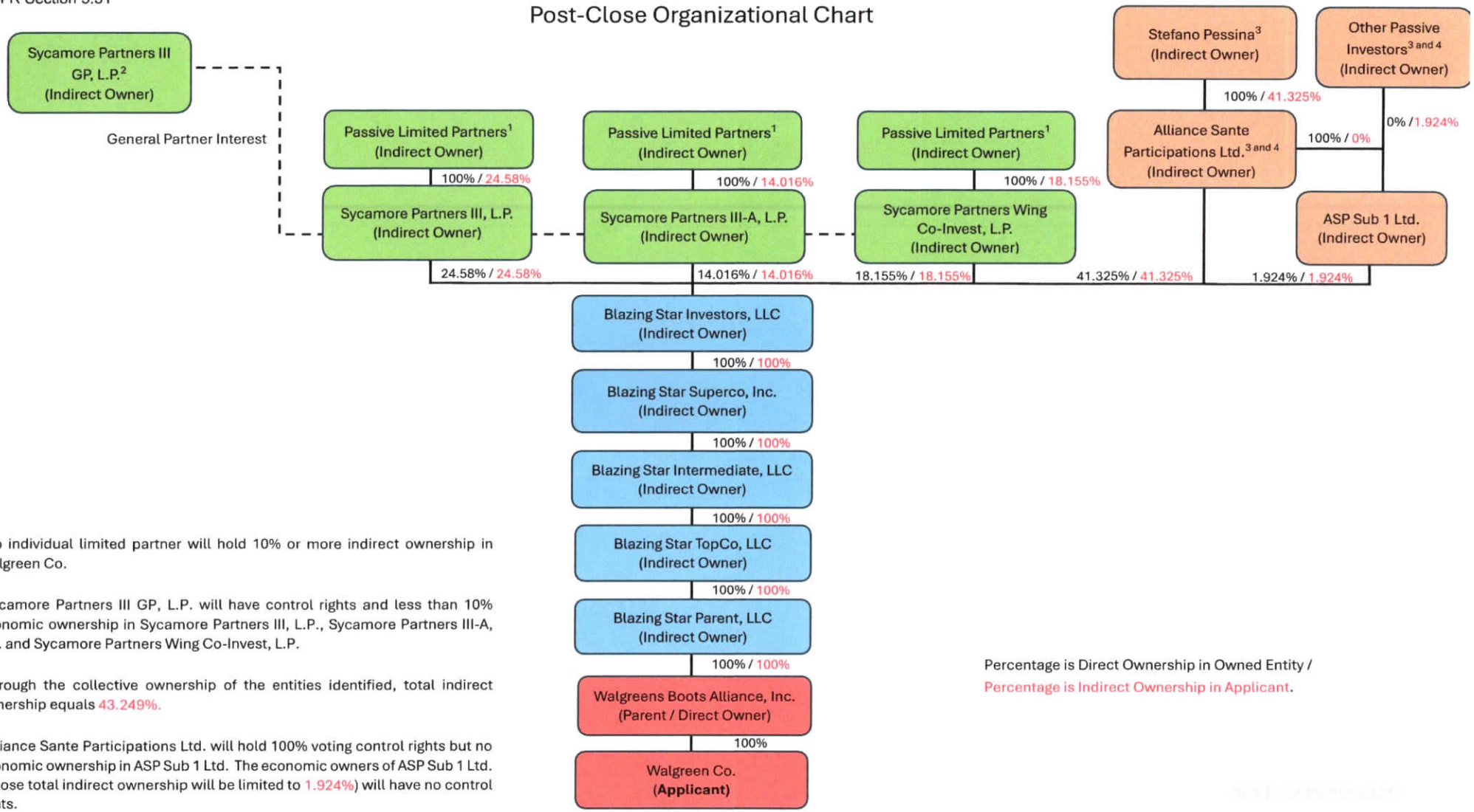
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

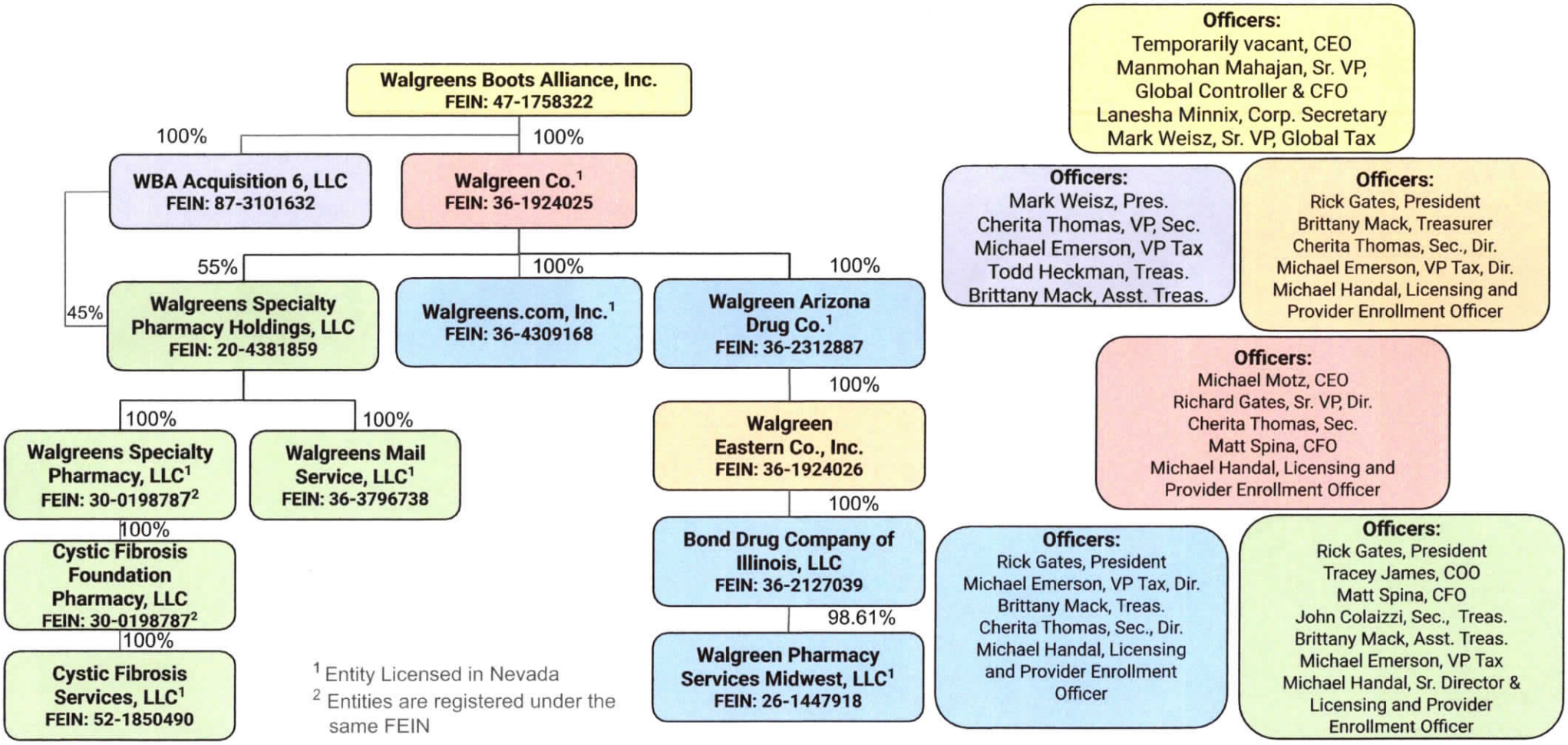
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4DDDDD

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

4

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02353	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW0823321 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12646

Physical Address: 329 Sandhill Blvd.

City: Mesquite State: NV Zip: 89027

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)346-1416 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)346-1434 Contact Email: rxm.12646@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): KYLE HIGUCHI

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24102

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: KYLE HIGUCHI	NV Pharmacist Registration #: 24102
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck. VP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KYLE HIGUCHI Pharmacist Registration #: 24102

Pharmacy Name: WALGREENS #12646

Initial each statement below to indicate you have read and agree with the following:

K.H. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

K.H. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

K.H. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

K.H. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

K.H. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

KYLE HIGUCHI
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025
Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LISA A. HEATHCOCK, PT,
Certificate of Registration No.: PT02628,

Case No. 10-007-PT-S

WALGREENS #12646,
Certificate of Registration No.: PH02353,

Case No. 10-007-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, and Ms. Heathcock was not present because of a family emergency and her matter was continued until the October, 2010 Board meeting. Walgreens #12646 (Walgreens) was represented by Robert Graham, Esq. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were essentially true and correct regarding the issues related to Ms. Heathcock working for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Mr. Graham advised that Walgreens did check to ensure all of their staff had renewed their licenses and that their computer system was working properly, however Walgreens staff was given false

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not following through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #12646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #12646 shall pay the Board's administrative fee of $295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.

4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 9th day of August, 2010.

Candy Nalley for
Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LISA A. HEATHCOCK, PT
Certificate of Registration No.: PT02628

WALGREENS #12646
Certificate of Registration No.:PH02353

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 10-007-PT-S

Case No. 10-007-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Heathcock is a registered pharmaceutical technician with the Board and Respondent Walgreens #12646 is a registered pharmacy with the Board located at 329 North Sandhill Boulevard, Mesquite, Nevada.

II.

On or about December 21, 2009 it came to the Board's attention that Ms. Heathcock had not renewed her pharmaceutical technician registration. Board staff requested Ms. Heathcock's work hours from November 1, 2008 through December 11, 2009 from the district pharmacy supervisor for Walgreens #12646, the pharmacy at which Ms. Heathcock was employed. It was determined that Ms. Heathcock had worked for 1,644 hours, or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

FIRST CAUSE OF ACTION

III.

By working at Walgreens #12646 for approximately 205 days between November 1, 2008 to December 14, 2009 when she had not renewed her pharmaceutical technician registration, Ms. Heathcock violated NRS 639.210(4) and/or (13) and (NAC) 639.945 (1)(i) and/or (k).

SECOND CAUSE OF ACTION

IV.

In owning and operating the pharmacy in which Ms. Heathcock worked without a license and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260 and 639.945(1)(i) and/or (k) and/or (2).

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

Signed this 4th day of February, 2010.

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

NOTICE TO RESPONDENT

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

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

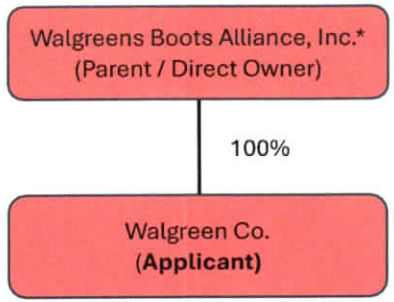
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

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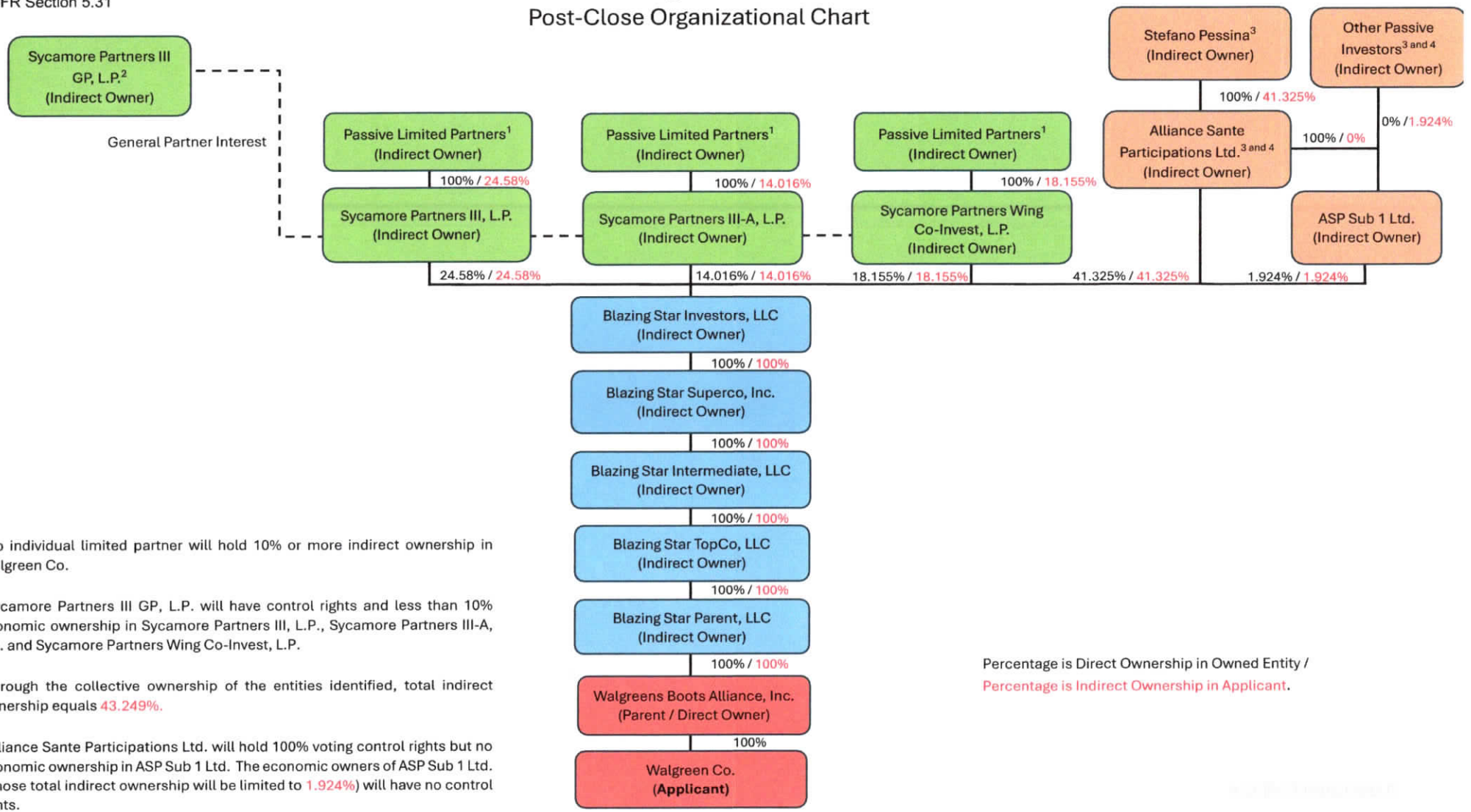
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

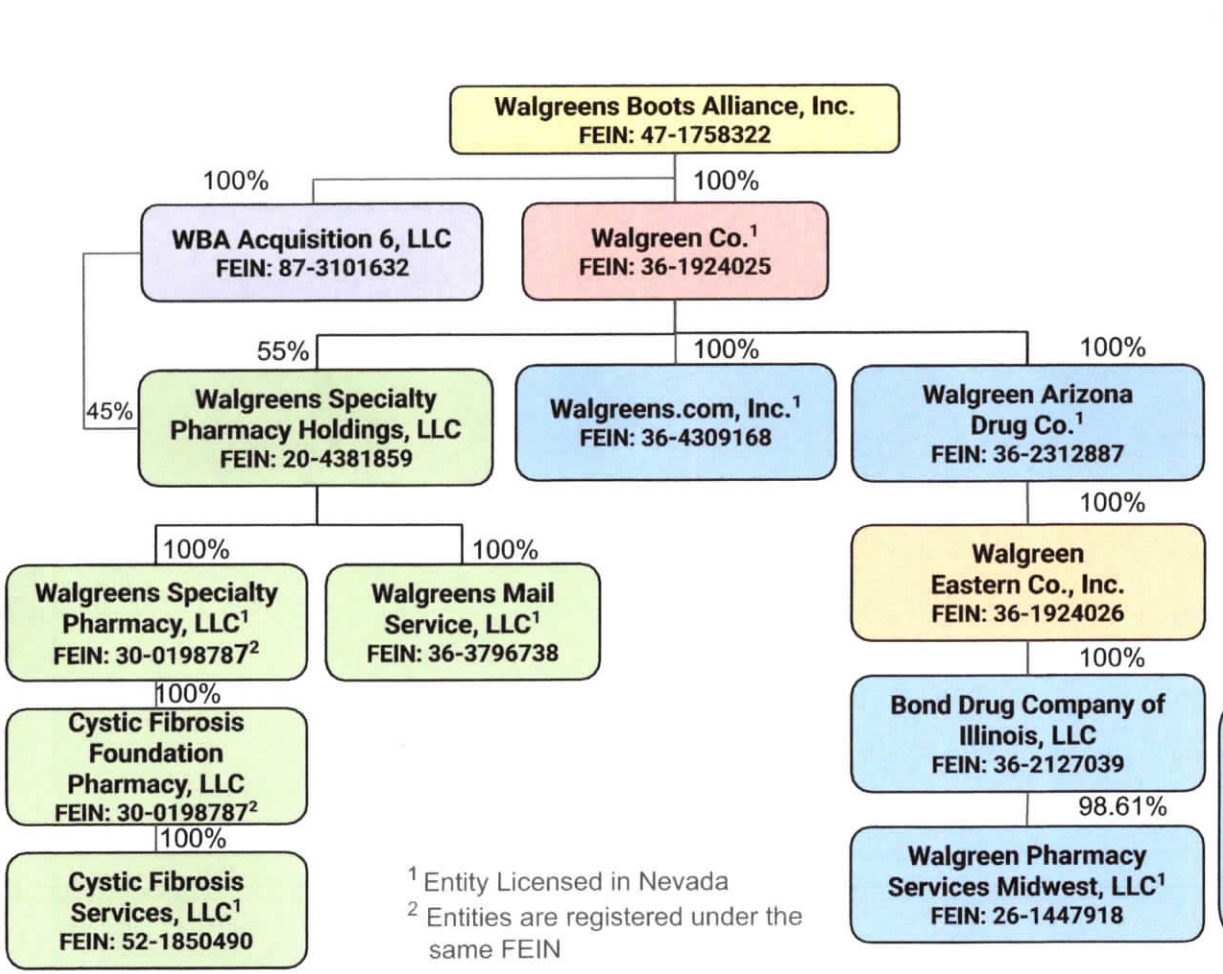
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



Officers:
Temporarily vacant, CEO
Manmohan Mahajan, Sr. VP, Global Controller & CFO
Lanesha Minnix, Corp. Secretary
Mark Weisz, Sr. VP, Global Tax

Officers:
Mark Weisz, Pres.
Cherita Thomas, VP, Sec.
Michael Emerson, VP Tax
Todd Heckman, Treas.
Brittany Mack, Asst. Treas.

Officers:
Rick Gates, President
Brittany Mack, Treasurer
Cherita Thomas, Sec., Dir.
Michael Emerson, VP Tax, Dir.
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Michael Motz, CEO
Richard Gates, Sr. VP, Dir.
Cherita Thomas, Sec.
Matt Spina, CFO
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Rick Gates, President
Michael Emerson, VP Tax, Dir.
Brittany Mack, Treas.
Cherita Thomas, Sec., Dir.
Michael Handal, Licensing and Provider Enrollment Officer

Officers:
Rick Gates, President
Tracey James, COO
Matt Spina, CFO
John Colaizzi, Sec., Treas.
Brittany Mack, Asst. Treas.
Michael Emerson, VP Tax
Michael Handal, Sr. Director & Licensing and Provider Enrollment Officer

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4EEEEE

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6094041
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01293		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04854

Physical Address: 4771 W CRAIG RD

City: NORTH LAS VEGAS State: NV Zip: 89032-2501

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)656-1221 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)656-0924 Contact Email: rxm.04854@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DEBORAH NAMBI

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20639

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DEBORAH NAMBI	NV Pharmacist Registration #: 20639
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK UP03-3000111129

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DEBORAH NAMBI Pharmacist Registration #: 20639

Pharmacy Name: WALGREENS #04854

Initial each statement below to indicate you have read and agree with the following:

D.E. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.E. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.E. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.E. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.E. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

DEBORAH NAMBI

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NOS. 11-070-RPH-A-S**
Petitioner,	)	**11-070-RPH-B-S**
v.	)	**11-070-PH-S**
	)	
MAREE KILEDJIAN, RPH	)	
Certificate of Registration No. 17585	)	**STIPULATION AND ORDER**
	)	
JENNIFER KAY, RPH	)	
Certificate of Registration No. 16539	)	
	)	
WALGREENS #04854	)	
Certificate of Registration No. PH01293	)	
	)	
Respondents.	/	

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Maree Kiledjian, RPh., Certificate of Registration #17585, Jennifer Kay, RPh., Certificate of Registration #16539, and Walgreens Pharmacy #04854, Certificate of Registration #PH01293 (collectively "Respondents"), by and through their counsel, William J. Stilling, of the law firm Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about December 11, 2013.

3. Respondents filed a joint written Answer and Notice of Defense with the Board on January 15, 2014.

4. Respondent Jennifer Kay, RPh., Certificate of Registration #16539, is hereby dismissed from this action, and all allegations against Ms. Kay in the Accusation are hereby dismissed with prejudice.

5. The remaining Respondents (Ms. Kiledjian and Walgreens), and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. The remaining Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. The remaining Respondents, and each of them, admit that evidence exists, and could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, including:

a. That Walgreens #04854 and Ms. Kiledjian failed to strictly follow the instructions of patient A.A.'s physician by dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets A.A.'s physician prescribed, and

b. That A.A. did not receive counseling at Walgreens #04854 related to her new prescription.

8. Based on the remaining Respondents' admissions, cause for disciplinary action against Ms. Kiledjian and Walgreens #04854 exists under Nevada Administrative Code (NAC) 639.945(1)(d) and (i), and NAC 639.945(2) respectively, for dispensing to A.A. clomipramine, rather than the prescribed clomiphene.

9. Based on the remaining Respondents' admissions, cause for disciplinary action against Walgreens #04854 exists under NAC 639.945(2) for the failure to provide counseling to A.A.

10. The violations to which the remaining Respondents admit are grounds for discipline against their respective licenses pursuant to NRS 639.255.

11. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

12. Based upon the Accusation and the foregoing admissions, the remaining Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon the signature of the Board President:

a. That Walgreens and Ms. Kiledjian, jointly, pay a fine of $2,000.00, and an administrative fee of $295.00, as a penalty for dispensing the incorrect medication to A.A.

b. That Walgreens pay a fine of $750.00, and an administrative fee of $295.00, as a penalty for failing to provide counselling to A.A.

13. Walgreens will determine the cause for its computer system not blocking A.A.'s prescription from being dispensed prior to counseling, as alleged in paragraphs XI and XII of the Accusation, and will report to Board Staff, within a reasonable time not to exceed sixty (60) days after the effective date of the Board's order, explaining the cause of the computer system not blocking the prescription, and the actions taken by Walgreens to address that condition and to prevent future similar reoccurrences.

14. Board Counsel presented a stipulation to the Board for approval at its meeting on January 22, 2014, in Las Vegas, Nevada. Respondents, and each of them, appeared at that

meeting to answer questions put to them by members of the Board and Board Staff. The Board discussed and deliberated regarding that stipulation, declined to accept it, but accepted the revised terms stated herein.

15. Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

16. Respondents shall pay the administrative fees agreed to herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

17. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been complied with.

18. The Board and the remaining Respondents agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the

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Board's Order in this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this 2 day of February, 2014

Maree Kiledjian, RPh.
Registration No. 17585

Signed this ___ day of February, 2014

(See attached)
Authorized Representative for Certificate of
Walgreens #04854
Certificate of Registration No. 16539

Signed this 19th day of February, 2014

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Maree Kiledjian, RPh., Certificate of Registration #17585, Jennifer Kay, RPh., Certificate of Registration #16539, and Walgreens Pharmacy #04854, Certificate of Registration #PH01293, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

DATED

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DEBORAH NAMBI Pharmacist Registration #: 20639

Pharmacy Name: WALGREENS #04854

Initial each statement below to indicate you have read and agree with the following:

D.E. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

D.E. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

D.E. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

D.E. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

D.E. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

DEBORAH NAMBI

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Board's Order in this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this ___ day of February, 2014

Marec Khedjian, RPh
Registration No. 17585

Signed this 10th day of February, 2014

Authorized Representative for Certificate of
Walgreens #0-1854
Certificate of Registration No. 16539

Signed this ___ day of February, 2014

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Marec Khedjian, RPh., Certificate of Registration #17585, Jennifer Kay, RPh., Certificate of Registration #16539, and Walgreens Pharmacy #0-1854, Certificate of Registration #PH01293, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

3/1/2014
DATED

Ramesh Gandhi, President
Nevada State Board of Pharmacy

Board's Order in this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this ___ day of February, 2014

Maree Kiledjian, RPh.
Registration No. 17585

Signed this 10th day of February, 2014

Authorized Representative for Certificate of
Walgreens #0185-1
Certificate of Registration No. 16539

Signed this ___ day of February, 2014

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Maree Kiledjian, RPh., Certificate of Registration #17585, Jennifer Kay, RPh., Certificate of Registration #16539, and Walgreens Pharmacy #0185-1, Certificate of Registration #PH01293, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

DATED

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
Petitioner,	**CASE NO. 11-070-RPH-A-S**
v.	**CASE NO. 11-070-RPH-B-S**
	CASE NO. 11-070-PH-S
MAREE KILEDJIAN, RPH **Certificate of Registration No. 17585,**	**NOTICE OF INTENDED ACTION AND ACCUSATION**
JENNIFER KAY, RPH **Certificate of Registration No. 16539,**	
WALGREENS #04854 **Certificate of Registration No. PH01293,**	
Respondents. /	

NEVADA STATE BOARD OF PHARMACY
DEC 11 2013
FILED

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Maree Kiledjian was a registered pharmacist with the Board, respondent Jennifer Kay was a registered pharmacist with the Board, and respondent Walgreens Pharmacy #04854 (Walgreens) was a pharmacy registered with the Board.

II.

On or about July 12, 2011, patient AA tendered a prescription to Walgreens for clomiphene 50 mg. tablets, with instructions to take one tablet twice a day. AA purchased and picked up her medication on July 13, 2013, at Walgreens' drive-thru window. Walgreens did not provide AA counseling regarding the medication.

III.

On July 14, 2013, AA ingested the medication Walgreens dispensed, as instructed by her physician. After taking a second dose, AA began to experience nausea, dizziness, blurred vision and difficulty breathing.

IV.

AA contacted her physician's office. The physician's representative verified the medication the physician prescribed as clomiphene 50 mg. tablets. AA then spelled the name of the medication that Walgreens dispensed (clomipramine 50 mg.), as it read on the Walgreens' label on the prescription bottle. The physician's representative informed AA that Walgreens had dispensed the wrong medication.

V.

Due to the physical symptoms AA was experiencing, she presented to Centennial Hills Hospital's Emergency Department, where she received treatment for an allergic reaction to clomipramine 50 mg.

VI.

On the evening of July 14, 2013, AA contacted Walgreens and spoke with the pharmacist on duty, Alexandra Guru. Ms. Guru confirmed that Walgreens had misfilled the prescription for clomiphene 50 mg. tablets (female fertility medication) with clomipramine 50 mg. capsules (an antidepressant).

VII.

Respondent Maree Kiledjian was the verifying pharmacist at Walgreens for AA's misfilled prescription. In a written statement, Ms. Kiledjian indicated that she input the initial prescription data in the Walgreens' computer system.

VIII.

Walgreens filled AA's prescription through its central fill facility in Arizona, as Walgreens #4854 did not have clomipramine 50 mg. tablets in stock when AA tendered her prescription. Walgreens' central fill facility delivered the medication to Walgreens #4854 the next day.

IX.

Walgreens' pharmacist, respondent Ms. Kiledjian, conducted the data review and verification of AA's medication. Ms. Kiledjian was not on duty at the pharmacy when AA picked up her medication.

X.

Walgreens' records contain no documentation of counseling related to AA's prescription.

XI.

Walgreens pharmacist, respondent Jennifer Kay, was the pharmacist on duty when Walgreens sold the prescription to AA. Ms. Kay indicates in a written statement that in Walgreens' computer system, "certain updates to a prescription may result in the hard-block not activating at the point of sale." Two changes to the prescription are documented in the pharmacy computer system. Per her written statement, Ms. Kay assumes that those changes in Walgreens' system are why "this prescription was never brought" to her for patient counseling.

XII.

The Board Investigator interviewed Matt Forster, Walgreens' District Pharmacy Supervisor regarding this case. Mr. Forster explained that in some Walgreens' pharmacies, the pharmacy software will not allow the "CAPS" system to capture certain information if updates are made to a prescription. In this case, Walgreens' software did not capture the information allowing the system to show that AA's prescription was new and required counseling.

XIII.

Walgreens' error delayed, by approximately one month, AA's treatment of the condition for which her physician originally prescribed clomiphene.

FIRST CAUSE OF ACTION

XIV.

In failing to strictly follow the instructions of AA's physician by verifying and dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets AA's physician

prescribed, respondent Walgreens and its employee, respondent Maree Kiledjian, violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION

XV.

In failing to provide counseling for AA's new prescription, respondent Walgreens and its employee, respondent Jennifer Kay, violated NAC 639.707(1) (a), NAC 639.945(1)(i) and/or NRS 639.266(1), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), or alternatively, under NRS 639.255.

THEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 11th day of December, 2013.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

WALGREENS #04854,
Certificate of Registration #PH01293,

Case No. 10-073-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondent, Walgreens #04854 and Rob Graham, Esq. of Rob Graham & Associates., stipulate and agree as follows:

1. Respondent Walgreens #04854 admits the factual allegations made in the First, Second and Third Causes of Action.

2. The Board Staff concluded after investigation that the error in this case was made because the Walgreen's computer system can be overridden to allow a new prescription to be entered into the computer system as counseled and then sold to the patient before the pharmacist has actually counseled the patient. Preventive measures need to be implemented to ensure this does not happen again.

3. Respondent Walgreens #04854 fully recognizes the error that was made and understands that it must take corrective action to avoid such an error in the future.

4. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the

parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

5. Board Staff and Respondent Walgreens #04854 will recommend that the Board impose discipline for the First Cause of Action by requiring all Nevada pharmacies to adopt and implement a policy that pharmacists who clear the counseling hard-stop screen are responsible and accountable for any and all processes, procedures and work flow between the clearing of the hard-stop screen up to and including the counseling of a patient from the pharmacist. Such policy must include language that it is the pharmacist's responsibility to evaluate all circumstances that may exist in the pharmacy that may inadvertently interfere with the offering of counseling, including the presence of untrained personnel who may not know or understand the requirements of counseling.

6. Board Staff and Respondent Walgreens #04854 will recommend that the Board impose discipline for the Second Cause of Action by imposing a fine in the amount of $750.00, by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

7. Board Staff and Respondent Walgreens #04854 will recommend that the Board impose discipline for the Third Cause of Action that it receive a letter of reprimand issued by the Executive Secretary.

8. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

9. The Board and the Respondent shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7-13-2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #04854,
Certificate of Registration #PH01293,
Respondent.

Case No. 10-073-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04854 is a pharmacy licensed by the Board located at 4771 West Craig Road, North Las Vegas, Nevada.

II.

On or about September 21, 2010 Kelcie Markle went to Walgreens #04854 to have two prescriptions filled for her son. One of the prescriptions was for Amoxicillin 400 mg./5 ml. Ms. Markle paid for the two prescriptions and left the pharmacy. When she arrived home she noticed that the Amoxicillin had not been reconstituted as it usually is. Ms. Markle telephoned the pharmacy to find out why the Amoxicillin was still in powder form and was told to return to the pharmacy and they would correct the problem. Ms. Markle declined and asked how much water she would need to reconstitute the powder

herself. Ms. Markle claims that she was told two different amounts and found that she needed to use 51.0 ml. to obtain the correct dosage for her son.

III.

Ms. Markle claimed that she was not counseled when she picked up the two new prescriptions for her son. During the investigation of this matter the counseling log Interaction Status showed counseling was "Accepted" for both of the new prescriptions. Maree Kiledjian, the managing pharmacist for Walgreens #04854, indicated that the pharmacy was busy that day and that a clerk from the front of the store was brought back to the pharmacy to assist at the cash register. Ms. Kiledjian explained that they have a "ring and bring" system in place – meaning that the verifying pharmacist clears the counseling screen so the cashier can tender the sale and then the cashier is supposed to bring the prescription to the counseling window for the pharmacist to counsel the patient. Ms. Kiledjian also explained that she would have reconstituted the Amoxicillin had the cashier brought Ms. Markle to the counseling window.

FIRST CAUSE OF ACTION

IV.

In failing to counsel Ms. Markle regarding her son's new Amoxicillin prescription because an untrained cashier sold the prescription before advising the pharmacist that counseling was necessary, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.707 and/or 639.945(1)(i).

SECOND CAUSE OF ACTION

V.

In failing to maintain accurate counseling records, specifically Ms. Markle's sons Amoxicillin prescription that showed it was counseled when it was dispensed when it was not, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.708(1)(a) and/or (b) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the violations occurred, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 28th day of April, 2011.

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

FILED
JUN 15 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **18-021-RPH-A-S** **STIPULATION AND ORDER [RESPONDENTS WALGREENS PHARMACY #4854 & NGUYEN ONLY]**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPh (Nguyen), Certificate of Registration No. 15913, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. Respondent Nguyen entered into two (2) prior stipulations for discipline before the Board. In April 2013, Respondent Nguyen, as the managing pharmacist of Kmart Pharmacy #3719, stipulated in case no. 13-006-RPH, to a public reprimand and a $500.00 fine for failing to verify the registration status of each pharmacy employee in his charge. On October 12, 2022, Respondent Nguyen, as the managing pharmacist of Walgreens Pharmacy #7864, stipulated in case no. 18-055-RPH, to pay a $1,000.00 fine, attorney's fees and costs of $500.00, and to complete two additional hours of continuing education for failing to accurately verify medication at data entry review, overriding a DUR and dispensing a duplicated and mislabeled prescription.

3. On or about October 14, 2022, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing in Case Nos. 19-100-PH-S and 19-100-RPH-S.

4. On or about February 6, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (First Amended Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing in Case Nos. 18-021-PH-S and 18-021-RPH-A-S.

5. Respondents jointly filed an Answer and Notice of Defense to each Accusation.

6. Respondent Walgreens Pharmacy #4854 has entered into a separate stipulation resolving Case No. 18-021-PH-S.

7. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

8. Respondents are aware of the right to a hearing on the matters alleged in each Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

9. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

10. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the First Amended Accusation filed in Case No. 18-021-RPH-A-S, *to wit,* that:

A. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1886042, Nguyen violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12);

B. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he performed data entry review and final verification on prescription no. 1886042 and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile, and is therefore subject to discipline pursuant to NRS 639.210(4); and

C. As the managing pharmacist of Walgreens Pharmacy #4854 at the time of the violations alleged in Case No. 18-021-RPH-A-S, including the failure to note the prescription number on the original hard copy of prescriptions, in violation of NRS 639.236, NAC 639.706 and/or NAC 639.910, resulting in the duplicate prescriptions, Nguyen is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

11. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation filed in Case Nos. 19-100-PH-S and 19-100-RPH-S, *to wit,* that:

A. Nguyen violated NRS 585.370 and NAC 639.601(1) and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) he failed to segregate and/or dispose of adulterated and/or expired drugs in the pharmacy's inventory and is subject to discipline pursuant to NRS 639.210(4) and (12);

B. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(h) when he misrepresented to the Board inspector that all adulterated and/or expired drugs in the pharmacy's inventory had been segregated and/or dispose of and is subject to discipline pursuant to NRS 639.210(4) and (9); and

C. As the pharmacy/pharmacy owner at which the violations of law alleged Case Nos. 19-100-PH-S and 19-100-RPH-S occurred, Walgreens Pharmacy #4854 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

12. Those violations are plead with particularity in each Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

13. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Minhquang D. Nguyen, RPh, Certificate of Registration No. 15913, stipulate to the following penalties. Nguyen's Certificate of Registration No. 15913 is hereby revoked pursuant to NRS 639.255(1)(d). The revocation is stayed, and Nguyen is placed a probation for two (2) years pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Nguyen currently owns and serves as managing pharmacist of ICARE Pharmacy, License No. PH04402, which shall be subject to quarterly unannounced inspections by Board staff at Nguyen's expense pursuant to NRS 639.090, NRS 639.289, NAC 639.482 and/or NAC 639.935;

B. Pursuant to NRS 639.255(1)(e), Nguyen shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a managing pharmacist;

C. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Nguyen shall pay a fine of Five-Thousand Dollars ($5,000.00) for the violations;

D. Pursuant to NRS 622.400, Nguyen shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

E. Nguyen shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Upon the successful completion of probation, Nguyen's Certificate of Registration No. 15913 will be fully restored.

14. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

15. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639. If such a hearing results in a finding of a violation of this Order by Nguyen, the Board may lift the stay and immediately revoke Certificate of Registration No. 15913.

16. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

19. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

20. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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

AGREED:

Signed this 30 day of May 2023

MINHQUANG D. NGUYEN, RPH
Certificate of Registration No. 15913

Signed this 8th day of June 2023

WALGREENS PHARMACY #4854
Pharmacy License No. PH01293

APPROVED AS TO FORM AND CONTENT
this 7th day of June 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this 14th day of June 2023

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

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPh, Certificate of Registration No. 15913, in Case Nos. 19-100-PH-S, 19-100-RPH-S and 18-021-RPH-A-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 15th day of June 2023.

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

FILED
OCT 14 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, Respondent Minhquang D. Nguyen, RPh, ("M. Nguyen") held a Nevada Pharmacist Certificate of Registration No. 15913, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 W. Craig Road in North Las Vegas, Nevada.

3. Respondent Nguyen was employed as the pharmacy manager of Walgreens during the alleged and relevant timeframes.

4. On April 15, 2019, Board Inspector Leo Basch ("Basch") found certain violations, or expired drugs/medications.

Probiotic – expiration date 2/2019

Humalog mix 50/50 vial – expiration date 7/2018

Promethazine suppositories – expiration date 12/2018

5. In addition, there was a manufacturer's box of promethazine suppositories with an expiration date of 12/2018, which contained a partial quantity.

6. Eight (8) boxes of Protofoam were in the refrigerator, when the packaging specifically state "do not refrigerate".

7. MMR vaccine, expiration date 5/18/2018, and diluent, expiration date 4/21/2019 were found in the freezer. Even though the MMR box had the letters "EXP" written on it, the MMR was still in the pharmacy's active inventory.

8. In room temperature storage, numerous expired drugs were discovered. Some were in manufacturers' original bottles and some with Walgreens amber vials with patient labels that had apparently been returned to stock.

9. Inspector Basch notified Respondent Nguyen that corrective actions included removing expired refrigerated products within three (3) days and removing expired non-refrigerated products within fourteen (14) days. Further, staff was instructed to review all active inventory to remove expired medications/drugs.

10. On or about April 26, 2019, Respondent Nguyen sent an email to the Board inspector stating that the tasks to review expired drugs in refrigeration and active inventory was completed.

11. However, on May 1, 2019, when Board inspectors returned to re-inspect Walgreens, Board inspectors discovered six (6) expired medications in Walgreens' amber vials, and found an additional violation of unlabeled liquid in an amber bottle on a shelf of active

inventory. Further, it appeared that the same expired medications noted on the original inspection were still on the pharmacy shelves in active inventory.

APPLICABLE LAW

12. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

13. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. Drugs are deemed adulterated if they consist in whole or in part any filthy or decomposed substance. NRS 585.370.

15. A prescription drug that is outdated, damaged, or deteriorated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601.

16. False statements to the Board or its representatives are grounds for the suspension or revocation of a license/registration. NRS 629.210(9).

17. A managing pharmacist is responsible for overseeing and verifying the work of employees. A managing pharmacist is also responsible for violations committed by the pharmacy's employees. NAC 639.702.

18. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

19. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Separate and Remove Expired Drug Stock (Respondent Nguyen)

20. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and performed his duties in an incompetent, unskillful or negligent manner when he failed to separate, and clear inventory of expired medications or adulterated drugs in violation of NRS 585.370, NAC 639.601, and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Unprofessional Conduct – Providing False Statement to Board's Representative (Respondent Nguyen)

21. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1) when he misrepresented to the Board's inspector that the expired medications were properly disposed when they were not, and is therefore subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.255.

THIRD COUNT

Pharmacy/Pharmacy Owner Responsibility (Respondent Walgreens)

22. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
OCT 12 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **SOYOUNG EOM, RPH, Certificate of Registration No. 18126,** **Respondents.**	**CASE NOS. 18-067-PH-S** **18-067-RPH-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens"), Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPh ("Eom"), Certificate of Registration No. 18126, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about August 31, 2022, Board's staff served Respondents Walgreens and Eom with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have

failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Eom violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to strictly follow the practitioner's order and filled the prescription for montelukast 10 mg with the wrong prescription drug, sildenafil. Respondent further violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription # 1923276 as accurate when it was not, which resulted in Walgreens dispensing ***sildenafil*** 20 mg tablets instead of the ***montelukast*** 10 mg tablets as prescribed.

B. Respondent Walgreens is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NAC 639.945(2).

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

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Eom, Certificate of Registration No. 18126, stipulate to the following penalties and/or conditions:

A. Respondent Eom shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Eom shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money*

order made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

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

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

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

SOYOUNG EOM, RPH,
Certificate of Registration No. 18126

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this 6 day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this 6 day of October, 2022

SOYOUNG EOM, RPH,
Certificate of Registration No. 18126

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

SOYOUNG EOM, RPH,
Certificate of Registration No. 18126

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPH, Certificate of Registration No. 18126, in Case Nos. 18-067-PH-S, and 18-067-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
AUG 31 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **SOYOUNG EOM, RPH, Certificate of Registration No. 18126,** **Respondents.**	**CASE NOS. 18-067-PH-S** **18-067-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPh, ("Eom"), last name also known as Cho, held a Nevada Pharmacist Certificate of Registration No. 18126, both issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 West Craig Road in North Las Vegas, Nevada.

3. Respondent Eom was employed as a staff pharmacist of Walgreens during the alleged and relevant timeframes.

4. On or about May 31, 2016, practitioner Dr. A.D. prescribed for patient Z.B., Singulair 10mg tablets, quantity ninety (90) with directions to take one tablet per day, with one refill. The prescription was presented to Walgreens on May 31, 2016.

5. On July 12, 2017, Walgreens system sent an electronic request for refill authorization/renewed prescription for Singulair 10 mg (generic name is montelukast), quantity ninety (90) with three (3) refills, designated prescription number 1824608. Singulair is a drug used to improve symptoms of asthma and inflammation of the lining of the nose.

6. A refill was generated on May 22, 2018, designated prescription number 1923276. Respondent Eom performed the data entry review.

7. PTT J.H. filled the prescription. During the filling process, PTT J.H. retrieved three (3) bottles of what she thought was montelukast 10 mg, quantity thirty (30). PTT J.H. retrieved two (2) bottles of montelukast 10 mg and accidentally grabbed one (1) bottle of sildenafil 20 mg (generic of Viagra). Sildenafil is used to treat erectile dysfunction. The size and label on the bottle of sildenafil is similar to the bottle of montelukast. According to policy and procedure, PTT J.H. should have scanned each of the bottles prior to labeling, but she appeared to scan one bottle of the montelukast three times.

8. The bottles were presented to Respondent Eom for final verification with the lids off so the pharmacist could verify the sealed bottles. Respondent Eom performed the final product review, but failed to discover the error.

9. Prescription number 1923276 was sold with counseling marked as completed by RPh M.C.

10. Patient Z.B. took the medication as directed. She ingested approximately twenty-seven (27) tablets of sildenafil 20 mg (1 per day) before the mistake was discovered by her practitioner.

11. Patient Z.B. reported nerve pain, edema, pneumonia, and asthma due to ingestion of sildenafil.

APPLICABLE LAW

12. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

13. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

15. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct - Failure to Strictly Follow the Prescriber's Instructions (Respondent Eom)

16. Respondent Eom violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to strictly follow the practitioner's order and filled the prescription for montelukast 10 mg with the wrong prescription drug, sildenafil. Respondent further violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription # 1923276 as accurate when it was not, which resulted in Walgreens dispensing ***sildenafil*** 20 mg tablets instead of the ***montelukast*** 10 mg tablets as

prescribed. Eom is therefore subject to discipline pursuant to NRS 639.210(4), (11), (15) and/or NRS 639.255.

SECOND COUNT
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

17. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license(s)/registration(s) of these Respondents.

Signed this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **License No. PH01293,** **Respondent.**	**CASE NO. 18-067-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **License No. PH01293,** **Respondent.**	**CASE NO. 18-067-PH-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4854

FILED
OCT 12 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINHQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**Case Nos.** **18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minhquang D. Nguyen, RPh ("Nguyen"), Certificate of Registration No. 15913, Respondent Maria Cruz, RPh ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPh ("Rizzolo"), Certificate of Registration No. 17665, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about September 1, 2022, Board's staff served Respondents Walgreens #4854, Walgreens #7864, Nguyen, Cruz, and Rizzolo with the Notice of Intended Action and

Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

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

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow

the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i).

B. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i).

C. Respondent Walgreens #4854 is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NRS 639.230(5) and NAC 639.945(2).

D. Respondent Walgreens #7864 is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NAC 639.945(2).

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

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Nguyen, Certificate of Registration No. 15913, stipulate to the following penalties and/or conditions:

A. Respondent Nguyen shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations;

B. Respondent Nguyen shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

C. Respondent Nguyen shall complete an additional two (2) hours of continuing education regarding proper dispensing practices and/or medication review which shall be forwarded to Board's staff within ninety (90) days of this Order.

10. The disciplinary action against Respondent Cruz, Certificate of Registration No. 18166, case no. 18-055-RPH-B-S, shall be dismissed.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Rizzolo, Certificate of Registration No. 17665, stipulate to the following penalties and/or conditions:

A. Respondent Rizzolo shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Rizzolo shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens #4854, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens #7864, Pharmacy License No. PH01977 stipulate to the following penalties and/or conditions:

C. Respondent Walgreens #7864 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

D. Respondent Walgreens #7864 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

14. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

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

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

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this 6 day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

Tina Rizzolo

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

WALGREENS PHARMACY #7864,
Pharmacy License No. PH01977

Signed this ___ day of October, 2022

TINA RIZZOLO, RPH,
Certificate of Registration No. 17665

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864, Pharmacy License No. PH01977, Respondent Minhquang D. Nguyen, RPH, Certificate of Registration No. 15913, and Respondent Tina Rizzolo, RPH, Certificate of Registration No. 17665, in Case Nos. 18-055-PH-A-S, 18-055-PH-B-S, 18-055-RPH-A-S, 18-055-RPH-B-S, and 18-055-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
SEP 01 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854** **Pharmacy License No. PH01293,** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **MINQUANG NGUYEN, RPH** **Certificate of Registration No. 15913,** **MARIA CRUZ, RPH** **Certificate of Registration No. 18166, and** **TINA RIZZOLO, RPH** **Certificate of Registration No. 17665,** **Respondents.**	**CASE NOS. 18-055-PH-A-S** **18-055-PH-B-S** **18-055-RPH-A-S** **18-055-RPH-B-S** **18-055-RPH-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens #4854"), Pharmacy License No. PH01293, Respondent Walgreens Pharmacy #7864 ("Walgreens #7864"), Pharmacy License No. PH01977, Respondent Minquang Nguyen, RPH ("Nguyen"), Certificate of Registration No. 15913, Maria Cruz, RPH ("Cruz"), Certificate of Registration No. 18166, and Respondent Tina Rizzolo, RPH ("Rizzolo"), Certificate of Registration No. 17665, were licensed/registered with the Board.

FACTUAL ALLEGATIONS

1. Respondent Walgreens #4854 is located at 4771 W. Craig Road, North Las Vegas, Nevada.

2. Respondent Walgreens #7864 is located at 7755 N. Durango Drive, Las Vegas, Nevada.

3. Respondent Nguyen was the managing pharmacist at Walgreens #4854 at the time of the events alleged herein.

4. Respondent Cruz was employed by Walgreens #4854 as a staff pharmacist at the time of the events alleged herein.

5. Respondent Rizzolo was employed by Walgreens #7864 as a staff pharmacist at the time of the events alleged herein.

6. Respondent Nguyen had past discipline in case no. 13-006-RPH-S where he stipulated to receive a public letter of reprimand for his failure to verify the status of a pharmaceutical technician in training. The pharmaceutical technician in training application was not on file with the Board and Respondent Nguyen allowed pharmaceutical technician in training to work ninety-three (93) days without a license.

7. Respondent Rizzolo had past discipline in case no. 15-028-RPH-A-S where she documented patient counseling but failed to detect a medication error during counseling.

8. On or about June 14, 2018, patient T.C. dropped off three (3) prescriptions to Walgreens #4854, one (1) prescription for himself and two (2) prescriptions for his mother, patient G.S.

9. T.C.'s prescription was for hydrocodone-acetaminophen 7.5/325, quantity 150, from Dr. A.A, and designated prescription no. 1929977. This prescription no. 1929977 was filled and dispensed for patient T.C. with no errors. Patient G.S.'s first prescription was for triamcinolone 0.1% cream from Dr. K.K., and designated prescription no. 1929983. This prescription no.

1929983 was filled and dispensed for patient G.S. with no errors. The second prescription for G.S. was for **tramadol HCl 50 mg**, quantity 90, from Dr. A.A., designated prescription no. **1929979.** This prescription no. 1929979 was filled and dispensed for wrong patient T.C. and with the wrong prescriber information, Dr. K.K. instead of Dr. A.A. The tramadol prescription was later duplicated and rescanned by Respondent Nguyen for reasons unknown, and designated prescription no. 1930079. Prescription no. 1930079 was filled and dispensed for patient G.S. correctly.

10. The misfilled tramadol prescription was scanned by pharmaceutical technician A.M. at 9:31 a.m. on June 14, 2018, and designated prescription no. 1929979 by Walgreen's system.

11. The initial data entry for the prescription no. 1929979 was performed by Respondent Rizzolo at Walgreens Pharmacy #7864 (a different location) at 2:14 p.m. on June 14, 2018.

12. The patient's name for prescription no. 1929979 was incorrectly entered or changed to reflect T.C. instead of the correct patient, T.C.'s mother – patient G.S. In addition, the incorrect prescriber information was entered as Dr. K.K. when the correct prescriber was Dr. A.A.

13. Respondent Nguyen performed a data entry review of prescription no. 1929979 at 2:16 p.m. and performed a DUR override for duplicate therapy because patient T.C. was already prescribed a pain medication hydrocodone-acetaminophen, and the tramadol is also used to treat pain.

14. Respondent Nguyen filled prescription no. 1929979 at 2:20 p.m.

15. Respondent Cruz performed the final product verification for prescription no. 1929979 at 2:25 p.m., which was misfilled.

16. Patient T.C. received four (4) total prescription medications instead of three (3), which included the misfilled and duplicate prescription of **tramadol**, prescription no. **1929979** for himself (which was prescribed for his mother, patient G.S., and filled by prescription no. 1930079).

Patient T.C. did not ingest any of the tramadol and the entire contents of the prescription were returned to Walgreens.

APPLICABLE LAW

17. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

18. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

19. NAC 639.252(2) states in relevant part: "If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription."

20. "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

21. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NRS 639.220; NAC 639.702.

22. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

23. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescriber(s)
(Respondents Nguyen, Cruz, Rizzolo)

24. Respondent Nguyen performed his duties in an incompetent, unskillful or negligent manner when he failed to accurately verify medication at data entry review, overrode the DUR for duplicate therapy for prescription no. 1929979, duplicated prescription no. 1929979 to another prescription no. 1930079, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

25. Respondent Cruz performed her duties in an incompetent, unskillful or negligent manner when she performed the final product verification for prescription no. 1929979, failed to accurately verify the medication, and failed to strictly follow the instructions of a practitioner by dispensing a duplicate and mislabeled prescription and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

26. Respondent Rizzolo performed her duties in an incompetent, unskillful or negligent manner when she conducted the initial data entry for prescription no. 1929979, failed to strictly follow the instructions of a practitioner by failing to enter the correct patient's name and prescriber information, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Pharmacy/Pharmacy Owner Responsibility
(Respondents Walgreens #4854 and Walgreens #7864)

27. As the pharmacy where Respondents Nguyen, Cruz, and PT A.M. violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

28. As the pharmacy where Respondent Rizzolo violated the laws as alleged herein, Walgreens #4854 is responsible for those violations pursuant to NAC 639.945(2). Respondent Walgreens #7864 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy licenses or certificates of registrations of these Respondents.

Signed this 14 day of September, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14 day of September, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #7864** **Pharmacy License No. PH01977,** **Respondent.**	**CASE NO. 18-055-PH-B-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #7864

FILED
JUN 15 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913, DIMITRIS EFSTATHIOU, RPH, Certificate of Registration No. 17277, and MARIA CRUZ, RPH, Certificate of Registration No. 18166, Respondents.	CASE NOS. 18-021-PH-S 18-021-RPH-C-S STIPULATION AND ORDER [RESPONDENTS WALGREENS PHARMACY #4854 & EFSTATHIOU ONLY]

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about February 6, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. Respondents jointly filed an Answer and Notice of Defense to the Accusation.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Dimitris Efstathiou, Certificate of Registration No. 17277, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Efstathiou shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Efstathiou shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #4854 shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #4854 shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

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

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

AGREED:

Signed this 8th day of June 2023

WALGREENS PHARMACY #4854
Pharmacy License No. PH01293

Signed this 3 day of June 2023

DIMITRIS EFSTATHIOU, RPH
Certificate of Registration No. 17277

APPROVED AS TO FORM AND CONTENT
this 7th day of June 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this 14 day of June 2023

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

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh, Certificate of Registration No. 17277, in Case Nos. 18-021-PH-S and 18-021-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 15th day of June 2023.

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

FILED
FEB 06 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH,** **Certificate of Registration No. 15913,** **DIMITRIS EFSTATHIOU, RPH,** **Certificate of Registration No. 17277, and** **MARIA CRUZ, RPH,** **Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-A-S** **18-021-RPH-C-S** **18-021-RPH-D-S** **FIRST AMENDED** **NOTICE OF INTENDED ACTION** **AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Minhquang D. Nguyen, RPh (Nguyen), Certificate of Registration No. 15913, Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, and Respondent Maria Cruz, RPh (Cruz), Certificate of Registration No. 18166, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, was a pharmacy licensed by the Board.

2. Nguyen was previously subject to discipline in case nos. 13-006-RPH-S and18-055-RPH-A-S, and currently a named respondent in case no. 19-100-RPH-S.

FACTUAL ALLEGATIONS

3. Nguyen was employed as managing pharmacist and Efstathiou and Cruz were employed as staff pharmacists by Walgreens Pharmacy #4854 at the time of the events alleged herein.

4. On or about October 7, 2017, Dr. C.C. wrote three (3) separate prescriptions for patient L.S. for Adderall, 30 mg tablets, quantity 90 tablets, with instructions to take 1 tablet three times per day. The first prescription was for immediate fill, the second prescription stated, "Do not fill before 11/7/2017", and the third prescription stated, "Do not fill before 12/7/2017".

5. On or about October 9, 2017, all three prescriptions were presented by patient L.S. to Walgreens Pharmacy #4854 and scanned into the computer system.

6. The first prescription was designated prescription no. 1850877 and subsequently processed, filled, and dispensed to patient L.S. on or about October 11, 2017.

7. The prescription post-dated 11/07/2017 was designated prescription no. 1863870 and placed on hold; however, the prescription number was not written on the original hard copy of the prescription.

8. The prescription post-dated 12/07/2017 was designated prescription no. 1896898 and placed on hold; however, the prescription number was not written on the original hard copy of the prescription.

9. On or about October 14, 2017, the original hard copy of the prescription post-dated 11/07/2017 was erroneously re-scanned and designated a second prescription no. 1874629, and the original hard copy of the prescription post-dated 12/07/2017 was erroneously re-scanned and designated a second prescription no. 1886042.

10. On or about November 18, 2017, prescription no. 1893870, post-dated 11/07/2017, was processed, filled and dispensed. Data entry review and final verification were

performed by Efstathiou, who failed to place a fill sticker on the back of the original hard copy of the prescription.

11. On or about December 24, 2017, prescription no. 1874629, post-dated 11/07/2017, was processed, filled and dispensed. Data entry review was performed by Cruz, who failed to identify the duplication with prescription no. 1863870.

12. On or about January 29, 2018, prescription no. 1886042, post-dated 12/07/2017, was processed, filled and dispensed. Data entry review and final verification were performed by Nguyen, who failed to place a fill sticker on the back of the original hard copy of the prescription and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile.

13. On or about February 28, 2018, prescription no. 1896898, post-dated 12/07/2017, was processed, filled and dispensed. Data entry review was performed by Cruz, who failed to identify the duplication with prescription no. 1886042.

COUNT ONE
Recordkeeping Violations
(Respondents Nguyen and Efstathiou)

14. Prescription records must be maintained in pertinent part in conformance with NRS 639.236, NAC 639.706 and/or NAC 639.910.

15. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12). By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1886042, Nguyen violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12).

COUNT TWO

Failure to Identify Duplicate Dispensed Medication/Unprofessional Conduct
(Respondents Nguyen and Cruz)

16. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

17. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry review and final verification on prescription no. 1886042 and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile. Nguyen is therefore subject to discipline pursuant to NRS 639.210(4).

18. Cruz engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry review on prescription no. 1874629 and failed to identify the duplication with prescription no. 1863870, and again when she performed data entry review on prescription no. 1896898 and failed to identify the duplication with prescription no. 1886042. Cruz is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT THREE

Managing Pharmacist Responsibility
(Respondent Nguyen)

19. As the managing pharmacist of Walgreens Pharmacy #4854 at the time of the violations alleged herein, including the failure to note the prescription number on the original hard copy of prescriptions, in violation of NRS 639.236, NAC 639.706 and/or NAC 639.910, resulting in the duplicate prescriptions, Nguyen is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT FOUR
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4854)

20. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations, including all errors and omissions of Nguyen, Efstathiou and Cruz, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

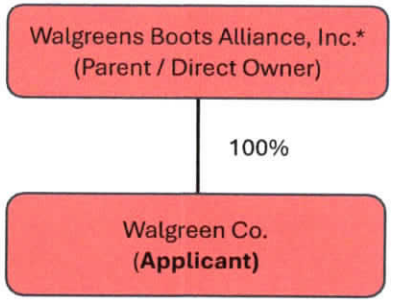
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

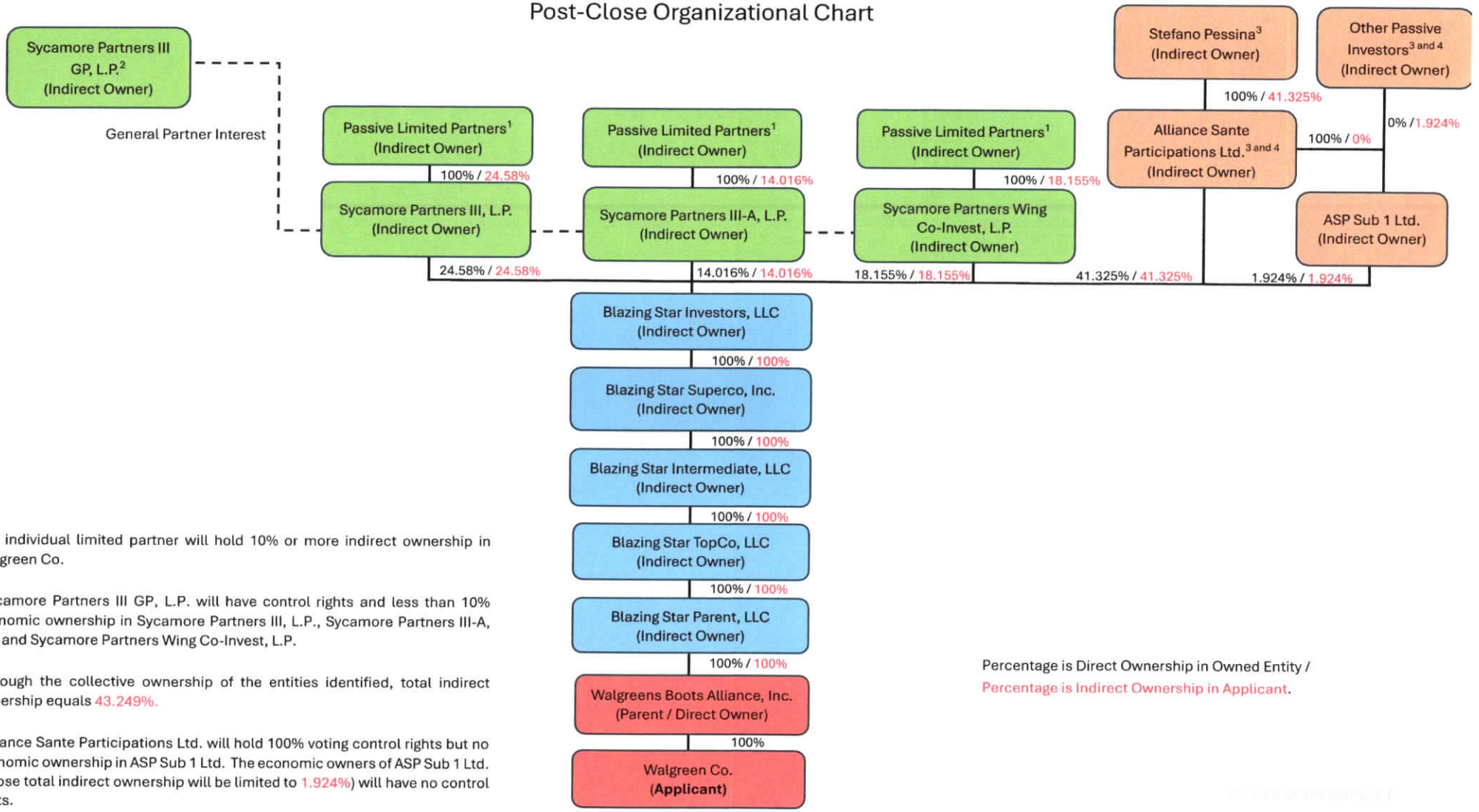
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

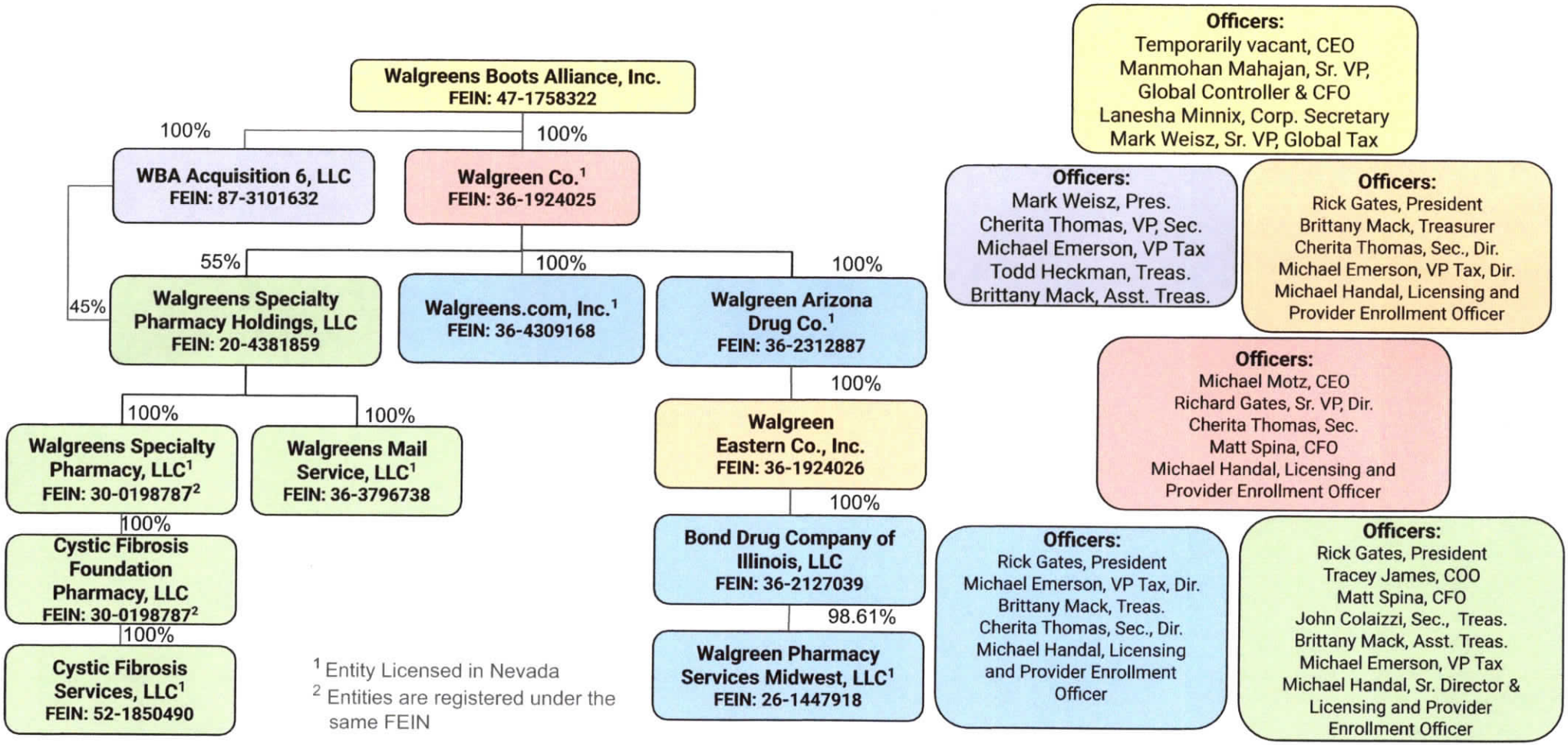
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4FFFFF

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02348	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW0987707 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #10190

Physical Address: 565 E CENTENNIAL PKWY

City: NORTH LAS VEGAS State: NV Zip: 89081-5633

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)399-3405 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)399-9206 Contact Email: rxm.10190@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): REXEQUIEL NER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18472

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: REXEQUIEL NER	NV Pharmacist Registration #: 18472
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK # JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: REXEQUIEL NER Pharmacist Registration #: 18472

Pharmacy Name: WALGREENS #10190

Initial each statement below to indicate you have read and agree with the following:

RN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

RN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

RN I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

RN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

RN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

REXEQUIEL NER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

Document Ref: 3IJMR-CW8SY-92XZG-MH6Z7

FILED
SEP 01 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **WALGREENS PHARMACY #5814, License No. PHN01519,** **SHANELA BLAS-CATACUTAN, RPH, Certification of Registration No. 17360, and** **REXEQUIEL NER, RPH, Certificate of Registration No. 18472,** **Respondents.**	Case Nos. 18-117-PHN-S 18-117-RPH-A-S 18-117-RPH-B-S **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #5814 ("Walgreens 5814"), Pharmacy License No. PHN01519, Respondent Shanela Blas-Catacutan, RPh ("Blas-Catacutan"), Certificate of Registration No. 17360, Respondent Rexequiel Ner, RPh ("Ner"), Certificate of Registration No. 18472, by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about April 1, 2021, Board Staff served Respondents Walgreens 5814, Blas-Catacutan, and Ner with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. On or about June 18, 2021, Respondents Walgreens 5814, Blas-Catacutan, and Ner filed their joint Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

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

7. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Ner discovered the pharmacy did not have oxycodone in stock and returned the prescription to the patient without deleting the existing prescription in the computer system, which left a duplicate prescription in the patient's profile, in violation of NAC 639.945(1)(d) and (i).

B. Respondent Blas-Catacutan mistakenly dispensed a duplicate prescription in violation of NAC 639.945(1)(d) and (i).

C. As the pharmacy at which the violation of law alleged herein occurred, Respondent Walgreens 5814 is responsible for the violations pursuant to NRS 639.230(5) and NAC 639.945(2).

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

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens 5814 stipulate to the following penalties:

A. Respondent shall pay a fine of Five-Hundred Dollars ($500.00) for the violation(s);

B. Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

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

A. Respondent shall pay a fine of Five-Hundred Dollars ($500.00) for the violation(s);

B. Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Respondent shall complete two (2) additional hours of continuing education regarding record keeping and/or error prevention within ninety (90) days of entry of this Order.

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

A. Respondent shall pay a fine of Five-Hundred Dollars ($500.00) for the violation(s);

B. Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Respondent shall complete two (2) additional hours continuing education regarding record keeping and/or error prevention within ninety (90) days of entry of this Order.

12. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on August 31, 2021. Respondents will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

16. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of

Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

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

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

AGREED:

Signed this 13 day of August, 2021

WALGREENS PHARMACY #5814
Pharmacy License No. PHN01519
Signed this __ day of August, 2021

Signed this ___ day of August, 2021

SHANELA BLAS-CATACUTAN, RPH,
Certificate of Registration No. 17360

REXEQUIEL NER, RPH
Certificate of Registration No. 18472

APPROVED AS TO FORM AND CONTENT
this 13th day of August, 2021

Signed this ___ day of August, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this ___ day of August, 2021

WALGREENS PHARMACY #5814
Pharmacy License No. PHN01519
Signed this ___ day of August, 2021

SHANELA BLAS-CATACUTAN, RPH,
Certificate of Registration No. 17360

APPROVED AS TO FORM AND CONTENT
this 13th day of August, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 14 day of August, 2021

REXEQUIEL NER, RPH
Certificate of Registration No. 18472

Signed this 2nd day of ~~August~~ Sept., 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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

AGREED:

Signed this 1 day of August, 2021

WALGREENS PHARMACY #5814
Pharmacy License No. PHN01519
Signed this 13th day of August, 2021

SHANELA BLAS-CATACUTAN, RPH
Certificate of Registration No. 17360

APPROVED AS TO FORM AND CONTENT
this 13th day of August, 2021

Signed this ___ day of August, 2021

REXEQUIEL NER, RPH
Certificate of Registration No. 18472

Signed this ___ day of August, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #5814 Pharmacy License No. PHN01519, Respondent Shanela Blas-Catacutan, RPH, Certificate of Registration No. 17360, and Respondent Rexequiel Ner, RPH, Certificate of Registration No. 18472, in Case No. 18-117 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 16th day of September, 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
1445 W. Craig Rd
North Las Vegas NV 89032-0211

Shanela Blas-Catacutan, R.Ph.
[redacted] Glory Lily Court
Las Vegas, NV 89123

Rexequiel Ner, R.Ph.
[redacted] Rainmaker St
Las Vegas, NV 89129

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

SHIRLEY HUNTING

FILED
APR – 1 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #5814,** **License No. PHN01519,** **SHANELA BLAS-CATACUTAN, RPH,** **Certification of Registration No. 17360, and** **REXEQUIEL NER, RPH,** **Certificate of Registration No. 18472,** **Respondents.**	**CASE NOS. 18-117-PHN-S** **18-117-RPH-A-S** **18-117-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #5814 ("Walgreens #5814") held a Nevada Pharmacy License No. PHN01519, and Respondent Shanela Blas-Catacutan, RPh, ("Blas-Catacutan") held a Nevada Pharmacist Certificate of Registration No. 17360, and Rexequiel Ner, RPh, ("Ner") held a Nevada Pharmacist Certificate of Registration No. 18472, all issued by the Board.

FACTUAL ALLEGATIONS

2. Blas-Catacutan was employed as the pharmacy manager of Walgreens #5814 and Ner was employed as a staff pharmacist at Walgreens #5814 during the alleged and relevant timeframes.

3. On October 1, 2018, patient B.D. received a prescription for oxycodone 30 mg, for 28 days, quantity 120 tablets, with no refills.

4. On the same day, October 1, 2018, patient B.D. presented her prescription at Walgreens #5814, the prescription information was entered into Walgreens' computer system, and designated as prescription #3246240.

5. During the filling process, it was discovered that Walgreens #5814 was out of stock of oxycodone 30 mg tablets. Ner returned the written prescription to patient B.D without cancelling prescription #3246240 in Walgreens' computer system.

6. On or about October 4, 2018, patient B.D. presented her written prescription for oxycodone at Walgreens #10783 (NOT Respondent Walgreens #5814), which dispensed prescription #738113 for patient B.D. Pharmacy records confirm that patient B.D. picked up her prescription for oxycodone from Walgreens #10783.

7. On or about October 17, 2018, Walgreens' computer system prompted Walgreens #5814 staff to fill the prescription when oxycodone 30 mg tablets were back in stock. A computer-generated text was sent to patient B.D. indicating that her prescription for oxycodone (which was already filled at Walgreens #10783) was available for pick up at Walgreens #5814.

8. Ner overrode the duplication therapy flag drug utilization review (DUR) warning in the computer system, and Blas-Catacutan failed to recognize the duplication error upon verification of the prescription. Pharmacy records confirm that patient B.D. picked up a second fill for her single oxycodone prescription on October 17, 2018.

9. Blas-Catacutan stated that she did not place the fill tag or sticker on the back of the hard copy written prescription at the time she verified the prescription.

10. The error was discovered when the prescribing practitioner A.V.L. reported the duplicate fill for patient B.D. to the Prescription Monitoring Program.

FIRST CAUSE OF ACTION
Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondent Ner)

11. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

12. Ner engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to cancel the original written prescription returned to patient B.D., failed to act upon the DUR warning in the computer system and overrode the DUR alert for prescription #738113, which resulted in Walgreens #5814 dispensing a duplicate fill for a single oxycodone prescription. Ner is therefore subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION
Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondent Blas-Catacutan)

13. Blas-Catacutan engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription #738113 as accurate when it was not, which resulted in Walgreens #5814 dispensing a duplicate fill for a single oxycodone prescription. Blas-Catacutan is therefore subject to discipline pursuant to NRS 639.210(4).

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #5814)

14. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." Further, the owner of any business or facility licensed, certified

or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

15. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens #5814 is responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.230(5) and NAC 639.945(2) and is therefore subject to discipline.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 14th day of April, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. REXEQUIEL NER, RPH, Certificate of Registration No. 18472, Respondent.	CASE NOS. 18-117-RPH-B-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

IV.

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

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of April, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. REXEQUIEL NER, RPH, Certificate of Registration No. 18472, Respondent.	CASE NO. 18-117-RPH-B-S ANSWER AND NOTICE OF DEFENSE

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

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

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

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

DATED this _____ day of April, 2021.

REXEQUIEL NER, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of April, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
1445 W. Craig Rd
North Las Vegas NV 89032-0211

Shanela Blas-Catacutan, R.Ph.
[redacted] Glory Lily Court
Las Vegas, NV 89123

Rexequiel Ner, R.Ph.
[redacted] Rainmaker St
Las Vegas, NV 89129

SHIRLEY HUNTING

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

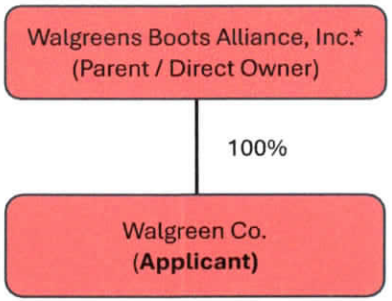
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

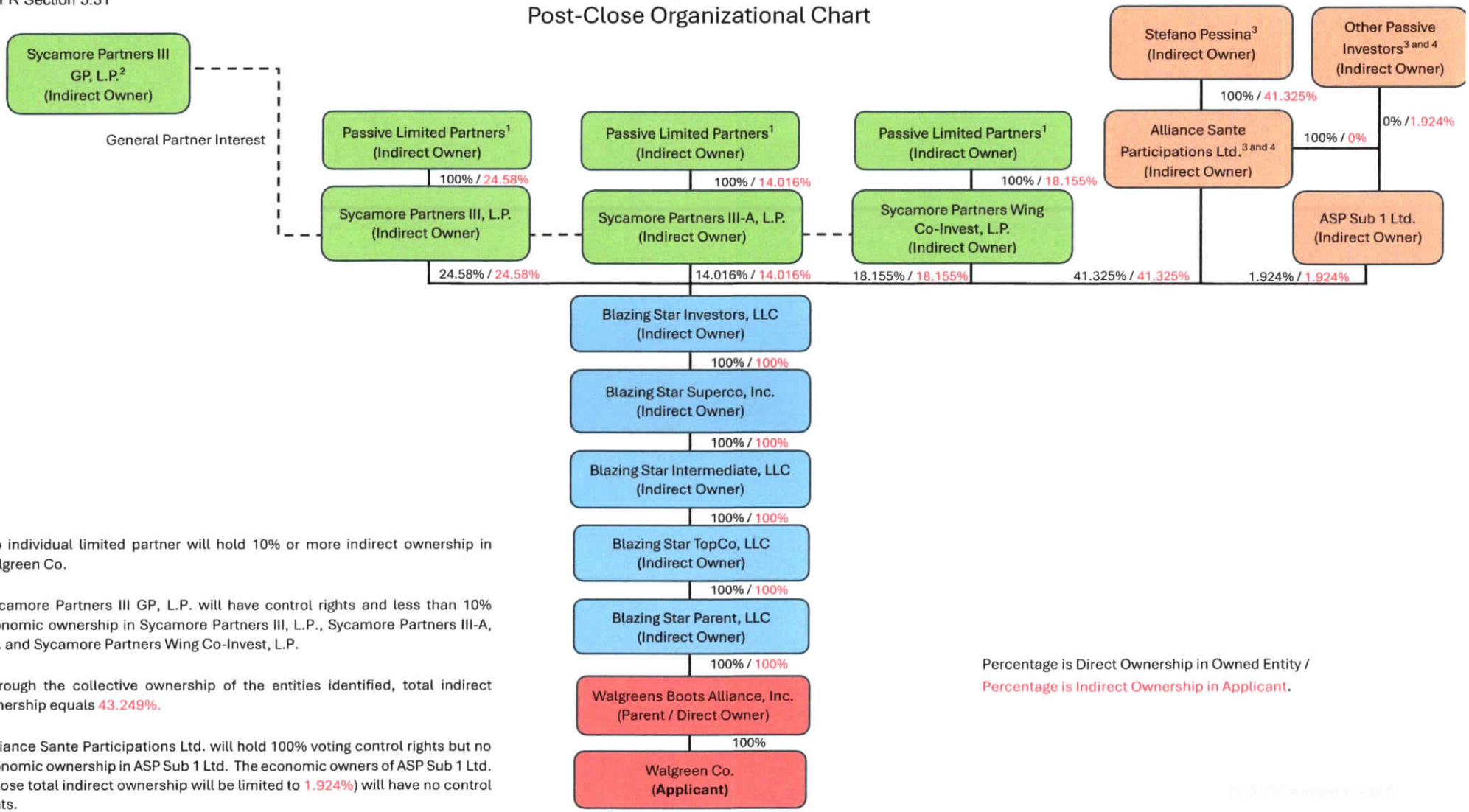
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

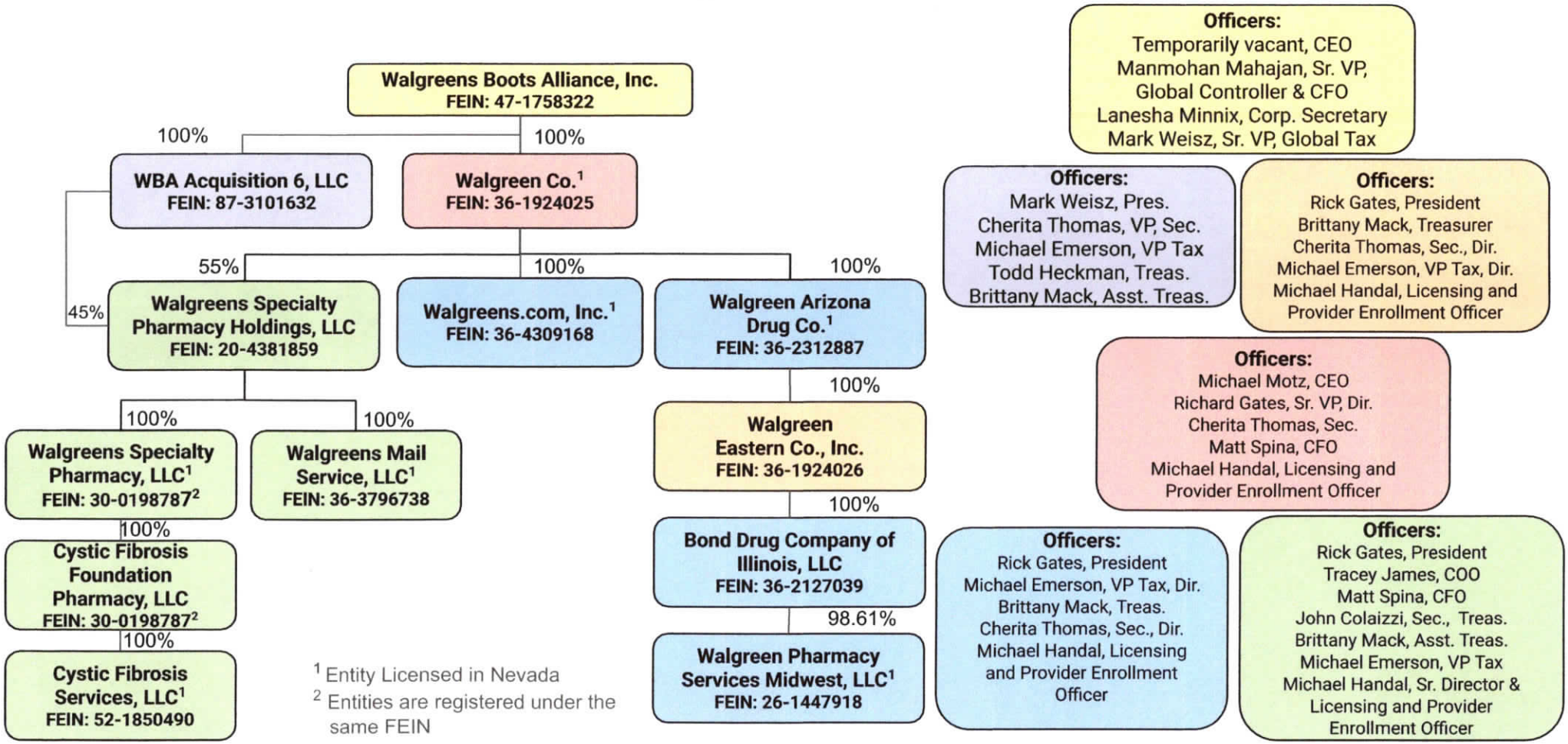
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4GGGGG

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01519	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6917972 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05814

Physical Address: 1445 W CRAIG ROAD STE 100

City: NORTH LAS VEGAS State: NV Zip: 89032-0211

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)649-3113 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)649-3780 Contact Email: rxm.05814@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): REBECCA RICHARDS

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 14377

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: REBECCA RICHARDS	NV Pharmacist Registration #: 14377
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ch UP03-3000111179

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: REBECCA RICHARDS Pharmacist Registration #: 14377

Pharmacy Name: WALGREENS #05814

Initial each statement below to indicate you have read and agree with the following:

R.R. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

R.R. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

R.R. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

R.R. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

R.R. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

REBECCA RICHARDS

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

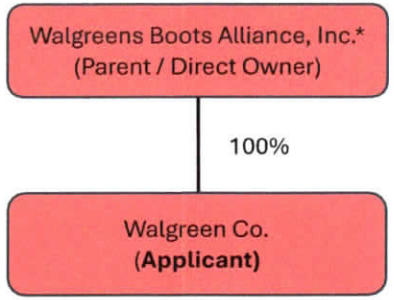
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

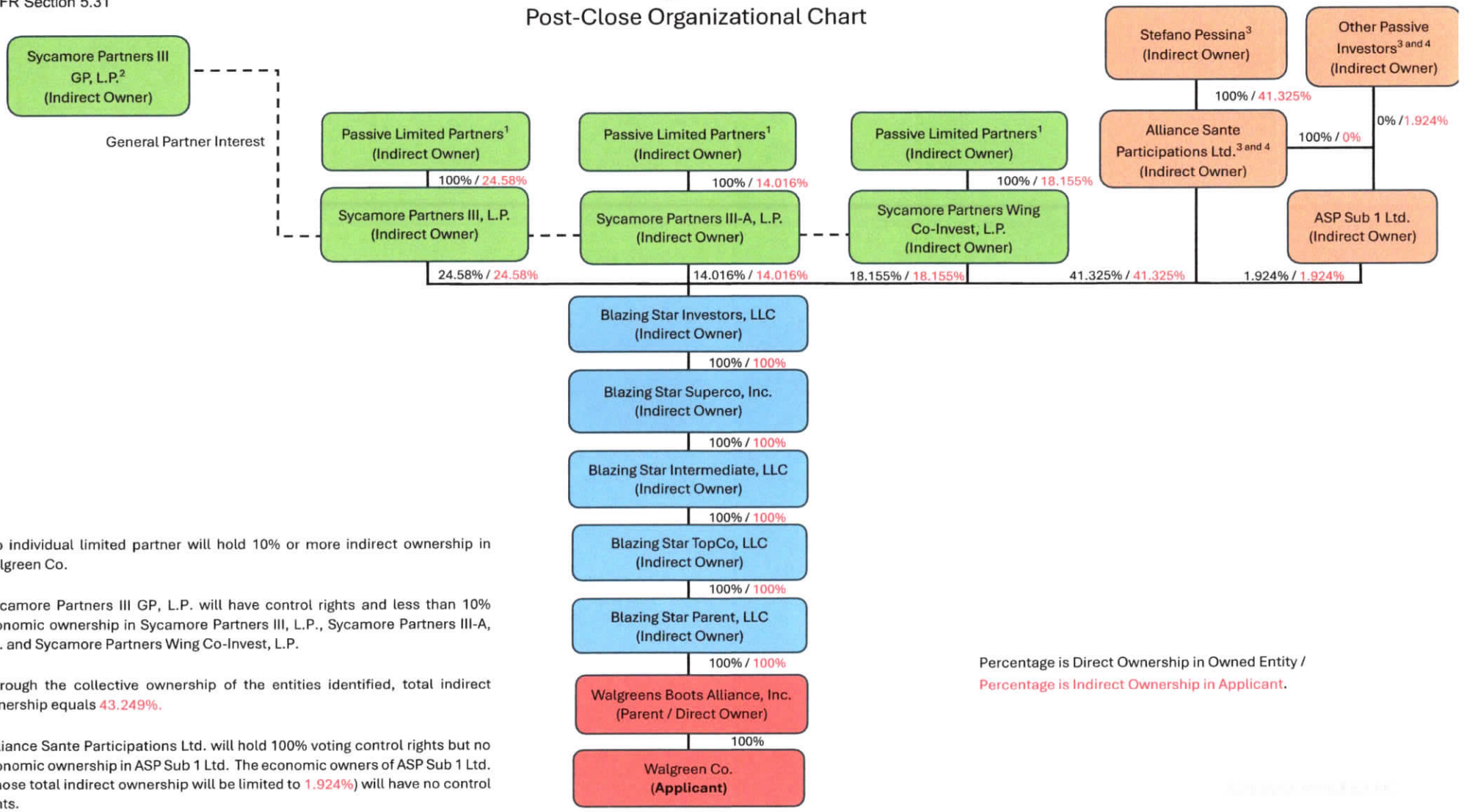
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

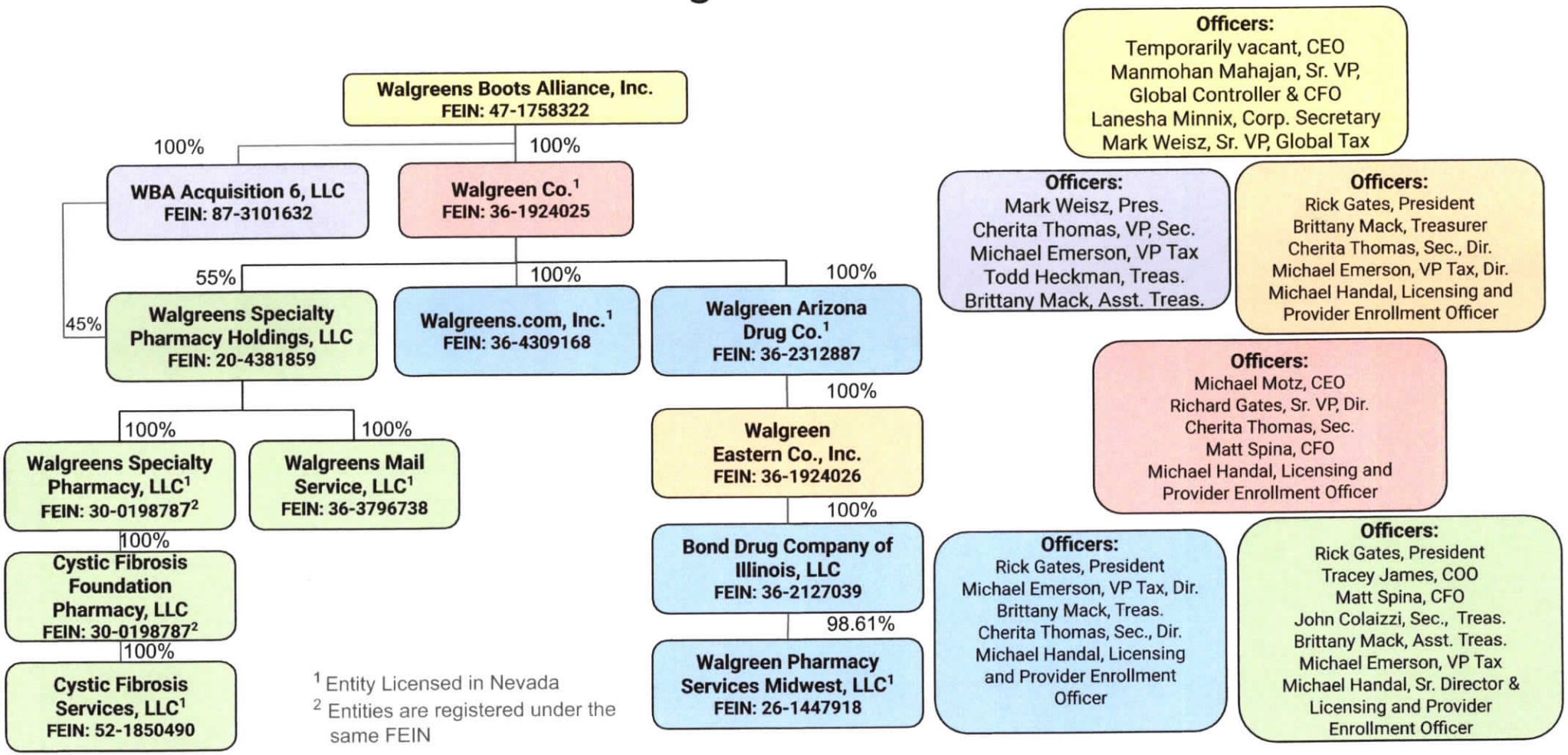
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4HHHHH

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01520	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW7266631 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05619

Physical Address: 3030 LAS VEGAS BLVD N

City: NORTH LAS VEGAS State: NV Zip: 89030-5756

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)642-5318 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)657-6985 Contact Email: rxm.05619@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): IRENE CORPUZ

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17262

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: IRENE CORPUZ	NV Pharmacist Registration #: 17262
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: IRENE CORPUZ Pharmacist Registration #: 17262

Pharmacy Name: WALGREENS #05619

Initial each statement below to indicate you have read and agree with the following:

I.R. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I.R. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

I.R. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I.R. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I.R. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

IRENE CORPUZ

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

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5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

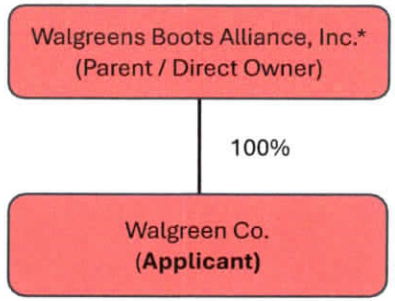
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Manmohan Mahajan - Sr VP, Global Controller, CFO
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Please see the attached pre- and post-closing Corporate Organization chart for reference.

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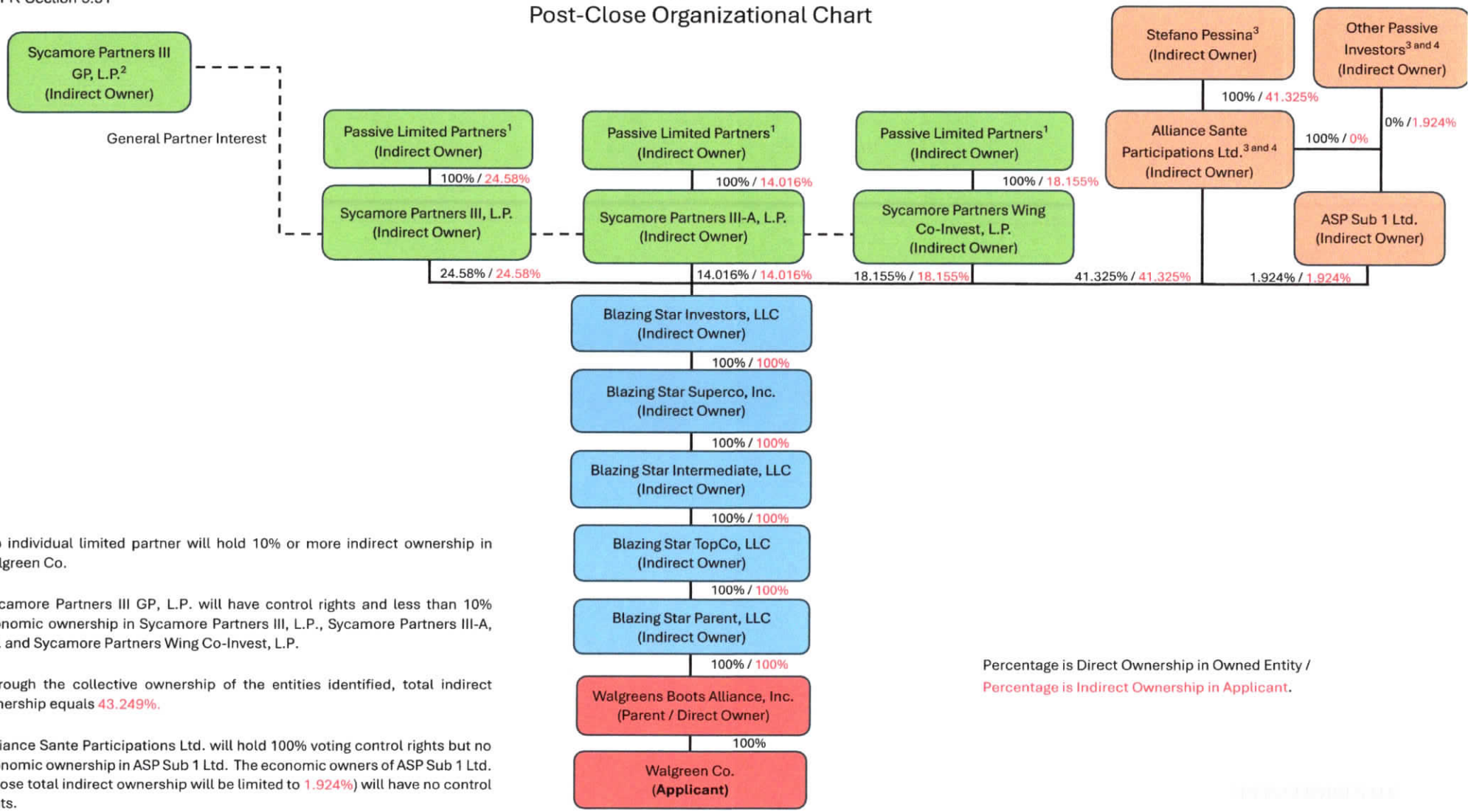
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
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Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

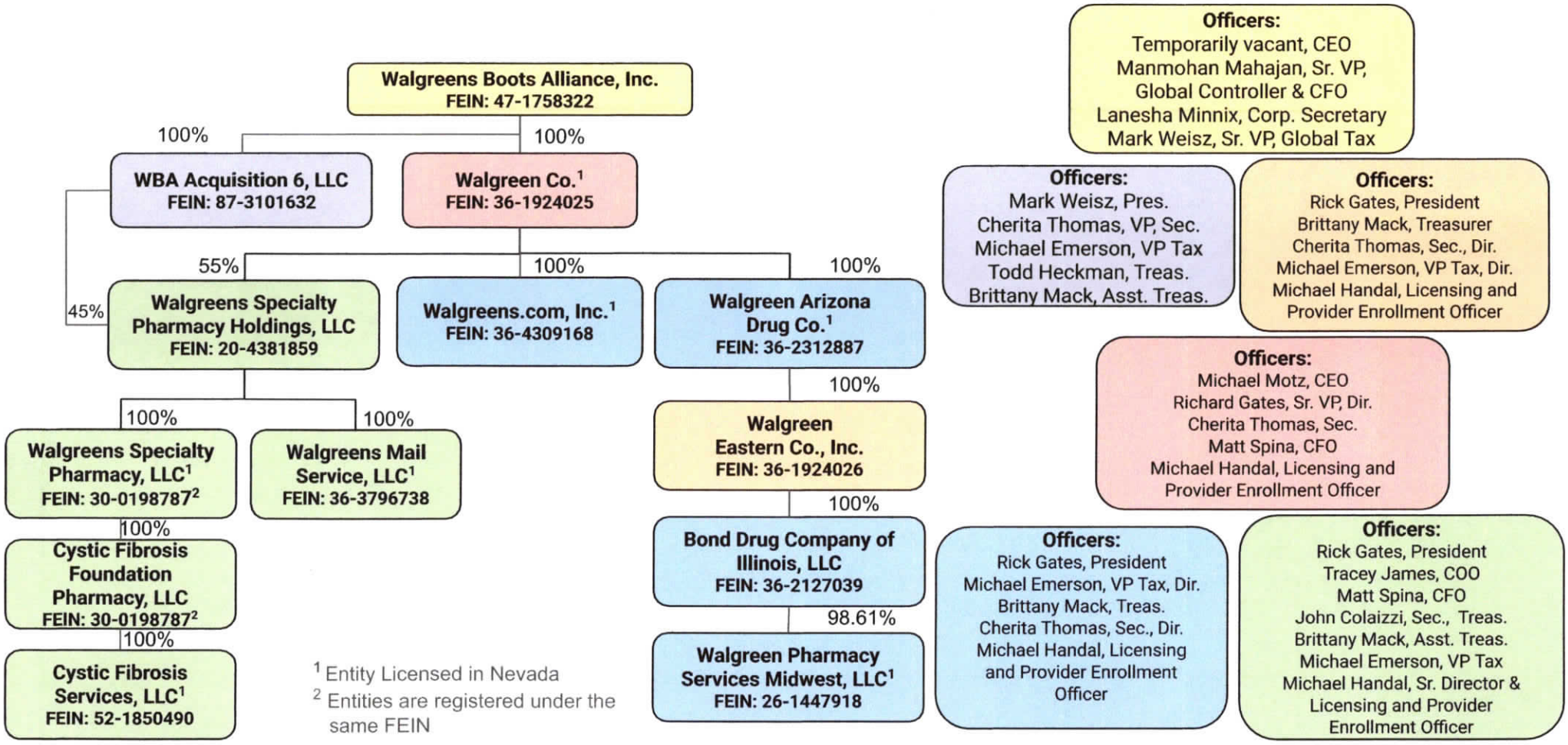
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[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE



NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01064	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW4963977 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #03845

Physical Address: 2280 N LAS VEGAS BLVD

City: NORTH LAS VEGAS State: NV Zip: 89030-5803

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)649-1415 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)649-1447 Contact Email: rxm.03845@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MOKTHOONG CHONG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24000

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MOKTHOONG CHONG	NV Pharmacist Registration #: 24000
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck #JP03-30001111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MOKTHOONG CHONG Pharmacist Registration #: 24000

Pharmacy Name: WALGREENS #03845

Initial each statement below to indicate you have read and agree with the following:

mok — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

mok — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

mok — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

mok — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

mok — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

MOKTHOONG CHONG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

FILED
JUL 30 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Shelly Verma, Rachel McDonald,**
	)	**Suzette Jacobs, Walgreens**
SUZETTE JACOBS, RPH	)	**Pharmacy #03845, Walgreens**
Certificate of Registration No. 17642,	)	**Pharmacy #04086, Walgreens**
	)	**Pharmacy #15035 and Walgreens**
WALGREENS PHARMACY #15035	)	**Co.)**
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. William J. Stilling, Esq., of Kimball Legal, appeared on behalf of Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens #04086),

Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co.

Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board finds that evidence exists to support each of the factual allegations in the Accusation and enters Findings of Fact, Conclusions of Law, and Orders as follows:

FINDINGS OF FACT

On July 19, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, admitted in the *Stipulated Facts* are as follows:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

15. In a separate Order on file in this matter, the Board found that

> By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days

between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

See Findings of Fact, Conclusions of Order and Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S (2017), attached hereto as **Exhibit 2**, and incorporated herein by reference.

16. Additionally, during the hearing the Board heard testimony and accepted into evidence Exhibit 1, along with certain written evidence, including the prosecution's Hearing Exhibits 1 through 4, Respondents' Hearing Exhibits A and B.

Based on the evidence presented during the hearing, the Board finds that evidence exists to support each of the factual allegations stated in the Accusation.

CONCLUSIONS OF LAW

From the forgoing findings of fact, the Board concludes as a matter of law:

17. The Board has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs, were registered pharmacists with the Board.

18. Similarly, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035, were pharmacies registered with the Board.

19. As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

20. As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT

registration for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

21. As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a PTT registration for one (1) day, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i), which violations are grounds for discipline pursuant to NRS 639.210(4), (12) and (15), or alternatively, under NRS 639.255.

22. By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and (15), and under NRS 639.255.

23. NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each employees of one of the Walgreens Pharmacies. As such, that Walgreens Pharmacies are responsible for each of the violations alleged herein.

ORDER

24. For the violations described in the Second[i] and Fifth Causes of Action, Respondent Ms. Verma shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of*

[i] The Board resolved the First Cause of Action in this matter through a separate Order. *See* Exhibit 2 (*Findings of Fact, Conclusions of Order and* Order (Respondent Hakeem Sanchez Bravo), Case No. 16-080PPT-S)(2017).

continuing education (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of five hundred dollars* ($500.00).

25. For the violations described in the Third and Fifth Causes of Action, Respondent Ms. McDonald shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*; and (3) *pay a fine of one hundred and sixty dollars* ($160.00).

26. For the violations described in the Fourth and Fifth Causes of Action, Respondent Ms. Jacob shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding her duties and obligations as a managing pharmacist, (2) *complete three extra hours of continuing education* (CE) on the topics of *ethics, Nevada law* and *pharmacy manager/pharmacist in charge responsibilities*, and (3) *pay a fine of forty dollars* ($40.00).

27. As to Ms. Verma, Ms. McDonald and Ms. Jacob, the extra hours of CE ordered herein are in addition to any continuing education hours each must otherwise complete to maintain or renew her licensure.

28. For the Sixth Cause of Action, Respondents Walgreens Pharmacy #03845, Walgreens Pharmacy #04086, and Walgreens Pharmacy #15035 shall each (1) *pay a fine of five hundred dollars* ($500.00)(for a total of $1,500 between the three Walgreens Pharmacies), and (2) pay a combined administrative fee of *one thousand five hundred dollars* ($1,500.00).

29. The Prosecution withdraw the Seventh Cause of Action.

30. Respondents, and each of them, shall pay the fines ordered herein when due, and by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

31. Respondents, and each of them, shall pay the administrative fees ordered herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of the Board's Order.

32. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of their respective license or registration.

33. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

Exhibit 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**STIPULATED FACTS**
Certificate of Registration No. 18416,	)	**(All Respondents)**
	)	
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; Suzette Jacobs (Ms. Jacobs), Certificate of Registration 17642; Walgreens Pharmacy #03845 (Walgreens #03845), Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086 (Walgreens

#04086), Certificate of Registration PH01248; Walgreens Pharmacy #15035 (Walgreens #115035), Certificate of Registration PH02742 and Walgreen Co., by and through their counsel, William J. Stilling, Esq., of Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter because at the time of the events described herein Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs were each registered as pharmacists with the Board.

2. Similarly, the Board has jurisdiction over this matter because at the time of the events described herein, Respondents Walgreens #03845, Walgreens #04086 and Walgreens #15035 (collectively the Walgreens Pharmacies) were each registered with the Board.

3. The Board has jurisdiction over Walgreen Co., an Illinois corporation, because it owns and operates each of the Walgreens Pharmacies in Nevada, which pharmacies employed each of the other Respondents at the time of the events described herein.

4. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

5. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

6. Certificate of Registration No. PT17763 expired on October 31, 2016.

7. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

8. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

9. The Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016 through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

10. From the records the Walgreens Pharmacies provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at the three Walgreens Pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

11. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and
- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

12. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

13. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

14. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day

- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

I, the undersigned, William J. Stilling, Esq., of and for the law firm Kimball Legal, have consulted with Respondents in this action, and each of them, regarding factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. Each Respondent has freely and voluntarily agreed to the factual statements set forth herein, and each has authorized me to sign below on their individual behalf.

Signed this 17th day of July, 2017

William J Stilling, Esq.
Kimball Legal

Counsel for Respondents Shelly Verman, Suzette Jacobs, Rachael McDonald, Walgreens Pharmacy #03845, Walgreens Pharmacy #4086 Walgreens Pharmacy #15035, and Walgreens Co., an Illinois Corporation

FILED
JUL 30 2017
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 16-080-PTT- S**
	)	
Petitioner,	)	**16-080-RPH-A-S**
v.	)	**16-080-PH-A-S**
	)	
HAKEEM SANCHEZ-BRAVO, PTT	)	**16-080-RPH-B-S**
Certificate of Registration No. PT17763,	)	**16-080-PH-B-S**
	)	
SHELLEY VERMA, RPH	)	**16-080-RPH-C-S**
Certificate of Registration No. 17761,	)	**16-080-PH-C-S**
	)	
WALGREENS PHARMACY #03845	)	**16-080-PH-D-S**
Certificate of Registration No. PHN01064,	)	
	)	
RACHAEL MCDONALD, RPH	)	**FINDINGS OF FACT,**
Certificate of Registration No. 18416,	)	**CONCLUSIONS OF LAW,**
	)	**AND ORDER**
WALGREENS PHARMACY #04086	)	
Certificate of Registration No. PH01248,	)	**(Hakeem Sanchez-Bravo Only)**
	)	
SUZETTE JACOBS, RPH	)	
Certificate of Registration No. 17642,	)	
	)	
WALGREENS PHARMACY #15035	)	
Certificate of Registration No. PH02742, and	)	
	)	
WALGREENS CO., an Illinois Corporation,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, July 19, 2017, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration No. PT17763, a pharmaceutical technician in training (PTT) at the time of the events alleged in the *Notice of Intended Action and Accusation* (Accusation) on file herein, did not file an answer in response to the Accusation. He did not respond to the Accusation in any way, and failed to appear at the hearing.

Having received no pleading and no response from Mr. Sanchez-Bravo, the Board hereby enters default against him as follows:

FINDINGS OF FACT

The allegations in the Accusation and on which the Board enters default against Mr. Sanchez-Bravo are as follows:

1. In January 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Respondent Hakeem Sanchez-Bravo.

2. Certificate of Registration No. PT17763 was registered to and valid only at Walgreens Pharmacy #4790.

3. Certificate of Registration No. PT17763 expired on October 31, 2016.

4. In November 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During his discussion with Board Staff, Mr. Sanchez-Bravo disclosed that he had been working at Walgreens Pharmacy #03845.

5. Board Staff determined at that time that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

6. A Board Investigator requested Mr. Sanchez-Bravo's work schedule from April 2016, through October 2016, from Jaclyn Latteri, a Walgreens District Manager.

7. From the records Walgreens provided, Board Staff ascertained that Mr. Sanchez-Bravo had worked at three Walgreens pharmacies for a combined total of one-hundred and forty (140) days, from April 2016, through November 2016, without a valid pharmaceutical technician in training registration.

8. Board Staff ascertained that Mr. Sanchez-Bravo had worked:

- 1 day at Walgreens #15035 for pharmacist manager Ms. Jacobs without a valid registration,
- 4 days at Walgreens #04086 for pharmacist manager Ms. McDonald without a valid registration, and

- 135 days at Walgreens #03845 for pharmacist manager Ms. Verma without a valid registration.

9. Ms. Latteri confirmed in a written statement that Mr. Sanchez-Bravo worked unregistered as a pharmaceutical technician in training during the 140 day time period.

10. The records Walgreens provided also indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

11. Mr. Sanchez-Bravo failed to log his hours on duty during the 140 day period at issue in this matter as follows:

- Walgreens #15035 – 1 day
- Walgreens #04086 – 3 days
- Walgreens #03845 – 84 days

12. During the hearing, the Board admitted into the record, among other evidence, the prosecution's Exhibit 4, which is a written statement from Mr. Sanchez-Bravo supporting the allegations that Board Staff eventually filed against him by way of the Accusation.

13. Additionally, on May 5, 2017, Board Staff served the Accusation in this matter on Mr. Sanchez-Bravo by certified mail, return receipt requested, using the address Mr. Sanchez-Bravo most recently provided to the Board.

14. Based on evidence and testimony presented during the hearing, the Board finds that Board Staff satisfied the service requirements of NRS 639.242.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

15. The Board has jurisdiction over this matter because at the time of the events alleged herein, Respondent Mr. Sanchez-Bravo was a registered pharmaceutical technician in training with the Board.

16. A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

17. Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

18. By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1).

19. Those violations are grounds for discipline pursuant to NRS 639.210(4), and (13), as well as NRS 639.255.

ORDER

20. For the violations described above, Respondent Mr. Sanchez-Bravo shall (1) receive a *letter of reprimand* from the Board's Executive Secretary regarding his obligations as a pharmaceutical technician in training, (2) *pay a fine of two hundred dollars* ($200.00), and (3), *complete 2 hours of continuing education* (CE) on the topics of *ethics* and *Nevada law*. Those extra hours of CE are in addition to any continuing education hours Mr. Sanchez-Bravo must otherwise complete to maintain or renew his registration.

21. Mr. Sanchez-Bravo shall pay the fine ordered herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 30 days of the effective date of the Board's Order.

22. Any failure by Mr. Sanchez-Bravo to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of his registration, or be grounds for the denial of any application by him for registration or licensure with the Board, until all terms have been satisfied.

23. Mr. Sanchez-Bravo may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has a valid registration.

24. In the event Mr. Sanchez-Bravo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and effective this 30 day of July, 2017.

Leo Basch, President
Nevada State Board of Pharmacy

FILED
MAY 05 2017
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. HAKEEM SANCHEZ-BRAVO, PTT Certificate of Registration No. PT17763, SHELLEY VERMA, RPH Certificate of Registration No. 17761, WALGREENS PHARMACY #03845 Certificate of Registration No. PHN01064, RACHAEL MCDONALD, RPH Certificate of Registration No. 18416, WALGREENS PHARMACY #04086 Certificate of Registration No. PH01248, SUZETTE JACOBS, RPH Certificate of Registration No. 17642, WALGREENS PHARMACY #15035 Certificate of Registration No. PH02742, and WALGREENS CO., an Illinois Corporation, Respondents.	CASE NOS. 16-080-PTT- S 16-080-RPH-A-S 16-080-PH-A-S 16-080-RPH-B-S 16-080-PH-B-S 16-080-RPH-C-S 16-080-PH-C-S 16-080-PH-D-S NOTICE OF INTENDED ACTION AND ACCUSATION

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo), Certificate of Registration PT17763, was a registered pharmaceutical technician in training with the Board; Respondents Shelley Verma (Ms. Verma), Certificate of Registration No. 17761; Rachael McDonald (Ms. McDonald), Certificate of Registration No. 18416; and Suzette Jacobs

(Ms. Jacobs), Certificate of Registration 17642, were registered pharmacists with the Board. Similarly, Respondent Walgreens Pharmacy #03845, Certificate of Registration No. PHN01064; Walgreens Pharmacy #04086, Certificate of Registration PH01248; and Walgreens Pharmacy #15035, Certificate of Registration PH02742, were pharmacies registered with the Board. Walgreen Co. is an Illinois corporation that is the owner of each of the individual Walgreens pharmacies named in this matter.

II.

Nevada Administrative Code (NAC) 639.242(3) states that "[u]pon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed."

III.

Additionally, a trainee may be employed as a technician in training at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5). If a pharmaceutical technician in training changes pharmacy locations (even within the same chain), the trainee must submit a new application and become registered for the new site. *Id.* Termination of employment at a pharmacy voids the trainee's registration and the trainee must reapply for registration before working at any other pharmacy.

FACTUAL ALLEGATIONS

IV.

On or about January 8, 2016, the Board issued Pharmaceutical Technician Trainee Certificate of Registration No. PT17763 to Hakeem Sanchez-Bravo (Mr. Sanchez-Bravo).

V.

Certificate of Registration No. PT17763 was valid at Walgreens Pharmacy #4790.

VI.

Certificate of Registration No. PT17763 expired on October 31, 2016.

VII.

On November 7, 2016, Mr. Sanchez-Bravo telephoned the Board Office regarding the renewal of his registration. During that discussion with Board Staff, Mr. Sanchez-Bravo indicated that he has been working at Walgreens Pharmacy #03845 for the prior four months.

VIII.

Board Staff learned that Mr. Sanchez-Bravo did not have a valid pharmaceutical technician in training registration at Walgreens Pharmacy #03845.

IX.

Records provided to the Board Investigator by Walgreens' District Manager Jaclyn Latteri show that from April 2016, through November 2016, Mr. Sanchez-Bravo worked as a technician in training at three separate Walgreens' where he did not have a registration. Those records show that he worked unregistered at those locations for a combined total of approximately one-hundred and forty (140) days.

X.

Table 1 below shows the number of hours and the pharmacy manager at each location where Mr. Sanchez-Bravo worked without a registration.

Walgreens Store #	Number of Days Sanchez-Bravo Worked Unregistered	Pharmacy Manager at Each Walgreens Location
03845	135	Shelley Verma
04086	4	Rachael McDonald
15035	1	Suzette Jacobs
Total	**140**	

XI.

Ms. Latteri, Walgreens' District Manager, confirmed in a written statement that Mr. Sanchez-Bravo worked unlicensed as a pharmaceutical technician in training during the 140 day time period.

XII.

The Board Investigator also requested Walgreens' records documenting the hours Mr. Sanchez-Bravo was on duty during the pharmacies' hours of business. The records Walgreens

provided indicate that Mr. Sanchez-Bravo did not consistently record the hours that he worked at any of the Walgreens' locations.

XIII.

The following summarizes the number of days Mr. Sanchez-Bravo worked but failed to log his hours on duty during the 140-day period:

- Walgreens #03845 – 84 days
- Walgreens #04086 – 3 days
- Walgreens #15035 – 1 day

XIV.

Walgreens Co. has a history of allowing employees to work unlicensed in its stores, as evidenced by a number of prior disciplinary actions taken by the Board against various Walgreens' pharmacies for unlicensed activity. Those cases include each of the following:

Prior Disciplinary Actions Taken Against Walgreen Respondents for Unlicensed Practice

A. *Board of Pharmacy v. Respondent Walgreens Pharmacy #05646,* Case No. 07-062-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #03844, Case No. 07-063-PH-S
Board of Pharmacy v. Respondent Walgreens Pharmacy #05646, Case No. 07-064-PH-S
B. *Board of Pharmacy v. Respondent Walgreens Pharmacy #06310,* Case No. 07-021-PH-S
C. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12646,* Case No. 10-007-PH-S
D. *Board of Pharmacy v. Respondent Walgreens Pharmacy #04855,* Case No. 11-044-PH-S
E. *Board of Pharmacy v. Respondent Walgreens Pharmacy #12488,* Case No. 13-016-PH-S

XV.

A copy of the Findings of Fact, Conclusions of Law and Order and/or the Stipulation and Order for each of those cases are attached hereto as **Exhibits A through E,** respectively, the contents of which are incorporated herein by reference.

XVI.

FIRST CAUSE OF ACTION
(Respondent Hakeem Sanchez-Bravo)

A pharmaceutical technician in training may be employed at multiple pharmacies, but the trainee is required to register at each location. NAC 639.242(5).

By working at Walgreens #03845, Walgreens #04086 and Walgreens #15035 for a combined total of approximately 140 days between April 2016, and November 2016, when he

did not have a current pharmaceutical technician in training registration at those locations, Hakeem Sanchez-Bravo violated Nevada Administrative Code (NAC) 639.240(1), which violations are grounds for discipline pursuant to NRS 639.210(4), and/or (13), or alternatively, under NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Shelley Verma)

XVII.

As the managing pharmacist during the period of April 2016, through November 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one-hundred and thirty-five (135) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Ms. Verma violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Rachael McDonald)

XVIII.

As the managing pharmacist during the period of August 2016, through September 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for four (4) days, and in failing to verify that Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed during that time, Respondent Rachael McDonald violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Suzette Jacobs)

XIX.

As the managing pharmacist during the period of October 2016, for the pharmacy in which Mr. Sanchez-Bravo worked without a license for one (1) day, and in failing to verify that

Mr. Sanchez-Bravo had a valid registration for the pharmacy she managed at that time, Respondent Suzette Jacobs violated NRS 639.220(1) and NAC 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255.

FIFTH CAUSE OF ACTION

(Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs)

XX.

NAC 639.245(1) requires that "[a] written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business." The record must be "[r]eadily retrievable" and "[r]etained for 2 years. *Id.* NAC 639.945(m) defines unprofessional conduct to include "failing to provide any document, data or information that is required to be made and maintained...to a member of the Board or member of the staff of the Board . . ." upon request.

By failing to keep and provide Board Staff with a written record showing the days and hours that Mr. Sanchez-Bravo was on duty as a pharmaceutical technician in training during the hours of business at each of their respective pharmacies, Respondents Ms. Verma, Ms. McDonald and Ms. Jacobs each violated NAC 639.245(1) and NAC 639.945(1)(i) and (m). Those violations are grounds for discipline pursuant to NRS 639.210(4) and/or (15), or alternatively, under NRS 639.255.

SIXTH CAUSE OF ACTION

(Respondents Walgreens #03845, Walgreens #04086, and Walgreens #15035)

XXI.

NAC 639.945(2) states that "[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ". At the time of the violations alleged herein, Respondents Ms. Verma, Ms. McDonald, and Ms. Jacobs were each Walgreens' employees. As such, Walgreens is responsible for each of the violations alleged herein.

The violations alleged above, including in causes of action one through five, are grounds

for discipline against the licenses of Ms. Verma, Mr. McDonald, Ms. Jacobs, as well as Walgreens #03845, Walgreens #04086 and Walgreens #15035 pursuant to NRS 639.210(4), (11), (12), (15) and/or (17) as well as NRS 639.255.

SEVENTH CAUSE OF ACTION
(Respondent Walgreens Co.)

XXII.

In being repeatedly negligent in its registration verification process, as evidenced by the allegations in this action, and the outcome in Case Nos. 07-062-PH-S, 07-063-PH-S, 07-064-PH-S, 07-021-PH-S, 10-007-PH-S, 11-044-PH-S, and 13-016-PH-S, Walgreens Co., through its pharmacies, violated NRS 639.210(4), (12) and/or (16), as well as NAC 639.945(1)(i). Collectively they are responsible for those actions under NAC 639.945(2), and are subject to discipline pursuant to NRS 639.210(4), (11), (12), (15) and (17), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 12th day of May, 2017.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T. Certificate of Registration No. PT06209	Case No. 07-062-PT-S
WALGREENS PHARMACY #05646 Certificate of Registration No. PH01505,	Case No. 07-062-PH-S
CHRISTINA M. ROMERO, P.T. Certificate of Registration No. PT01314,	Case No. 07-063-PT-S
WALGREENS PHARMACY #03844 Certificate of Registration No. PH01123,	Case No. 07-063-PH-S
JESSICA L. McCULLOCH, P.T. Certificate of Registration No. PT07762,	Case No. 07-064-PTT-S
WALGREENS PHARMACY #05646 Certificate of Registration No. PH01505,	Case No. 07-064-PH-S

Respondents.

/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

AMANDA L. WEAVER, P.T.,
Certificate of Registration No. PT06996,

Case No. 07-021-PT-S

WALGREENS #06310,
Certificate of Registration No. PH01549,

Case No. 07-021-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on June 6, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Amanda L. Weaver appeared and represented herself. Mr. Ling represented to the Board that Board Staff had entered into an oral stipulation with Robert Graham, counsel for Walgreens #06310, pursuant to which the parties had agreed that Mr. Ling would present the terms of the oral stipulation and that Mr. Graham or representatives of Walgreens were excused from appearing in the matter. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. At hearing, Ms. Weaver appeared, testified, and represented herself.

Because of the oral stipulation between Mr. Ling and Mr. Graham, Board Staff presented no witnesses or evidence. Instead, Board Staff represented the terms of the

oral stipulation between himself and Mr. Graham, namely that Walgreens #06310 admitted that it had employed Ms. Weaver for 16 days while Ms. Weaver's pharmaceutical technician's registration was expired and that Walgreens #06310 was willing to pay whatever fine and fees and costs as might be assessed by the Board up to but not to exceed the regulatorily established amount of $100.00 per day for each day that Ms. Weaver was employed on an expired registration. Board Staff further explained that Walgreens #06310's employment of Ms. Weaver appeared to be an isolated incident because other similar incidences were not noted after November 1, 2007 in any other Walgreens pharmacy. Based upon the presentations and testimony of the parties, the Board finds the following to be the facts in this matter.

2. All registrations of pharmaceutical technicians were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician may lawfully be employed as a pharmaceutical technician on an expired registration.

3. On March 9, 2007, Board Staff learned that Ms. Weaver had failed to renew her pharmaceutical technician's registration and that she had worked at Walgreens #06310 while her registration was expired. Subsequent investigation showed that Mr. Weaver had been employed as a pharmaceutical technician a total of 16 days between November 1, 2006 and March 7, 2007.

4. At hearing, Ms. Weaver explained that prior to November 1, 2006, she had accepted temporary employment as an intern at Walt Disney World in Orlando, Florida and that during her internship she had inadvertently forgotten to renew her registration. When she returned to Nevada, she recommenced employment at Walgreens #06310.

After working for a few weeks, Ms. Weaver and Walgreens #06310 discovered that she had failed to renew her registration. Ms. Weaver apologized to the Board for her actions.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Weaver is a pharmaceutical technician registered by the Board and Respondent Walgreens #06310 is a pharmacy licensed by the Board.

2. In working as a pharmaceutical technician on and expired registration, Respondents Weaver violated NRS 639.210(4) and (13) and NAC 639.945(1)(i) and (k).

3. In owning and operating the pharmacy that employed Ms. Weaver as a pharmaceutical technician while her registration was expired, Walgreens #06310 violated NRS 639.210(4) and NAC 639.260 and 639.945(1)(i) and (k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Respondent Walgreens #06310 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Respondent Walgreens #06310 shall pay the Board's costs and attorney's fees of $210.00 and the Board's administrative fee of $290.00, for a total of $500.00 by cashier's or certified check or money order made payable to "Nevada State Board of

Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondent Weaver shall pay a fine of $125.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Respondent Weaver shall attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff. Additionally, Respondent Weaver shall complete three hours of continuing education regarding legal issues related to her practice as a pharmaceutical technician, which hours must be completed before October 31, 2008.

5. The failure by Respondent Weaver to comply with any term in this order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by Respondent Walgreens #06310 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 28th day of June, 2007.

J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LISA A. HEATHCOCK, PT,
Certificate of Registration No.: PT02628,

Case No. 10-007-PT-S

WALGREENS #12646,
Certificate of Registration No.: PH02353,

Case No. 10-007-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board, and Ms. Heathcock was not present because of a family emergency and her matter was continued until the October, 2010 Board meeting. Walgreens #12646 (Walgreens) was represented by Robert Graham, Esq. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that the facts as plead in the Notice of Intended Action and Accusation were essentially true and correct regarding the issues related to Ms. Heathcock working for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Mr. Graham advised that Walgreens did check to ensure all of their staff had renewed their licenses and that their computer system was working properly, however Walgreens staff was given false

information from Ms. Heathcock. Mr. Graham submitted an exhibit, a copy of license verification with part of the expiration date missing that Ms. Heathcock had written in "2011" and had submitted as her proof to Walgreens that she had renewed her registration. Ms. Heathcock claimed she had not received her registration. Mr. Graham admitted that the managing pharmacist did not following through to make sure that Ms. Heathcock was registered, but ultimately the responsibility was Ms. Heathcock's. Mr. Graham advised that Ms. Heathcock may have been experiencing financial problems because she was borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy when she had not done so. Based upon the stipulations of the parties and the testimony and evidence presented, the Board finds the following to be the facts of the matter.

2. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board and Walgreens #12646 is a pharmacy licensed with the Board.

2. In owning and operating the pharmacy in which Ms. Heathcock worked without a registration and in failing to verify that Ms. Heathcock had timely and validly renewed her registration, Walgreens #12646 violated NRS 639.210(4) and/or NAC 639.260, 639.945(1)(i) and/or (k) and/or (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #12646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #12646 shall pay the Board's administrative fee of $295.00, by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. Walgreen's shall do a presentation to Board Staff of its computer system that tracks the licensure of employees to make sure the problem is corrected within 60 days of the signing of this Order.

4. Ms. Heathcock's appearance before the Board is continued until the October 2010 meeting in Las Vegas, Nevada.

Signed and effective this 9th day of August, 2010.

Candy Nally for
Donald W. Fey, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

Case No. 11-044-PH-S

Respondents.

/

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Respondents, Yvonne Jett, Walgreens #04855 and Walgreens Corporation, all represented by Rob Graham, Esq., of Rob Graham and Associates, stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First, Second and Third Causes of Action.

2. Respondents admit that although there are systems in place to prevent a licensed employee who has not renewed his or her license from working in Respondent's pharmacy, those systems did not work and additional steps must be taken to prevent this from happening again.

3. The parties shall present this Stipulation and Agreement to the Board at its meeting on July 13, 2011. The parties agree that the Board may ask questions of the parties' counsel, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

4. Board Staff and the Respondent Jett will recommend that the Board impose discipline for the First Cause of Action by suspending her pharmaceutical technician registration for 120 days during which time she cannot work in any facility that is licensed pursuant the Nevada Board of Pharmacy and pay a total fine of $2,500 by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 180 days after her suspension ends. The suspension of Respondent Jett's pharmaceutical technician registration will start with the effective date of this order and run through November 10, 2011.

5. Board Staff and Respondents Walgreens Corporation and Walgreens #04855 will recommend that the Board impose discipline on Respondents for the Second and Third Causes of Action by requiring that all Nevada Walgreens pharmacies be trained on and use the licensing computer program that is in place in Nevada. In addition, Walgreens pharmacies in Nevada will be required to implement a statewide policy requiring all managing pharmacists, or if none is present staff pharmacists, to personally verify that the personnel they are working with are properly licensed or registered before they work. If the managing pharmacist, or if no managing pharmacist is present the staff pharmacist, fails to personally verify that all registered personnel are properly licensed or registered and may lawfully work, the managing pharmacist or staff pharmacist will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

6. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 12, 2011. The terms and admissions

in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of July, 2011.

Carolyn J. Cramer, General Counsel

Rob Graham, Esq.

Yvonne Jett, PT.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of July, 2011.

7/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ANGELIQUE CHEYENNE STINSON, PT Certificate of Registration No. PT06175 LUDWIG JOSEPH, PTT Certificate of Registration No. PT14490 AMBER SHORE, RPH Certificate of Registration No. 17498 WALGREENS #12488 Certificate of Registration No. PH02741 Respondents.	CASE NOS. 13-016-PT-N 13-016-PTT-N 13-016-RPH-N 13-016-PH-N STIPULATION AND ORDER

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and ANGELIQUE CHEYENNE STINSON, PT, Certificate of Registration No. PT06175; LUDWIG JOSEPH, PTT, Certificate of Registration No. PT14490; AMBER SHORE, RPH, Certificate of Registration No. 17498 and WALGREENS #12488, Certificate of Registration No. PH02741 (collectively Respondents), by and through their counsel, Williams J. Stilling of Parsons Behle & Latimer, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. Respondents, and each of them, admit to the factual allegations set forth in paragraphs I through III of the Accusation on file herein.

2. Respondent Ms. Stinson agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

3. Respondent Mr. Joseph agrees that the facts he admits above subject him to fines under NRS 639.255 and NAC 639.955.

4. Respondent Ms. Shore agrees that the facts she admits above subject her to fines under NRS 639.255 and NAC 639.955.

5. Respondent Walgreens #12488 agrees that the facts it admits above subject it to fines under NRS 639.255 and NAC 639.955.

6. Based on Respondents' admissions, Board Staff and Respondents will recommend that the Board impose discipline as follows:

a. Ms. Stinson, PT, shall pay a fine of $480.00 ($20/day for each of the twenty-four (24) days she worked without a current registration).

b. Mr. Joseph, PTT, shall pay a fine of $100.00 ($20/day for each of the five (5) days he worked without a current registration).

c. Ms. Shore, RPh., shall pay a fine of $250.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work under her supervision without a current registration.

d. Walgreens shall pay a fine of $500.00 and an administrative fee of $395.00 for allowing respondents Ms. Stinson and Mr. Joseph to each work in its store without a current registration.

e. Walgreens shall establish policies and procedures to prevent unlicensed and/or unregistered personnel from performing tasks that require a license or registration in any of its Nevada stores. Walgreens shall further demonstrate to Board Staff, within 30 days of entry of this Order, that all of its pharmacists, intern pharmacists, pharmaceutical technicians, and pharmaceutical technicians in training have read, and expressly agree to strictly comply with, those policies and procedures.

7. Board Counsel will present this Stipulation to the Board at its regular meeting on September 4, 2013.

8. Respondents will appear at the September 4, 2013, meeting to answer questions, if any, put to them by the Board. The Board may discuss and deliberate, and at its sole discretion, may enter a Decision and Order accepting this Stipulation and imposing discipline as recommended by the parties, but it is not obligated to do so.

9. If the Board adopts the recommendations set forth above, respondents shall pay the fine(s) set forth herein by cashier's check, certified check or money order made payable to

the "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

10. Respondents shall pay the administrative fees ordered herein by cashier's check, certified check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of this Order.

11. If the Board adopts the recommendations set forth above, the Board and Respondents, and each of them, each agree to release the other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's December 4, 2013 meeting.

13. The terms and admissions in this Stipulation may not be used or referred to in a full hearing on the merits of this matter.

Signed this 4th day of September, 2013

S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of September 2013

ANGELIQUE CHEYENNE STINSON, PT

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

LUDWIG JOSEPH, PTT

AMBER SHORE, RPH

AUTHORIZED REPRESENTATIVE OF
WALGREENS

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this ___ day of September, 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation in the matter of the Board versus ANGELIQUE CHEYENNE STINSON, PT; LUDWIG JOSEPH, PTT; AMBER SHORE, RPH and WALGREENS as its decision, and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

Signed this 4 day of September, 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS #03845,** **Pharmacy License No. PH01064,** **-and-** **MICHAEL RHODE, PTT,** **Certificate of Registration No. PT28786,** **Respondents.**	**Case Nos. 24-228-PH-S** **24-228-PTT-S** **STIPULATION AND ORDER** **(Respondent Walgreens #03845 Only)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Gregory L. Zunino, Esq., and Respondent Walgreens #03845 ("Respondent"), by and through counsel, William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent acknowledges that its authorized representatives understand the terms of this Stipulation and Proposed Order ("Stipulation"), and that Respondent has executed it knowingly and voluntarily after consulting with counsel.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative

procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent does not contest the allegations in Count Two of the Accusation, and further admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count Two of the Accusation. Upon approval of this Stipulation by the Board, Count One of the Accusation shall be dismissed as it pertains to Respondent. With respect to Count Two of the Accusation, Respondent admits the following:

A. Respondent maintains personally identifiable information pertaining to its patients, including "protected health information" within the meaning of 45 C.F.R. § 160.103.

B. On or about May 20, 2024, while in Respondent's employ, Pharmaceutical Technician Trainee Michael Rhode (PTT Rhode) accessed patient L.G.'s name and personal contact information. PTT Rhode used this information to contact patient L.G. outside of the pharmacy.

C. Patient L.G. was alarmed by PTT Rhode's conduct and expressed concern that PTT Rhode had accessed her protected health information, including prescription drug information.

D. Respondent denies that PTT Rhode accessed patient L.G.'s health information for an improper purpose. However, Respondent acknowledges that PTT Rhode breached a reasonable expectation of patient privacy when he accessed patient L.G.'s name and personal contact information for personal reasons.

E. Respondent immediately terminated PTT Rhode's employment when it became aware that he had breached patient L.G.'s expectation of patient privacy.

F. Respondent acknowledges that PTT Rhode's conduct was deceitful and therefore unprofessional pursuant to NAC 639.945(1)(h).

G. Pursuant to NRS 639.945(3), Respondent is responsible for PTT Rhode's conduct.

7. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agrees to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of **One Thousand and 00/100 Dollars ($1,000.00)**, payable by *cashier's check, certified check, Walgreens company check* or *money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

B. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check, Walgreens company check* or *money order* written to the **"Nevada State Board of Pharmacy."** Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 1, 2025.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-228-PH-S. Respondent understands and acknowledges that his failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in the finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

9. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 5, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

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

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

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

AGREED:

Signed this 4th day of March 2025.

WALGREENS #03845

By _____
Name: John L. Colaizzi
Title: GVP, Head of Enterprise Pharmacy Practice

Signed this ____ day of March 2025.

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
Senior General Counsel

Signed this ____ day of March 2025.

Approved as to Form and Content:

_____
WILLIAM J. STILLING, ESQ.
Stilling and Harrison
Attorneys for Respondent Walgreens #03845

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

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

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

AGREED:

Signed this ____ day of March 2025.

WALGREENS #03845

By_____
Name:_____
Title:_____

Signed this 4th day of March 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
GREGORY L. ZUNINO
Senior General Counsel

Signed this 4th day of March 2025.

Approved as to Form and Content:

WILLIAM J. STILLING, ESQ.
Stilling and Harrison
Attorneys for Respondent Walgreens #03845

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DECISION AND ORDER

As to Respondent Walgreens #03845, in Case No. 24-228-PH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 5th day of March 2025.

Helen Park, President
Nevada State Board of Pharmacy

FILED
JAN 11 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS #03845,** **Pharmacy License No. PH01064,** **-and-** **MICHAEL RHODE, PTT,** **Certificate of Registration No. PT28786,** **Respondents.**	**Case Nos. 24-228-PH-S** **24-228-PTT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens #03845 ("Respondent Walgreens") because Respondent Walgreens is licensed by the Board to operate a pharmacy at 2280 North Las Vegas Boulevard in North Las Vegas, Nevada ("Walgreens Pharmacy").

2. The Board has personal jurisdiction over Respondent Michael Rhode ("Respondent Rhode") because Respondent Rhode is registered by the Board to work as a pharmaceutical technician trainee.

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3. The Board has jurisdiction over the subject matter of this accusation because it alleges violations pertaining to the misuse of confidential information relating to dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

4. At all times relevant to this accusation, Respondent Rhode was employed by Respondent Walgreens as a pharmaceutical technician trainee.

5. On or about May 20, 2024, patient L.G. picked up prescription medication from Walgreens Pharmacy.

6. Respondent Rhode conversed with patient L.G. as she picked up her prescription medication.

7. Respondent Walgreens maintains an IT system that contains comprehensive information regarding the dangerous drugs and controlled substances that it dispenses to its patients. Respondent Walgreens compiles this information using the prescriptions that are electronically transmitted to Respondent Walgreens by physicians and other prescribing practitioners.

8. As an employee of Respondent Walgreens, Respondent Rhode had access to the system described above, including access to patient L.G.'s prescription drug history and associated individually identifiable health information.

9. On or about May 20, 2024, Respondent Rhode accessed the system described above for the purpose of learning patient L.G.'s name, address, email address, telephone number, and/or other personal identifiers.

10. Respondent Rhode subsequently used the above information in an attempt to befriend patient L.G. on social media platforms. Respondent Rhode had done something similar on at least one prior occasion.

11. Patient L.G. did not consent to the use of her individually identifiable health information by Respondent Rhode in the manner described above.

APPLICABLE LAW

12. The Board may revoke or suspend the registration of a registrant who has violated any provision of state or federal law relating to prescription drugs or controlled substances. NRS 639.210(12).

13. The Board may revoke or suspend the registration of a registrant who has engaged in unprofessional conduct. NRS 639.210(4).

14. "Unprofessional conduct" includes performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

15. "Unprofessional conduct" includes performing one's duties as the holder of a license, certificate or registration issued by the Board in an incompetent, unskillful or negligent manner.

16. The owner of any business or facility licensed, certified or registered by the Board is responsible for the conduct of its employees. NAC 639.945(3).

17. Prescriptions filled and on file in a pharmacy are not a public record. NRS 639.238. Accordingly, pharmacy employees have a legal duty to safeguard and appropriately use the prescription drug information to which they have access.

18. Federal law, specifically the Health Insurance Portability and Accountability Act ("HIPAA") and implementing regulations, generally protects against the unauthorized use and/or disclosure of protected health information. See Pub. L. 104-191, title II, §§ 261, 264(a)–(b), 110 Stat. 1936, 2021, 2033 (1996). *See also* Standards for Privacy of Individually Identifiable Health Information, 65 Fed. Reg. 82,462 (Dec. 28, 2000) (codified at 45 C.F.R. § 164.500 *et seq.*).

19. Because the information described in paragraph 7 above contains personal identifiers that correlate with the prescription drug histories of individual patients, those personal identifiers qualify as "individually identifiable health information" within the meaning of 45 C.F.R. § 160.103. For this reason, a person's prescription drug history as a whole qualifies as "protected health information" within the meaning of 45 C.F.R. § 160.103.

20. As an employee with access to protected health information, Respondent Rhode was a "business associate" of Respondent Walgreens within the meaning of 45 C.F.R. § 160.103.

21. Under federal law, it is unlawful for a business associate to access and use individually identifiable health information for purposes wholly unrelated to health care. *See* 45 C.F.R. § 164.500 *et seq.*

COUNT ONE
Violation of Federal Law—Unlawful Use of Protected Health Information
(Respondents Rhode and Walgreens)

22. On or about May 20, 2024, Respondent Rhode accessed patient L.G.'s protected health information for the purpose of learning personal information about patient L.G.

23. Respondent Rhode thereafter used patient L.G.'s individually identifiable health information in an attempt to befriend patient L.G. on social media platforms.

24. Respondent Rhode's conduct as described above violated federal law, specifically 45 C.F.R. §§ 164.500 and 164.502, because it was wholly unrelated to patient L.G.'s health care.

25. For the violations of federal law as alleged above, Respondent Rhode may be disciplined by the Board pursuant to NRS 639.210(12).

26. As Respondent Rhode's employer at the time of the violation, Respondent Walgreens may be disciplined by the Board pursuant to NAC 639.945(3).

COUNT TWO
Unprofessional Conduct (Respondents Rhode and Walgreens)

27. On or about May 20, 2024, Respondent Rhode accessed patient L.G.'s protected health information for the purpose of learning personal information about patient L.G.

28. Respondent Rhode thereafter used patient L.G.'s individually identifiable health information in an attempt to befriend patient L.G. on social media platforms.

29. Pursuant to NRS 639.238, Respondent Rhode had a legal duty to appropriately safeguard patient L.G.'s individually identifiable health information and/or to refrain from using the information for purposes wholly unrelated to health care.

30. Respondent Rhode's conduct as alleged above was deceitful because it was done without the consent of patient L.G. and for purposes wholly unrelated to patient L.G.'s health care.

31. Respondent Rhode's conduct as alleged above was incompetent because it compromised protected health information and undermined patient L.G.'s trust in her health care provider.

32. For the unprofessional conduct as alleged above, Respondent Rhode may be disciplined by the Board pursuant to NRS 639.210(4).

33. As Respondent Rhode's employer at the time of the unprofessional conduct alleged above, Respondent Walgreens may be disciplined by the Board pursuant to NAC 639.945(3).

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WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent Rhode's Certificate of Registration No. PT28786 and Respondent Walgreen's License No. PH01064.

DATED this 11th day of JANUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03845, Pharmacy License No. PH01064, and** **YOOJIN JEONG, RPH, Certificate of Registration No. 18030,** **Respondents.**	**CASE NOS. 22-366-PH-S** **22-366-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh (Jeong), Certificate of Registration No. 18030, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about February 27, 2024, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

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

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, to wit, that:

A. Respondent Jeong engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he erroneously dispensed prescription no. 4147239 to P.C., resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #03845 is responsible for those violations, including all errors and omissions of Jeong, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Jeong shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Jeong shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #03845 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #03845 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

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

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

AGREED:

Signed this 16th day of August 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

Signed this ___ day of _____ 2024

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

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

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

AGREED:

Signed this ___ day of _____ 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

Signed this 23 day of August 2024

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

/s/ William J. Stilling

WILLIAM J. STILLING, ESQ. Counsel for Respondents

Signed this ___ day of _____ 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

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

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

AGREED:

Signed this ___ day of _____ 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

Signed this 23 day of August 2024

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

/s/ William J. Stilling

WILLIAM J. STILLING, ESQ. Counsel for Respondents

Signed this 3 day of SEPTEMBER 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

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

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

AGREED:

Signed this 16th day of August 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

Signed this ___ day of _____ 2024

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2024

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

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

FILED
FEB 27 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03845, Pharmacy License No. PH01064, and** **YOOJIN JEONG, RPH, Certificate of Registration No. 18030,** **Respondents.**	**CASE NOS. 22-366-PH-S** **22-366-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Yoojin Jeong, RPh (Jeong), Certificate of Registration No. 18030, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Jeong was employed as pharmacist by Walgreens Pharmacy #03845 at the time of the events alleged herein.

3. On or about June 16, 2022, in the course of dispensing prescription no. 4180718 for Doxycycline Monohydrate and prescription no. 4180719 for Clindamycin 1% topical solution to patient P.C. at Walgreens Pharmacy #03845, Jeong also dispensed prescription no. 4147239

for Valsartan/HCTZ 320 mg/12.5m tablets, intended for patient D.C., a patient with the same last name as patient P.C.

4. P.C. ingested the erroneously dispensed medication for 18 days, and experienced negative medical outcomes including severe headaches.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct/ Pharmacy Responsibility
(Respondents Jeong and Walgreens Pharmacy #03845)

5. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

6. Respondent Jeong engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he erroneously dispensed prescription no. 4147239 to P.C., resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4).

7. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

8. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #03845 is responsible for those violations, including all errors and omissions of Jeong, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 22nd day of FEBRUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DALE E. HAWKINS, R.Ph.,
Certificate of Registration #15891,

Case No. 05-042-RPH-S

WALGREENS #03845,
Certificate of Registration #PH01064,

Case No. 05-042-PH-S

WALGREENS CO.,
An Illinois Corporation,

Case No. 05-042-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as stated in the Notice of Intended Action and Accusation in this matter. Based upon this agreement, Board Staff presented no testimony or evidence. Respondents presented the testimony of Mr. Hawkins and Holly Prievo. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. On August 19, 2005, Patient T, a two-year-old girl with a hypothyroid condition, saw her physician, Dr. Alan Rice. Dr. Rice prescribed Levoxyl 125 mcg. tablets with directions for use, "Take ½ tablet by mouth every day."

3. Patient T's prescription had eleven refills. Patient T's parents had the new prescription filled and had two refills filled before Patient T saw Dr. Rice again. It was discovered at Patient T's appointment with Dr. Rice that her prescription had been filled and refilled twice with Levoxyl 25 mcg. tablets rather than the 125 mcg. tablets ordered. Thus, Patient T was receiving only 125 mcg. of Levoxyl per day instead of the 625 mcg. prescribed by Dr. Rice, resulting in a five-times underdosage. Fortunately, Dr. Rice did not believe that Patient T would suffer any long term consequences due to the error.

4. Mr. Hawkins was the pharmacist responsible for verification of the prescription information that had been entered into the pharmacy's computer system by a pharmaceutical technician while both were employed at Walgreens #3845. At hearing, Mr. Hawkins could not explain how or why he did not catch the pharmaceutical technician's erroneous entry of the strength of Patient T's Levoxyl prescription.

5. The Board's records of which the Board took administrative notice show that Walgreens #3845 has two previous disciplinary actions against it (Case Nos. 05-020-S and 04-029-S), making it the most disciplined of Walgreens' pharmacies in Nevada. Mr. Hawkins and Ms. Prievo testified that the Walgreens #3845 pharmacy is unique in Walgreens' Nevada operations because of its patient load and location, making it a store that might be prone to more errors and difficulties because of its volume and the types of prescriptions that make up the volume. Mr. Hawkins and Ms. Prievo explained that Walgreens has discussed and implemented several managerial remediations to attempt to address the special needs of Walgreens #3845. Nonetheless, Ms. Prievo

acknowledged that it is possible that Walgreens #3845 may continue to experience more errors and problems that other Walgreens pharmacies into the foreseeable future.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Hawkins is a pharmacist licensed by the Board and Walgreens #03845 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Patient T that was the wrong strength, namely Levoxyl 25 mcg. rather than the Levoxyl 125 mcg. prescribed by Dr. Rice, Mr. Hawkins violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In being repeatedly negligent, as is evidenced by the Board's order in Case No 05-020-S, Mr. Hawkins violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

4. In being repeatedly negligent, as evidenced by the Board's orders in Case Nos. 05-020-S and 04-029-S, Walgreens #03845 violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

5. In being repeatedly negligent as the owner of Walgreens #03845, as evidenced by the Board's orders in Case Nos. 05-020-S and 04-029-S, Walgreens Co. violated NRS 639.210(4) and (16) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Hawkins shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Hawkins shall pay one-half of the Board's costs and attorney's fees of $405.00 and the Board's administrative fee of $250.00, for a total of $327.50 ($405.00

+ $250.00 / 2 = $327.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Mr. Hawkins shall be on probation for the period of time necessary to complete the following terms and conditions:

a. Mr. Hawkins shall participate in the Your Success Rx pharmacist's remedial program (hereinafter "the program") according to the terms and conditions imposed by the program. Mr. Hawkins shall contact the program within ten days of the effective date of this Order to arrange for his participation in the program.

b. Mr. Hawkins shall cooperate fully and genuinely with the needs, demands, and requirements of the program.

c. Mr. Hawkins shall inform and assure that his employing pharmacy is made aware of his participation in the program and that his employing pharmacy accommodates the program's needs regarding Mr. Hawkins's time needed to participate in the program and the program's potential need to be present in the employing pharmacy.

d. Mr. Hawkins shall pay one-half of the cost of his participation in the program by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 30 days after being notified by Board Staff what those costs are at the conclusion of the program.

e. When Mr. Hawkins has completed the program, the program shall submit to Board Staff a final report regarding Mr. Hawkins's participation in the program. Board Staff may set an item on the Board's subsequent agenda regarding the report to discuss the report with the Board. If Board Staff determines to set an item on the

Board's agenda, Mr. Hawkins may be required by Board Staff to be present for the Board's discussion, which may be held in open or closed session at the discretion of the Board.

4. Walgreens #3845 shall pay one-half the Board's costs and attorney's fees of $405.00 and the Board's administrative fee of $250.00, for a total of $327.50 ($405.00 + $250.00 / 2 = $327.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The probation presently imposed upon Walgreens #3845 in Case Nos. 04-029-PH-S and 05-020-S shall be extended for an additional year, meaning that it shall not expire until February 3, 2008. All of the conditions contained in the probation as ordered in Case Nos. 04-029-PH-S and 05-020-S shall remain in effect as if set forth herein.

6. The failure by Mr. Hawkins to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of his license. The failure by Walgreens #3845 or Walgreen Co. to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DALE E. HAWKINS, RPH
Certificate of Registration No. 15891

WALGREENS #03845
Certificate of Registration No. PH01064,

WALGREEN CO.
An Illinois Corporation

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-042-RPH-S

Case No. 05-042-PH-S

Case No. 05-042-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Dale E. Hawkins is a pharmacist licensed by the Board, Walgreens #03845 is a pharmacy licensed by the Board, located at 2280 North Las Vegas Boulevard, North Las Vegas, Nevada, and Walgreen Co. is the corporate owner of Walgreens #03845.

II.

On or about August 19, 2005, Patient T, a two-year old child, saw her physician Dr. Alan Rice. Patient T is being treated for a hypo thyroid condition in which it is imperative that the patient's medication therapy be carefully followed. Patient T was

prescribed Levoxyl 125 mcg. tablets with directions to take ½ tablet by mouth every day.

III.

Patient T's prescription had eleven refills. Patient T's parents had the new prescription filled and had two refills filled before Patient T saw Dr. Rice again. It was discovered at Patient T's appointment with Dr. Rice that her prescription was filled with Levoxyl 25 mcg. tablets. Patient T was only receiving 12.5 mcg. of Levoxyl per day rather than the 62.5 mcg. prescribed by Dr. Rice. Fortunately, Dr. Rice did not think Patient T would suffer any long-term harm due to this error.

IV.

Mr. Hawkins was the pharmacist responsible for verification of the prescription that had been entered into the computer by a pharmaceutical technician while both were employed at Walgreens #03845.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for Patient T that was the wrong strength, namely Levoxyl 25 mcg. tablets rather than the Levoxyl 125 mcg. tablets prescribed by Dr. Rice, Respondent Hawkins violated NRS 639.210(4) and NAC 639.945(1)(d), and (i).

SECOND CAUSE OF ACTION

VI.

On August 18, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Dale E. Hawkins, Vy L. Tran, Walgreens #03845 and Walgreen Co.* (Case No. 05-020-S). The facts of that

case as found by the Board involved Ms. Elsa Mensah's receiving a prescription that was not hers. Ms. Mensah's physician had ordered three prescriptions for Ms. Mensah, one of which was Atenolol 100 mg. tablets. The prescriptions were faxed to Walgreens #03845. At the same time the physician transmitted Ms. Mensah's three prescriptions to Walgreens #03845, he also transmitted a fourth prescription for a different patient for Diltiazem HCL 90 mg. tablets. A pharmaceutical technician processed all four of the prescriptions and did not notice that one of the prescriptions was not for Ms. Mensah. Mr. Hawkins reviewed the four prescriptions and failed to notice that the Diltiazem HCL 90 mg. prescription was not for Ms. Mensah. Ms. Mensah picked up her prescriptions including the Diltiazem HCL 90 mg. prescription that was not actually hers. Mr. Tran was the pharmacist on duty at the time Ms. Mensah picked up the prescriptions. Ms. Mensah claimed she was not counseled and the counseling log made and maintained at Walgreens #03845 contained no record of Ms. Mensah's prescriptions. Ms. Mensah began her medication therapy as directed on her medications. Ms. Mensah began experiencing weakness and spontaneous fainting episodes that resulted in bruising, pain, and some embarrassment resulting from her fainting episodes.

VII.

In being repeatedly negligent, as is evidenced by the Board's Order in Case No. 05-020-S, Mr. Hawkins violated NRS 639.210(4) and (16) and NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

VIII.

On February 3, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Walgreens #03845*

and Walgreen Co. (Case No. 04-029-PH-S). The facts of that case as found by the Board were that Ms. Griego lacerated her index finger while working. Ms. Griego was directed to Walgreens #03845 to handle her industrial accident prescription needs. Ms. Griego was allergic to penicillin. The physician's assistant that treated her for her cut finger wrote a prescription for a product written as "Amox." Walgreen's #03845 did not take any information from Ms. Griego nor was she asked if she had allergies. The prescription was filled and dispensed at the drive-up window at Walgreens #03845, and Ms. Griego did not receive any counseling from a pharmacist, nor was there any record or entry on Walgreens #03845's counseling log regarding Ms. Griego's prescription. The Board found that Walgreens #03845 had failed to counsel the patient and had failed to document the counseling. The Board placed Walgreens #03845 on probation for a period of one year while Walgreens studied how to improve its counseling at its Nevada pharmacies.

IX.

In being repeatedly negligent, as evidenced by the Board's Order in Case Nos. 05-020-S and 04-029-S, Walgreens #03845 has violated NRS 639.210(4) and (16) and 639.945(1)(i) and (2).

X.

In being repeatedly negligent as the common owner of Walgreens #03845, in which repeated disciplinary actions have occurred as evidenced by the Board's Orders in Case Nos. 05-020-S and 04-029-S, Walgreens Company has violated NRS 639.210(4) and (16) and 639.945(1)(i) and (2).

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

Signed this 30th day of November, 2005.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
Petitioner,	**NOTICE OF INTENDED ACTION AND ACCUSATION**
v.	
DALE E. HAWKINS, RPH **Certificate of Registration No. 15891**	**Case No. 05-020A-RPH-S**
VY L. TRAN, RPH **Certificate of Registration No. 15600**	**Case No. 04-020B-RPH-S**
WALGREENS #03845 **Certificate of Registration No. PH01064,**	**Case No. 05-020-PH-S**
WALGREEN CO. **An Illinois Corporation**	**Case No. 05-020-PH-S**
Respondents.	

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Dale E. Hawkins and Respondent Vy L. Tran are pharmacists licensed by the Board, Walgreens #03845 is a pharmacy licensed by the Board, located at 2280 North Las Vegas Boulevard, North Las Vegas, Nevada, and Walgreen Co. is the corporate owner of Walgreens #03845.

II.

On or about November 29, 2004, Patient M saw her physician Dr. J. Talley. She was prescribed several new prescriptions that were faxed to Walgreens #03845. One of the prescriptions was for Atenolol 100 mg. tablets. Dr. Talley also faxed prescriptions for another patient (Patient X) to Walgreens #03845 at the same time.

III.

Patient X was prescribed Diltiazem HCL 90 mg. #90 with three refills. Respondent Hawkins filled Patient X's Diltiazem HCL prescription with a label that incorrectly indicated that the prescription was for Patient M. Patient M picked up her prescriptions, including prescription #0955004 on or about December 2, 2004. The Board's investigation showed that Patient M was not counseled regarding her new prescriptions and that there was no record or entry on Walgreens #03845's counseling log at all regarding Patient M's prescriptions.

IV.

Patient M began ingesting her medications, including the incorrect Diltiazem 90 mg., according to the instructions on the labels. Patient M refilled the prescription for Diltiazem on or about January 31, 2005 at Walgreens #03845. Patient M began having tingling sensations in her arms and they would often feel limp. Patient M began having frequent blackouts and would faint. Patient M also fell down several times, but fortunately, she did not seriously injure herself. Patient M went to see Dr. Talley on February 16, 2005 and brought her medications with her for him to review with her. Dr. Talley found the prescription for Diltiazem and immediately understood the reasons for

her symptoms, namely that Patient M should not have been taking Diltiazem since she was already taking Atenolol 100 mg. tablets and Lovastatin 20 mg. tablets for her blood pressure.

V.

After discovering the problem, Dr. Talley contacted Walgreens #03845 and it was determined that Patient M received another patient's prescription for Diltiazem.

VI.

In a statement by Respondent Hawkins, it was determined that a pharmaceutical technician pulled four prescriptions off the fax machine from Dr. Talley and processed them. The pharmaceutical technician did not notice that one of the prescriptions was not for Patient M. Respondent Hawkins reviewed the filled prescriptions and approved them. When Patient M picked up her prescriptions three days later, Patient M picked up her prescriptions at approximately 8:00 p.m. At that time, Respondent Tran was the only pharmacist on duty. After examining the counseling log at Walgreens #03845, it was determined that none of Patient M's prescription numbers appeared on the counseling long and that Patient M had not been counseled by Respondent Tran.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing a prescription for Patient M that was not prescribed for her, namely Diltiazem 90 mg. prescription, Respondent Hawkins violated NRS 639.210(4) and NAC 639.945(1)(b), (d), and (i).

SECOND CAUSE OF ACTION

VIII.

In failing to counsel Patient M on her new prescriptions and in failing to provide any record regarding the prescriptions in the pharmacy's counseling log, Respondent Tran violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

In failing to counsel Patient M on her new prescriptions and in failing to have any record regarding the prescriptions in the pharmacy's' counseling log, Walgreens #03845 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i) and (2).

FOURTH CAUSE OF ACTION

X.

On May 23, 2003, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. Peter S. Trinh and Walgreens #04197* (Case No. 03-011-S). The facts of this case involved a prescription for morphine sulfate for an elderly patient on which the directions for use were in teaspoons rather than cc's, resulting in a five-times overdose. One of the conclusions of law was that Mr. Trinh and Walgreens #04197 had failed to counsel the patient as required by Nevada law.

XI.

On July 21, 2004, Board President Larry L. Pinson accepted and signed a

stipulated agreement that was offered and accepted by Walgreens #4755 (*Nevada State Board of Pharmacy v. Walgreens #4755*, Case No. 04-006-S). Walgreens #4755 was charged in case number 04-006-PH-S with failing to counsel on a new prescription for Mexiletine and failing to have any record regarding the prescription in the pharmacy's counseling log.

XII.

On November 2, 2004, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. George E. Moore and Walgreens #04197* (Case No. 04-049-S). The facts of this case involved two prescriptions. One was written for Halcion 0.125 mg. tablets #40 with directions to take one tablet every night at bedtime, however he could take two tablets if needed for sleep. The second prescription was for DDAVP 0.2 mg. tablets #30 with directions to take two tablets every night at bedtime. The pharmacy only had three bottles of #10 Halcion in stock and would have to order a fourth bottle. Inadvertently the label for the DDAVP was placed on one of the stock bottles of Halcion. Patient Z's prescriptions were dispensed at the drive through window of Walgreens #04197 and neither the patient nor his daughter spoke to a pharmacist during the transaction. One of the conclusions of law was that Mr. Moore and Walgreens #04197 failed to counsel the patient at the drive through window as required by Nevada law.

XIII.

On December 21, 2004, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Zachary W. Bergan and Walgreens #4788* (Case No. 04-063-N). The facts of that case involved a

twelve-year-old boy who received a prescription for Prednisolone 5mg/5ml liquid from his physician after a tonsillectomy. Mr. Bergen mistakenly filled the prescription with Prednisolone 15mg/5ml. One of the conclusions of law was that Patient B's father picked up the prescription for his son at the drive through window and was not counseled on this new prescription.

XIV.

On February 3, 2005, the Board entered Findings of Fact, Conclusions of Law, and Order in a case entitled *Nevada State Board of Pharmacy v. Walgreens #03845 and Walgreen Co.* (Case No. 04-029-PH-S). The facts of that case were that Ms. Griego lacerated her index finger while working. Ms. Griego was directed to Walgreens #03845 to handle her industrial accident prescription needs. Ms. Griego was allergic to penicillin. The physician's assistant that treated her for her cut finger wrote a prescription for a product written as "Amox." Walgreen's #03845 did not take any information from Ms. Griego nor was she asked if she had allergies. The prescription was filled and dispensed at the drive-up window and Ms. Griego did not receive any counseling from a pharmacist, nor was there any record or entry on Walgreens #03845's counseling log regarding Ms. Griego's prescription. The Board found that Walgreens #03845 had failed to counsel the patient and had failed to document the counseling. The Board placed Walgreens #03845 on probation for a period of one year while Walgreens studied how to improve its counseling at its Nevada pharmacies.

XV.

In being repeatedly negligent as the common owner of Walgreens #04197,

04755, 03845, and 04788 in which repeated failures to counsel and to document counseling occurred, Walgreens Company has violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

FIFTH CAUSE OF ACTION

XVI.

In being repeatedly negligent as evidenced by the Board's Order in Case No. 04-029-PH-S by failing to provide counseling and to document counseling occurred, Walgreens #03845 violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

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

Signed this 9 day of June, 2004.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

DALE E. HAWKINS, R.Ph., Certificate of Registration #15891, — **Case No. 05-020A-RPH-S**

VY L. TRAN, R.Ph., Certificate of Registration #15600, — **Case No. 05-020B-RPH-S**

WALGREENS #03845, Certificate of Registration #PH01064, — **Case No. 05-020-PH-S**

WALGREENS CO., An Illinois Corporation, — **Case No. 05-020-PH-S**

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 20, 2005 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board staff presented the testimony of Elsa Mensah and Jeri Walter, and Respondents presented the testimony of Dale Hawkins, Vy Tran, Matt Forster, and Tasha Polster. The parties stipulated to and jointly introduced 18 documents that were accepted into evidence. Based on the presentations of the

parties and the public records in the possession and control of the Board, the Board finds the following to be the facts of this matter.

2. On November 29, 2004, Ms. Mensah visited her doctor, Dr. Talley. Ms. Mensah had suffered a stroke several years earlier and was on various medications to address her medical conditions. On November 29, 2004, Dr. Talley ordered three prescriptions for Ms. Mensah, one of which was for Atenolol 100 mg. tablets. The prescriptions were transmitted by fax by Dr. Talley to Walgreens #3845.

3. At the same time that Dr. Talley transmitted Ms. Mensah's three prescriptions to Walgreens #3845, Dr. Talley also transmitted a fourth prescription for a different patient for Diltiazem HCL 90 mg. #90.

4. At hearing, Mr. Hawkins explained that the four prescriptions from Dr. Talley were all processed at the same time by a pharmaceutical technician at Walgreens #3845. When Mr. Hawkins reviewed the four prescriptions filled by the pharmaceutical technician, he failed to notice that the Diltiazem HCL 90 mg. prescription was not for Ms. Mensah and was, instead, intended for a different patient. Because Mr. Hawkins failed to notice the pharmaceutical technician's error, the Diltiazem HCL 90 mg. prescription was dispensed with a label on which Mr. Mensah's name appeared as the patient.

5. On December 2, 2004, Ms. Mensah picked up her prescriptions, including the Diltiazem HCL 90 mg. prescription that was not actually hers. Mr. Tran was the only pharmacist on duty at the time Ms. Mensah picked up the prescriptions on December 2, 2004. Ms. Mensah testified that she was not counseled regarding any of the

prescriptions when she picked them up. The counseling log made and maintained at Walgreens #3845 contained no record of Ms. Mensah's prescriptions.

6. After picking up her prescriptions, Ms. Mensah began taking the prescriptions according to the directions for use, including taking the Diltiazem HCL 90 mg. prescription. Ms. Mensah testified that after she began taking the Diltiazem HCL 90 mg. prescriptions along with her other prescriptions, she experienced weakness and spontaneous fainting episodes which Ms. Mensah described as being as if "somebody turned off a switch." The weakness and fainting episodes continued after Ms. Mensah refilled her prescriptions, including the errant Diltiazem CHL 90 mg. prescription, on January 31, 2005. Ms. Mensah expressed that she suffered bruising, pain, and some embarrassment resultant from her fainting episodes.

7. After one fainting episode, on February 16, 2005, Ms. Mensah visited Dr. Talley. At this visit, Dr. Talley discovered that Ms. Mensah had been taking in error the Diltiazem HCL 90 mg. prescription. Dr. Talley brought his discovery to the attention of Walgreens #3845.

8. At hearing, Ms. Mensah described Walgreens #3845 as being a very busy pharmacy, and she expressed sympathy with the pharmacy's employees who seemed to be working very hard to keep up. Ms. Mensah also testified that when the prescription error had been discovered, she contacted Walgreens #3845 and received an unsatisfying response from the person she spoke with.

9. At hearing, Ms. Walter, the Board Coordinator, testified that the Board's investigative and disciplinary process regarding pharmacists and pharmacies commences upon the filing of a complaint by a patient. Ms. Walter explained that she

was the person assigned to receive complaints, to assign those complaints to investigators, and to otherwise deal with disciplinary matters. Ms. Walter explained that the Board's staff could not, in any way, influence or control who the subjects of complaints and investigations were, since the complaints were made by patients and were not generated by the Board's staff.

10. Ms. Walter testified that one of her duties was to make and maintain the Board's records regarding complaints made and discipline imposed. Ms. Walter explained the source of various data that was contained in two of the Board's exhibits. One of the exhibits contained listings of all complaints made in the years 1999 through 2005 showing the disposition of each of the complaints. The compilation of Ms. Walter's records showed that Walgreens had 23 actions in which discipline was imposed upon them and that the next nearest of Walgreens' competitors in terms of discipline imposed were Rite Aid and Albertson/Savon which each had 11 discipline actions during the same time. The compilation also showed that in the Las Vegas market Walgreens had 50 pharmacies, whereas Albertsons/Savon had 57 pharmacies, and that statewide Walgreens had 55 pharmacies, whereas Albertsons/Savon had 72 pharmacies.

11. At hearing, neither Mr. Hawkins nor Mr. Tran could explain why Ms. Mensah had not been counseled and why her prescriptions did not appear on Walgreens #3845's log. Mr. Forster, Regional Manager for Walgreens, explained that language barriers may account for the poor counseling performance at Walgreens #3845. Mr. Hawkins, Mr. Tran, and Mr. Forster all admitted that Walgreens #3845 is a very busy

pharmacy, and Mr. Forster testified that Walgreens #3845 is the chain's highest volume pharmacy in Nevada.

12. At hearing, Ms. Polster provided information regarding Walgreens' new computer system that will provide a "lock-out" for further processing of all prescriptions for which counseling is legally mandated until the pharmacist has provided the counseling.

13. Included in the Board's record were copies of the Board's Orders in five previous cases in which Walgreens Co. was the pharmacies' owners in which the Board found facts, concluded that laws had been violated, and had imposed discipline as the result of the various Walgreens pharmacies' failures to provide legally mandated counseling or to document the counseling as required by law.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Hawkins and Tran are pharmacists licensed by the Board and Walgreens #03845 is a pharmacy licensed by the Board.

2. By filling and dispensing to Ms. Mensah the Diltiazem HCL 90 mg. prescription that was not actually for her, Mr. Hawkins violated NRS 639.210(4) and 639.945(1)(b), (d), and (i).

3. In failing to counsel Ms. Mensah regarding her new prescriptions and in failing to make any record regarding her prescription in the pharmacy's counseling log, Mr. Tran violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i).

4. In failing to counsel Ms. Mensah on her new prescriptions and in failing to have any record regarding the prescriptions in the pharmacy's counseling log, Walgreens #3845 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6) and 639.945(1)(i) and (2).

5. In being repeatedly negligent as the common owner of Walgreens #3845, 04755, 03845, and 04788 in which repeated failures to counsel and to document counseling occurred, Walgreens Company violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

6. In being repeatedly negligent as evidenced by the Board's Order in Case No 04-029-PH-S by failing to provide counseling and to document counseling occurred, Walgreens #03845 violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Hawkins shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Hawkins shall take three hours of continuing education regarding error prevention. The continuing education credits to satisfy this paragraph must be submitted to the Board's Reno office by September 7, 2005 and will be in addition to and will not be counted toward the 30 hours of continuing education required to be verified by the time Mr. Hawkins submits his renewal application. Board staff shall review the continuing education submitted to satisfy this paragraph. If the continuing

education is appropriate to satisfy this paragraph and is from an ACPE-approved provider, it will immediately be counted toward satisfying the requirements of this paragraph. If the continuing education is appropriate to satisfy this paragraph and is not from an ACPE-approved provider, then Board staff will submit the continuing education to the Board's continuing education committee, and if the continuing education committee approves the continuing education, then it will be counted toward satisfying the requirements of this paragraph.

3. Mr. Tran shall pay a fine of $750.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Mr. Tran shall take three hours of continuing education regarding patient counseling. The continuing education credits to satisfy this paragraph must be submitted to the Board's Reno office by September 7, 2005 and will be in addition to and will not be counted toward the 30 hours of continuing education required to be verified by the time Mr. Tran submits his renewal application. Board staff shall review the continuing education submitted to satisfy this paragraph. If the continuing education is appropriate to satisfy this paragraph and is from an ACPE-approved provider, it will immediately be counted toward satisfying the requirements of this paragraph. If the continuing education is appropriate to satisfy this paragraph and is not from an ACPE-approved provider, then Board staff will submit the continuing education to the Board's continuing education committee, and if the continuing education committee approves the continuing education, then it will be counted toward satisfying the requirements of this paragraph.

3. Walgreens #3845 shall pay a fine of $5,000.00 ($2,500 each for the Third and Fifth Causes of Action) in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #3845 shall pay the Board's costs and attorney's fees of $3,210.00 and the Board's administrative fee of $250.00, for a total of $3,460.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The probation presently imposed upon Walgreens #3845 in Case No. 04-029-PH-S shall be extended for an additional year, meaning that it shall not expire until February 3, 2007. All of the conditions contained in the probation as ordered in Case No. 04-029-PH-S shall remain in effect. In addition to the terms of probation ordered in Case No. 04-029-PH-S, the Board imposes the following terms and conditions:

a. Staff for Walgreens #3845 shall obtain and complete the ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy (ISMP Self Assessment) available from the Institution on Safe Medication Practices at www.ismp.org under the "Self Assessment" tab. After completing the ISMP Self Assessment, the managing pharmacist for Walgreens #3845 shall submit the information from the ISMP Self Assessment to ISMP through the process available on ISMP's website. The managing pharmacist shall obtain and print from the ISMP's website the preliminary aggregate results available only after the ISMP Self Assessment information has been submitted to ISMP.

b. The managing pharmacist shall provide the preliminary aggregate results to the Board's Reno office and Walgreens' district management no later than October 10, 2005. The Board's staff shall assure that the preliminary aggregate results are included in the Board's materials provided in advance of the Board's meeting scheduled for October 26 and 27, 2005.

c. The staff of Walgreens #3845 shall obtain, prepare, and complete the tasks in the preceding subparagraphs 4(a) and 4(b) without any the assistance, oversight, interference, or other involvement of Walgreens' regional, district, or national management. The Board intends that the information provided by the staff of Walgreens #3845 to be honest, truthful, accurate, complete, and free from any real or perceived concern about adverse employment consequences because the ISMP process can only work to the pharmacy's, the Board's, and the public's benefit if the information used in the process is trustworthy and accurate. The Board may provide oversight of the completion of the ISMP Self Assessment process if requested by the staff of Walgreens #3845 or if the Board's staff deems such oversight necessary to maintain the integrity of the process.

d. The Board will review the results of the ISMP process, including the preliminary aggregate results provided under subparagraph 4(b) above, at the Board meeting on October 26 and 27, 2005. Walgreens #3845 shall assure that the managing pharmacist and other management personnel shall be available when the ISMP results are discussed.

e. Walgreens #3845's operations shall conform with all applicable laws, whether federal or state and whether statutory or regulatory.

6. For a period of one year from the effective date of this Order, Walgreens Co. shall:

a. Assure that all of its pharmaceutical technicians receive three hours of continuing education or in-service training of which two hours must be directed towards the pharmaceutical technicians' role in patient counseling and one hour must be directed towards error prevention.

b. The Board Staff shall retain the services of an auditing firm to audit Walgreens #04197, #04755, #04788, and #03845 for those pharmacies' compliance with all Nevada laws related to patient counseling and the documentation of patient counseling. Walgreens Co. shall assure that all of its employees comply with the requests of Board Staff or the auditors it retains. All costs of the audit shall be paid by Walgreens Co. with 30 days of the presentation of an invoice or accounting by the auditing firm of its charges. Board Staff shall present the results of the audit to the Board at the Board's regularly scheduled meeting in October 2006.

6. The failure by Mr. Hawkins or Mr. Tran to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #3845 or Walgreen Co. to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is

fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 18th day of August, 2005.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #03845,
Certificate of Registration No. PH01064

Case No. 04-029-PH-S

WALGREEN CO.,
An Illinois Corporation,

Respondent.

/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Walgreens #03845 is a pharmacy licensed by the Board, located at 2280 North Las Vegas Boulevard, North Las Vegas, Nevada. Walgreen Co. owns a number of pharmacies licensed by the Board throughout the State of Nevada.

II.

On or about April 11, 2004, Patient G saw physician assistant C. Deiuto for a follow-up check of a laceration to Patient G's left index finger. Patient G was advised by physician assistant Deiuto that she would be given a prescription for an antibiotic, however she was not told it was a prescription for Amoxicillin. Patient G was given a

prescription, for Amoxicillin 500 mg. capsules #30. Patient G took her prescription to Walgreens #03845 to be filled on April 14, 2004 (Rx #0877479-03845). The prescription was a new prescription for Patient G at Walgreens #03845.

III.

When Patient G picked up her Amoxicillin prescription at the drive through window, she was not counseled by a pharmacist at Walgreens #03845. The Board's investigation showed that there was no record or entry on Walgreens #03845's counseling log at all regarding Patient G's Amoxicillin prescription.

IV.

Patient G is allergic to penicillin and codeine. At Walgreens #03845, the pharmacy technician who spoke with Patient G and who entered the prescription information into the computer or system at Walgreens #03845 failed to query Patient G regarding her allergies and, thus, did not enter any allergy information into the computer. The pharmacist who reviewed and verified Patient G's prescription found no indicators of allergies to penicillin and filled the prescription.

V.

When Patient G got home, she opened the bag she was given at the drive through window and she discovered that the medication was Amoxicillin, a form of penicillin, and did not take any of the medication. Patient G claimed that if she had been counseled when she picked up her medication, she would not have accepted it for her drug therapy.

FIRST CAUSE OF ACTION

VI.

In failing to obtain Patient G's allergy information, in failing to counsel Patient G on her new prescription for Amoxicillin, and in failing to have any record regarding the prescription in the pharmacy's counseling log, Walgreens #03845 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6), NAC 639..708(2)(d) and 639.945(1)(i) and (2).

SECOND CAUSE OF ACTION

VII.

On May 23, 2003, the board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. Peter S. Trinh and Walgreens #04197* (Case No. 03-011-S). The facts of this case involved a prescription for morphine sulfate for an elderly patient on which the directions for use were in teaspoons rather than cc's, resulting in a five-times overdose. One of the conclusions of law was that Mr. Trinh and Walgreens #04197 had failed to counsel the patient as required by Nevada law.

VIII.

On July 21, 2004, Board President Larry L. Pinson accepted and signed a stipulated agreement that was offered and accepted by Walgreens #4755 (*Nevada State Board of Pharmacy v. Walgreens #4755*, Case No. 04-006-S). Walgreens #4755 was charged in case number 04-006-PH-S with failing to counsel on a new prescription for Mexiletine and failing to have any record regarding the prescription in the pharmacy's counseling log.

IX.

On November 2, 2004, the Board entered findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. George E. Moore and Walgreens #04197* (Case No. 04-049-S). The facts of this case involved two prescriptions. One was written for Halcion 0.125 mg. tablets #40 with directions to take one tablet every night at bedtime, however he could take two tablets if needed for sleep. The second prescription was for DDAVP 0.2 mg. tablets #30 with directions to take two tablets every night at bedtime. The pharmacy only had three bottles of #10 Halcion in stock and would have to order a fourth bottle. Inadvertently the label for the DDAVP was placed on one of the stock bottles of Halcion. Patient Z's prescriptions were dispensed at the drive through window of Walgreens #04197 and neither the patient nor his daughter spoke to a pharmacist during the transaction. One of the conclusions of law was that Mr. Moore and Walgreens #04197 failed to counsel the patient at the drive through window as required by Nevada law.

X.

On December 1, 2004, the Board heard a case entitled *Nevada State Board of Pharmacy v. Zachary W. Bergan and Walgreens #4788* (Case No. 04/063-N). The facts of that case involved a twelve-year-old boy who received a prescription for prednisolone 5mg/5ml liquid from his physician after a tonsillectomy. Mr. Bergen mistakenly filled the prescription with prednisolone 15mg/5ml. Patient B's father picked up the prescription for his son at the drive through window and was not counseled on this new prescription.

XI.

In being repeatedly negligent as the common owner of Walgreens #04197, 04755, 03845, and 04788 in which repeated failures to counsel and to document counseling occurred, Walgreens Company has violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i).

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

Signed this 13th day of December, 2004.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #03845,
Certificate of Registration #PH01306,

WALGREEN CO.,
An Illinois Corporation,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 04-029-PH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 12, 2005, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel for the Board, and Walgreens Pharmacy #03845 (Walgreens #3845) and Walgreen Co. were represented by Robert Graham. Based on the presentations of the parties, the parties' admissions, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board Staff presented the testimony of Diana Griego, the complainant in the matter, and the Respondents presented the testimony of Dwayne Pinon and Jim Schmitt. Based upon the testimony and evidence presented, the Board finds the following to be the facts in this matter.

2. On April 11, 2004, Ms. Griego lacerated her left index finger while working. Because this was an industrial accident, Ms. Griego was sent to a specific practice to

have her injury evaluated and treated. Ms. Griego was seen by C. Deiuto, a Physician's Assistant (PA) who treated the laceration and prescribed an antibiotic for Ms. Griego. Though Ms. Griego had informed PA Deiuto that she was allergic to penicillin, PA Deiuto nonetheless prescribed amoxicillin for Ms. Griego. Ms. Griego testified that she was unaware that PA Deiuto's prescription called for a product containing penicillin because the prescription was written by PA Deiuto for "Amox."

3. Ms. Griego was directed to take her prescription to a Walgreens pharmacy because Walgreens had the contract for patients treating their industrial injuries for her employer.

4. On April 14, 2004, Ms. Griego took her prescription to Walgreens #3845 to be filled. The prescription (Rx #0877479-03845) was a new prescription for Ms. Griego at this Walgreens and, actually, at any Walgreens because Ms. Griego normally used another pharmacy to obtain her prescriptions and pharmaceutical services.

5. When Ms. Griego dropped off the prescription, the woman at the counter did not take any information from Ms. Griego, including her allergy data. At no time in her transaction was Ms. Griego ever asked about her allergies.

6. Ms. Griego picked up the prescription at Walgreens #3845's drive-up window. Though this was a new prescription for Ms. Griego and she was a new patient at Walgreens #3845, Ms. Griego did not receive any counseling from a pharmacist. In fact, the Board's investigation showed, and Walgreens confirmed at hearing, that there was no record or entry on Walgreens #3845's counseling log regarding Ms. Griego's prescription of any type.

7. Ms. Griego testified that she was allergic to penicillin and that the last time she had taken a product containing penicillin, she had been hospitalized for several days as a result of her reaction to the penicillin. Ms. Griego also testified that she takes several medications and that, because of her allergies, she is very careful about what she takes. When Ms. Griego arrived home, she discovered that the medication she had been provided by Walgreens #3845 was amoxicillin, a form of penicillin, so she did not take any of the tablets. Ms. Griego explained that had she been counseled, she would not have accepted the amoxicillin since she would have discovered that it was a penicillin product to which she was allergic.

8. On May 23, 2003, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. Peter S. Trinh and Walgreens #04197* (Case No. 03-011-S). The facts of this case involved a prescription for morphine sulfate for an elderly patient on which the directions for use were in teaspoons rather than cc's, resulting in a five-times overdose. One of the conclusions of law was that Mr. Trinh and Walgreens #04197 had failed to counsel the patient as required by Nevada law.

9. On July 21, 2004, the Board accepted a Stipulated Agreement in a case entitled *Nevada State Board of Pharmacy v. Walgreens #4755* (Case No. 04-006-S). In the Stipulated Agreement, Walgreens #4755 admitted to failing to counsel a patient regarding a new prescription for Mexiletine and to failing to have any record regarding the prescription in the pharmacy's counseling log.

10. On November 2, 2004, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. George E. Moore*

and Walgreens #04197 (Case No. 04-049-S). The facts of this case involved two prescriptions. One prescription was written for Halcion 0.125 mg. tablets #40 with directions to take one (or two) tablet every night at bedtime as needed for sleep. The second prescription was for DDAVP 0.2 mg. tablets #30 with directions to take two tablets every night at bedtime. The label printed by the pharmacy for the DDAVP was placed upon one of the stock bottles of Halcion 0.125 mg. #10. The prescriptions, including the improperly labeled Halcion bottle, were new prescriptions to the patient at Walgreens #04197, but even so, neither the patient nor his adult daughter was counseled by a pharmacist when they picked up the prescriptions at the drive-up window. One of the conclusions of law was that Mr. Moore and Walgreens #04197 failed to counsel the patient at the drive-up window as required by Nevada law.

11. On December 21, 2004, the Board entered Findings of Fact, Conclusions of Law and Order in a case entitled *Nevada State Board of Pharmacy v. Zachary W. Bergan and Walgreens #4788* (Case No. 04-063-N). The facts of that case involved a twelve-year-old boy who received a prescription for prednisolone 5 mg./5 ml. liquid from his physician after a tonsillectomy. Mr. Bergan mistakenly filled the prescription with prednisolone 15 mg./5 ml. When the patient's father picked up the prescription at the drive-up window, none of the pharmacists at Walgreens #4788 counseled the father even though this was a new prescription for the son at the pharmacy. One of the conclusions of law was that Walgreens #4788 had failed to counsel the father at the drive-up window as required by Nevada law.

12. At hearing, the Respondents essentially admitted that Ms. Griego had not been counseled and that they had no record on the counseling log at all regarding her

amoxicillin prescription. The Respondents explained that the pharmaceutical technician who received Ms. Griego's prescription was supposed to obtain the requisite personal history and information, including allergy information, but that the pharmaceutical technician inexplicably did not obtain this information from Ms. Griego regarding her amoxicillin prescription. The Respondents also explained that the pharmacist was supposed to provide counseling to Ms. Griego regarding the amoxicillin prescription, and they could not explain why the requisite counseling had not occurred and that the requisite record had not been made. The Respondents described upcoming upgrades to their pharmacy computer system that will disallow further processing of a prescription record until allergy information and other required personal health and history information is put into the system.

13. The Respondents argued that because Walgreens had a large number of pharmacies in the Las Vegas area, that they should be expected to have more complaints made against them, especially because Walgreens is publicly identified as a "drug store" rather than as a grocery store or variety store that contains a pharmacy. The Respondent also attempted to distinguish between the present case and the four previous cases in which other Walgreens pharmacies had been found to have failed to provide legally required counseling.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Walgreens #03845 is a pharmacy licensed with the Board and Walgreens Co. is the corporate owner of all of the Walgreens pharmacies licensed in Nevada.

2. In failing to obtain Ms. Griego's allergy information, in failing to counsel Ms. Griego on her new prescription for amoxicillin, and in failing to have any record regarding Ms. Griego's prescription in the pharmacy's counseling log, Walgreens #03845 violated NRS 639.210(4) and 639.266(1) and NAC 639.707(1) and (6), 639.708(2)(d), and 639.945(1)(i) and (2).

3. In being repeatedly negligent as the common owner of Walgreens ##04197, 04755, 03845, and 04788 in which repeated failures to counsel and to document counseling occurred, Walgreens Co. violated NRS 639.210(4) and (16) and 639.266(1) and NAC 639.707 and 639.945(1)(i).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #03845 shall be on probation for one year according to the following terms and conditions of probation:

a. The computer system upgrade described by the Respondents at the hearing shall be installed and operable in all Walgreens pharmacies statewide within six months of the effective date of this Order.

b. The Respondents shall study the operations of Walgreens ## 03845, 04788, 04197, and 04755 to determine why these four pharmacies were not providing counseling as required by Nevada law. The intent of the study is to determine what changes in policy and procedure or internal monitoring and enforcement will assure that each of these four pharmacies provide counseling as required by Nevada law for each and every prescription for which counseling is legally required and regardless of whether the prescription is picked up at the pharmacy counter or through the

pharmacy's drive-up window. The precise means and mechanisms to accomplish the end of 100% counseling shall be left to the Respondents.

c. As part of its study, the Respondents shall select four other pharmacies with similar prescription volume, staffing, and work flow to Walgreens ## 03845, 04788, 04197, and 04755 but which have not been subject to disciplinary action by the Board for counseling violations and which are regularly providing legally mandated counseling. Respondents shall compare the operations of Walgreens ## 03845, 04788, 04197, and 04755 with the four comparator pharmacies to ascertain and improve the counseling at Walgreens ## 03845, 04788, 04197, and 04755.

d. In order to verify that Walgreens ## 03845, 04788, 04197, and 04755 are in compliance with the Order and are improving their counseling, the Respondents shall submit four quarterly reports to the Board's Reno office due every three months commencing with the effective date of this Order. The quarterly reports shall describe those changes, measures, and activities performed to assure compliance with this Order. The quarterly reports shall also show data that will evidence compliance with this Order, which should include the base counseling rate at the time of this Order for each of the eight pharmacies included in the study and shall show the counseling rates on a monthly basis for the three months in that quarter for each of the eight pharmacies included in the study. Included at a minimum in the reports shall be information regarding the total prescription volume, the number of prescriptions for which counseling was legally mandated, the number of prescriptions in that class that actually received counseling, and the number of patients counseled for which counseling was not legally mandated.

e. Throughout the period of probation, Board Staff shall inspect and audit Walgreens ## 03845,04788, 04197, and 04755 at such times and in such manner as Board Staff deems necessary and appropriate to ascertain and verify the pharmacies' compliance with this Order and the counseling and recordkeeping being made by each of the four pharmacies.

f. At the end of the probationary period, the Respondents shall appear before the Board and present a final report to the Board regarding its compliance with this Order.

g. The Respondents shall bear all of the costs of compliance with this Order including the actual costs incurred by the Board in inspecting and auditing Walgreens ## 03845, 04788, 04197, and 04755. Board Staff shall provide the Respondents an accounting for its incurred costs on a quarterly basis, and the Respondents shall pay those costs within 15 days of the date on which Board Staff provided the accounting to the Respondents.

2. The failure by Walgreens #03845 to comply with any term in this order shall result in a fine of $1,000 per day for every day that Walgreens #03845 has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 2nd day of February, 2005.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

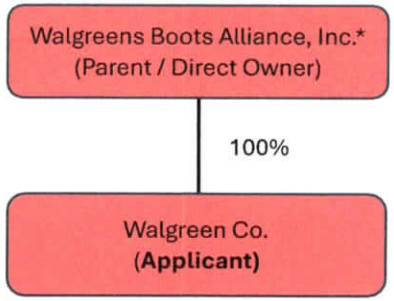
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

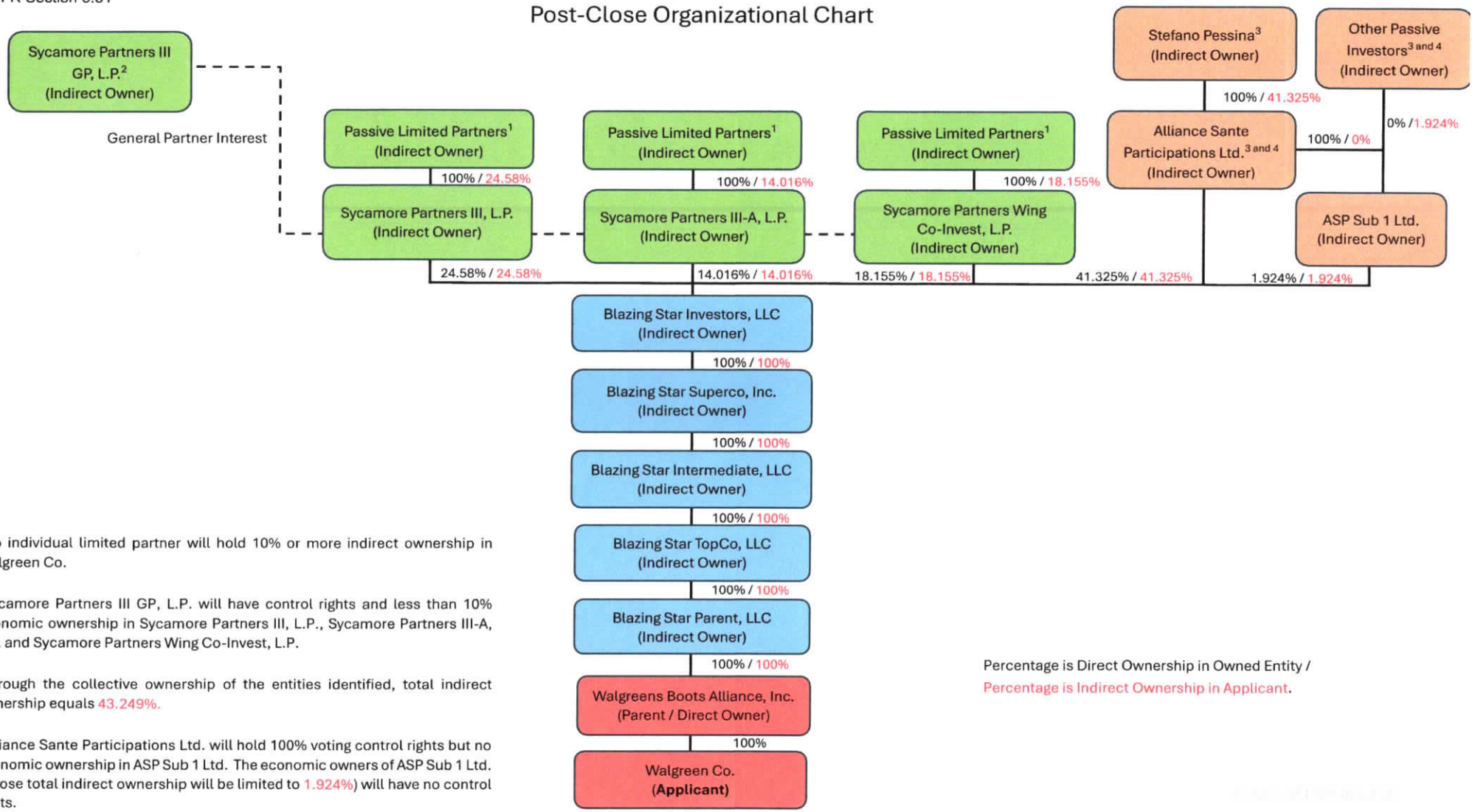
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

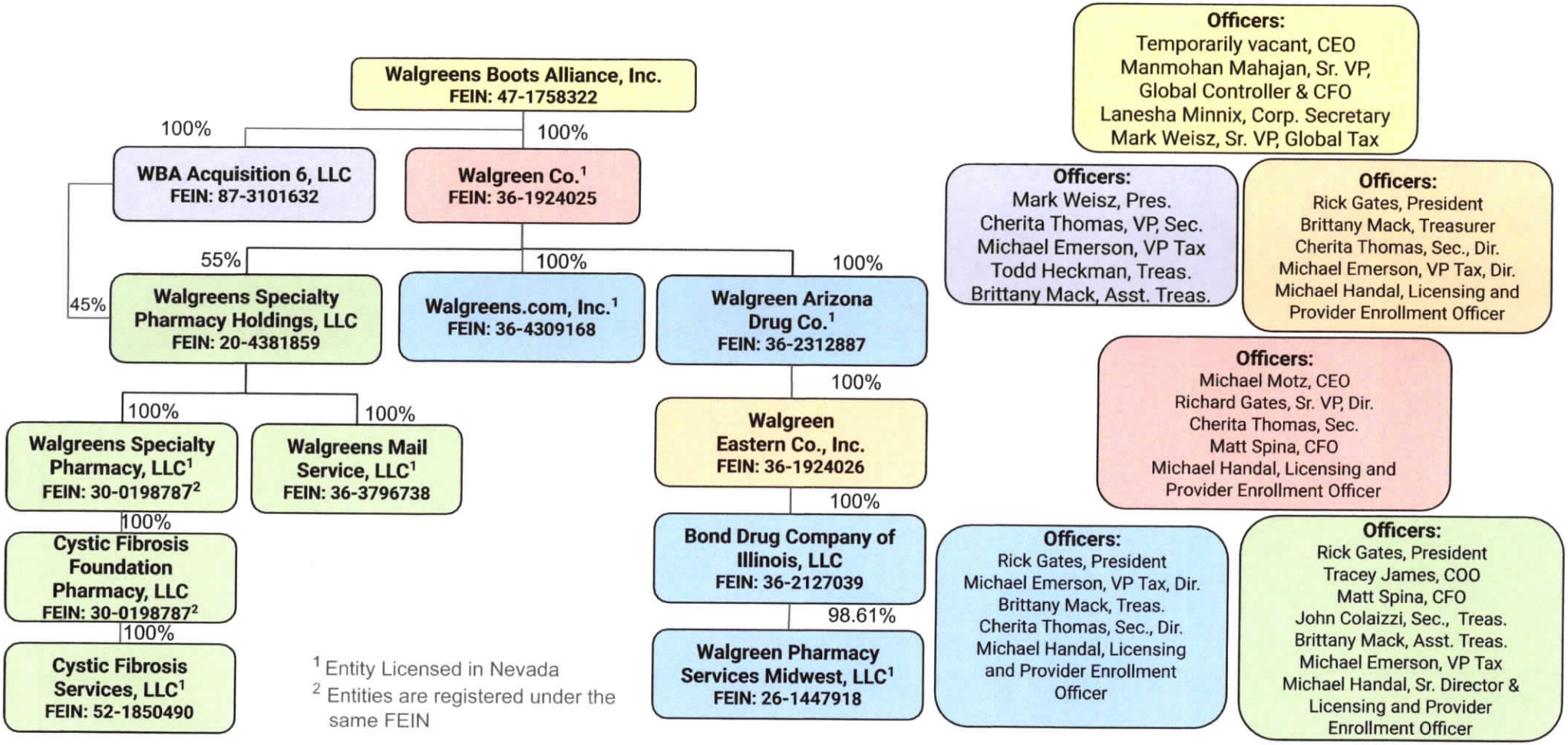
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4JJJJJ

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02124	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9717856 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02590

Physical Address: 6435 Aliante Pkwy

City: North Las Vegas State: NV Zip: 89084

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702)657-6508 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702)657-8466 Contact Email: rxm.02590@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): REYSHELLE TUCKER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18219

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: REYSHELLE TUCKER	NV Pharmacist Registration #: 18219
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK JP03-3000111209

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: REYSHELLE TUCKER Pharmacist Registration #: 18219

Pharmacy Name: WALGREENS #02590

Initial each statement below to indicate you have read and agree with the following:

R.T. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

R.T. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

R.T. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

R.T. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

R.T. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

REYSHELLE TUCKER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

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Richard Gates

Print Name of Authorized Person

Richard Gates

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

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

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5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
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Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

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Ownership & Leadership of Walgreens Boots Alliance, Inc.

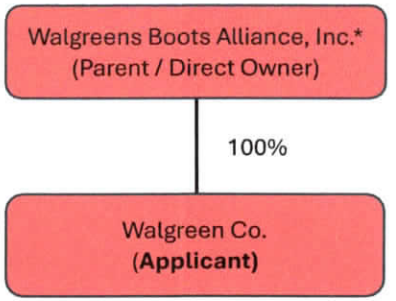
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Manmohan Mahajan - Sr VP, Global Controller, CFO
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Please see the attached pre- and post-closing Corporate Organization chart for reference.

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45 CFR Section 5.31

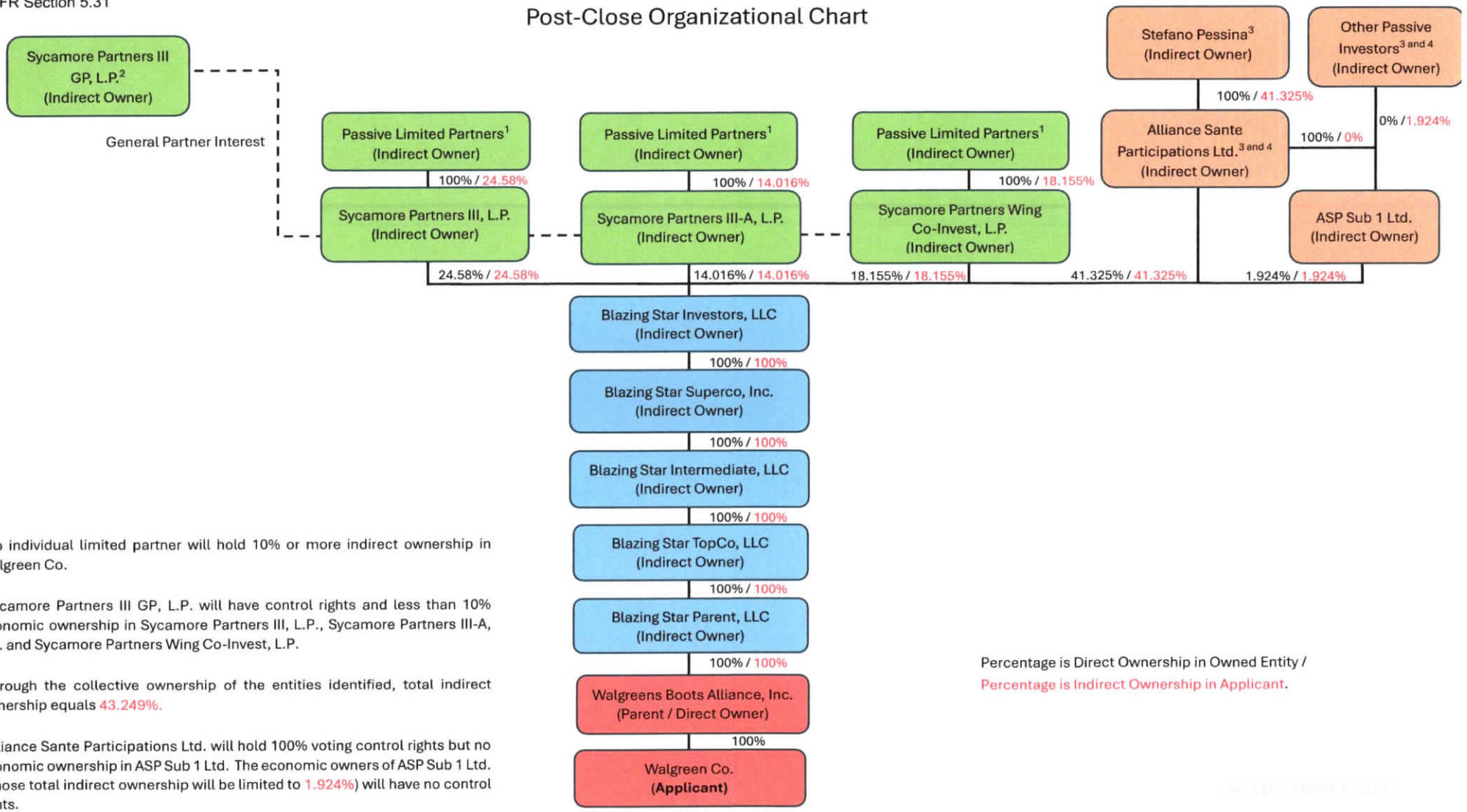
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

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Walgreen Co.
Post-Close Organizational Chart



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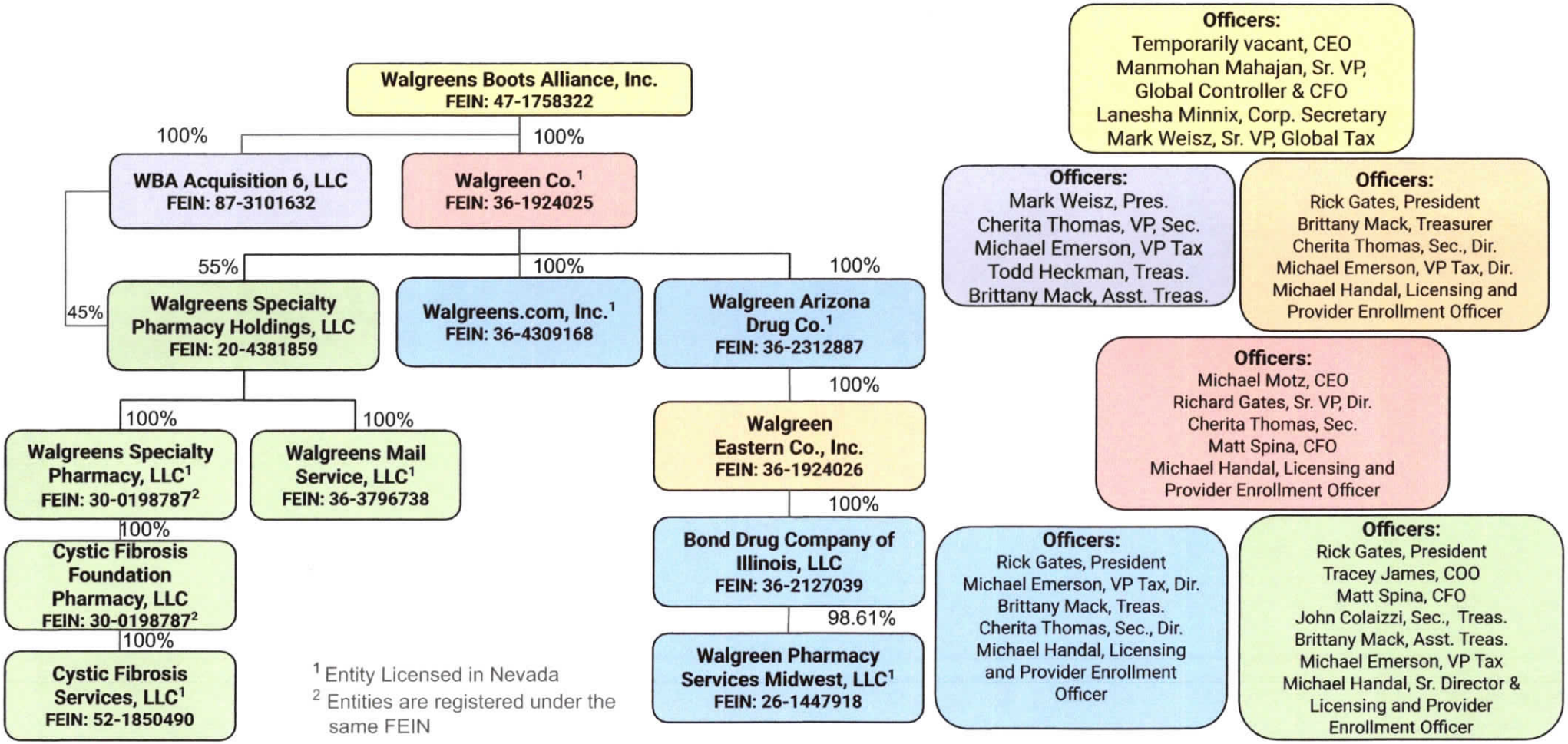
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[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

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Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

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Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4KKKKK

NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW6761084
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01505		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05646

Physical Address: 770 S HIGHWAY 160

City: PAHRUMP State: NV Zip: 89048-4639

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)751-8399 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)751-8864 Contact Email: rxm.05646@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): NGHIA NGUYEN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20274

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: NGHIA NGUYEN	NV Pharmacist Registration #: 20274
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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

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

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

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

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

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

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Document Ref: INFF6-8WFF8-8CZPJ-WU7EQ

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NGHIA NGUYEN Pharmacist Registration #: 20274

Pharmacy Name: WALGREENS #05646

Initial each statement below to indicate you have read and agree with the following:

NSN — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NSN — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NSN — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NSN — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NSN — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

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

NGHIA NGUYEN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Document Ref: YCHWM-D2RUN-QJBWP-IFMSE

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JESSICA L. MCCULLOCH, PT
Certificate of Registration No.: PT07762

Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505
Respondents.

Case No. 07-064-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jessica L. McCulloch is a registered pharmaceutical technician-in-training with the Board and Walgreens Pharmacy #05646 is a registered pharmacy with the Board.

II.

On or about July 12, 2007, Ms. McCulloch contacted Board staff to obtain a duplicate copy of her pharmaceutical technician-in-training registration. It was discovered that Ms. McCulloch had not renewed her pharmaceutical technician-in-training registration that was due for renewal by October 31, 2006. Ms. McCulloch indicated that she was working at Walgreens Pharmacy #05646.

III.

On or about July 12, 2007, Board staff contacted Matt Forster, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. McCulloch worked from November 1, 2006 to June 25, 2007. Ms. Forster reported to Board staff that Ms.

McCulloch worked for 1,440 hours. Assuming Ms. McCulloch worked eight hour shifts, Ms. McCulloch worked unregistered for 180 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician-in-training registration for 180 days, Ms. McCulloch violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. McCulloch and allowing Ms. McCulloch to work for 180 days without being registered with the Board, Walgreens Pharmacy #05646 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

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

Signed this 18th day of September, 2007.

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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LESLIE J. SCHWEIZER, R.Ph.,
Certificate of Registration #12469,

Case No. 05-038-RPH-S

WALGREENS #05646,
Certificate of Registration #PH01505,

Case No. 05-038-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. Board Staff presented the testimony of Jowette Padua. Respondents presented the testimony of Ms. Schweizer and Matt Forster. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On June 10, 2005, Jowette Padua requested a refill from Walgreens #05646 of her prescription for Novolog 70/30. Novolog 70/30 is a combination of fast and slow releasing insulin. Ms. Padua had been using Novolog 70/30 to treat her diabetes for

years. When Ms. Padua picked up her refill, she was given three boxes of preloaded syringes. The three boxes were taped together.

3. On the evening of July 12, 2005, Ms. Padua was preparing to eat dinner, so she opened a new box of insulin, one of the three boxes that were taped together, removed an insulin flexpen, and injected herself. Ms. Padua then ate her dinner and went to bed. In the middle of the night, Ms. Padua awoke with a sudden onset of cold sweats, chills, shakiness, and weakness. Ms. Padua immediately tested her blood sugar and the test results were 58 where her normal reading should have been 200 or higher. Ms. Padua began looking around her home for something containing sugar so that she could get her blood sugar level up. Ms. Padua found and ate some candy. Ms. Padua then examined the box from which she had removed and used the flexpen, and she then discovered that the box contained Novolog prefilled flexpen syringes, not the 70/30 flexpen syringes ordered by her physician. Thus, Ms. Padua discovered that she had injected herself with a flexpen filled solely with fast acting insulin rather than the usual combination product that she had been long using.

4. At hearing, Ms. Schweizer testified that because the three boxes were taped together, she had only verified the NDC number on one of the boxes rather than verifying the NDC number on each of the boxes. Ms. Schweizer and Mr. Forster both explained that Walgreens' new scanning technology would have prevented the error that occurred with Ms. Padua's prescription because the new scanning system requires that each box be separately and individually scanned when multiple boxes are necessary to fill a prescription. The new scanning system was not installed in or available to Ms. Schweizer at the time Ms. Padua's prescription was refilled. Ms.

Schweizer testified that she now checks each box or container individually when a prescription requires multiple boxes or containers.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Schweizer is a pharmacist licensed by the Board and Walgreens #05646 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Ms. Padua that was the wrong medication, namely by misfiling Ms. Padua's Novolog 70/30 prescription with Novolog, Ms. Schweizer violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Ms. Schweizer committed the error regarding Ms. Padua's Novolog 70/30 prescription, Walgreens #05646 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Schweizer shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Ms. Schweizer shall pay one-half of the Board's costs and attorney's fees of $375.00 and the Board's administrative fee of $250.00, for a total of $312.50 ($375.00 + $250.00 / 2 = $312.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #05646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #05646 shall pay one-half of the Board's costs and attorney's fees of $375.00 and the Board's administrative fee of $250.00, for a total of $312.50 ($375.00 + $250.00 / 2 = $312.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Schweizer to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #05646 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LESLIE J. SCHWEIZER, RPH
Certificate of Registration No. 12469

WALGREENS #05646
Certificate of Registration No. PH01505,

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-038-RPH-S

Case No. 05-038-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Leslie J. Schweizer is a pharmacist licensed by the Board and Walgreens #05646 is a pharmacy licensed by the Board, located at 770 South Nevada Highway 160, Pahrump, Nevada.

II.

On or about June 10, 2005, Patient P had her prescription for insulin refilled at Walgreens #05646. Patient P normally takes Novolog mix 70/30 and receives this medication in prefilled flexpen syringes. Novolog mix 70/30 is a combination of fast and slow release insulin. Patient P received three boxes of syringes when she picked up her refilled insulin prescription.

III.

On or about the evening of July 12, 2005, Patient P was preparing to sit down for dinner. She opened a new box of insulin, removed an insulin flexpen and injected herself. She ate her dinner and retired for the evening. Patient P was awakened by a sudden onset of cold sweats, chills, shakiness, and weakness. Patient P tested her blood sugar and the test results were 58, where normally her reading should have been 200 or higher. Patient P ate some candy to bring her blood sugar level up but was puzzled as to why her body reacted in that manner after taking her insulin and eating. Patient P investigated and found that the box of insulin that she had just opened that evening was not Novolog mix 70/30 prefilled flexpen syringes, but a box of Novolog prefilled flexpen syringes. The insulin that Patient P injected was a fast acting formula that she was not used to taking and that had not been ordered for her.

IV.

Ms. Schweizer was the pharmacist employed at Walgreens #05646 who was responsible for verification of the prescription and identified that two of the three boxes were taped together and only one label was visible. Ms. Schweizer only checked the NDC number on the top box, not on the box on the bottom.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for Patient P that was the wrong medication, namely Novolog insulin rather than the Novolog 70/30 insulin prescribed by Patient P's physician, Respondent Schweizer violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the store in which the violations occurred, Walgreens #05646 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of November, 2005.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

LEHA M. DEROSIA, PT
Certificate of Registration No.: PT06209

Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505

Case No. 07-062-PH-S

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Leha M. DeRosia is a registered pharmaceutical technician with the Board and Walgreens Pharmacy #05646 is a registered pharmacy with the Board.

II.

On or about July 3, 2007, Ms. DeRosia contacted Board staff to obtain a duplicate copy of her pharmaceutical technician registration. It was discovered that Ms. DeRosia had not renewed her pharmaceutical technician registration that was due for renewal by October 31, 2006. Ms. DeRosia indicated that she was working at Walgreens Pharmacy #05646.

III.

On or about July 10, 2007, Board staff contacted Matt Forster, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. DeRosia worked from November 1, 2006 to July 3, 2007. Mr. Forster reported to Board staff that Ms. DeRosia worked for 1,384 hours. Assuming Ms. DeRosia worked eight hour shifts, Ms. DeRosia

worked unregistered for 173 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 173 days, Ms. DeRosia violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. DeRosia and allowing Ms. DeRosia to work for 173 days without being registered with the Board, Walgreens Pharmacy #05646 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 12th day of July, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

FILED
APR 11 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-090-RPH-S**
	)	**16-090-PH-S**
Petitioner,	)	
v.	)	
	)	
DEBRA FAYE BOWERSOX, RPH	)	**STIPULATION AND ORDER**
Certificate of Registration No. 18371,	)	**(All Respondents)**
	)	
WALGREENS PHARMACY #05646	)	
Certificate of Registration No. PH01505	)	
	)	
Respondents.	/	

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent DEBRA FAYE BOWERSOX, Certificate of Registration No. 18371, and Respondent WALGREENS PHARMACY #05646, Certificate of Registration No. PH01505, by and through their counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over these Respondents and this matter.

2. On or about March 1, 2018, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondents.

3. In lieu of filing Answers to the Accusation, Respondents have entered into this Stipulation.

4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure

Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of Paragraphs 9, 10, 15 and 16 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents, and each of them, admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent Bowersox engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) by verifying as accurate Phenobarbital ***15 mg.*** tablets with instructions to take one (1) tablet twice daily; rather than the Phenobarbital ***60 mg.*** tablets that patient Maggie Mae's doctor prescribed. That conduct caused Maggie Mae to ingest the wrong medication for approximately six (6) days.

B. As the pharmacy in which the violation occurred, Respondent Walgreens Pharmacy #05646 is responsible for the actions of Respondent Bowersox and pharmaceutical technician-in-training Consellyea pursuant to NAC 639.945(2) and/or NAC 639.702.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent Bowersox stipulate to the following penalties. Respondent Debra Faye Bowersox, Certificate of Registration No. 18371, shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a pharmacist;

B. Pay a fine of One-Thousand Dollars ($1,000.00) associated with the violations indicated above; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain her licensure. Respondent Bowersox must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this order.

10. Based upon the Accusation and the foregoing admissions, the Board and Walgreens Pharmacy #05646 stipulate to the following penalties.[1] Respondent Walgreens Pharmacy #05646, Certificate of Registration PH01505, shall pay an administrative fee of One-Thousand Five-Hundred Dollars ($1,500.00) to partially reimburse the Board for the costs and expenses incurred in investigating and prosecuting this matter.

11. Any failure by Respondents to comply with the terms of this Stipulation and Order may result in issuance by the Executive Secretary of an order to show cause directing the Respondents to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Stipulation and Order by the Respondents, the Board may impose additional discipline upon Respondents not inconsistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 11, 2018, in Las Vegas, Nevada. Each Respondent and his or her authorized representative(s) will appear at the

[1] Walgreens Pharmacy #05646 does not stipulate to having acted negligently in this matter.

meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondent Bowersox shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the execution of this Order.

16. Upon approval of this Stipulation by the Board, Respondent Walgreens Pharmacy #05646 shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the execution of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 11th day of April, 2018

DEBRA FAYE BOWERSOX, RPH
Certificate of Registration No. 18371

Signed this ___ day of April, 2018

AUTHORIZED REPRESENTATIVE
WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505

Signed this 11TH day of April, 2018

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent DEBRA FAYE BOWERSOX, Certificate of Registration No. 18371, and Respondent WALGREENS PHARMACY #05646, Certificate of Registration No. PH01505, in Case No. 16-090 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

4/11/2018
Dated

Leo Basch, President
Nevada State Board of Pharmacy

FILED
MAR 01 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 16-090-RPH-S**
	)	**16-090-PH-S**
Petitioner,	)	
v.	)	
	)	
DEBRA FAYE BOWERSOX, RPH	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. 18371,	)	**AND ACCUSATION**
	)	
WALGREENS PHARMACY #05646	)	
Certificate of Registration No. PH01505	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondents Debra Faye Bowersox (Bowersox), Certificate of Registration No. 18371, was a pharmacist registered by the Board, and Respondent Walgreens Pharmacy #05646, Certificate of Registration No. PH01505 (Walgreens), was a pharmacy registered by the Board.

FACTUAL ALLEGATIONS

II.

On or about August 13, 2016, Dr. H.'s office called in a prescription to Walgreens for canine patient Maggie Mae. Dr. H. prescribed a quantity of sixty (60) Phenobarbital 60 mg. tablets with instructions to take one (1) tablet twice daily to control seizures.

III.

The prescription allowed for up to three (3) refills.

IV.

Walgreens processed the prescription and designated it as Prescription No. 1439264.

V.

On November 15, 2016, Maggie Mae's owner, S.R., used Walgreens' automated phone system to request the third refill of Prescription No. 1439264.

VI.

Pharmaceutical technician-in-training Olivia Consellyea (Consellyea) began the refill process by pulling the stock medication bottle from the pharmacy shelf. Consellyea inadvertently retrieved Phenobarbital ***15 mg.*** tablets rather than the Phenobarbital ***60 mg.*** tablets as prescribed.

VII.

During the filling process, Consellyea performed a manual override of the NDC for Phenobarbital 60 mg. tablets for Prescription No. 1439264. She manually entered the NDC for Phenobarbital 15 mg. tablets.

VIII.

Respondent Ms. Bowersox was the verifying pharmacist for the third refill of Prescription No. 1439264. During the verification process, Ms. Bowersox failed to detect the medication error and verified the Phenobarbital 15 mg. tablets as correct.

IX.

On November 16, 2016, S.R. picked up the third refill of Maggie Mae's medication and administered the first dose of the incorrect strength of Phenobarbital that evening.

X.

Maggie Mae had a seizure five days later, on November 21, 2016.

XI.

S.R. examined the tablets and noticed that the stamped number on the tablets was *WW 445*. The tablet identifier on the prescription label was *WW 455*.

XII.

S.R. contacted Walgreens where an unidentified pharmacy staff member assured S.R. that the medication dispensed on November 16, 2016, was correct.

XIII.

By November 22, 2016, Maggie Mae experienced seven (7) seizures within a twenty-three and a half-hour period.

XIV.

S.R. again contacted Walgreens. This time pharmacy manager Aimee Zold (Zold) requested that S.R. bring in Maggie Mae's medication.

XV.

Zold identified the medication dispensed on November 16, 2016, as Phenobarbital 15 mg. tablets.

XVI.

Maggie Mae ingested approximately eleven (11) of the wrong medication before the error in the strength was detected.

FIRST CAUSE OF ACTION

(Respondent Bowersox)

XVII.

Nevada Administrative Code (NAC) 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Respondent Ms. Bowersox engaged in unprofessional conduct in violation of NAC

639.945(1)(d) and (i) by verifying as accurate Phenobarbital ***15 mg.*** tablets with instructions to take one (1) tablet twice daily; rather than the Phenobarbital ***60 mg.*** tablets that Maggie Mae's doctor prescribed. That conduct caused Maggie Mae to ingest the wrong medication for approximately six (6) days.

SECOND CAUSE OF ACTION

(Respondent Walgreens #05646)

XVIII.

As the pharmacy in which the violations alleged above occurred, Walgreens Pharmacy #05646 is responsible for the actions of Respondent Bowersox and pharmaceutical technician-in-training Consellyea pursuant to NRS 639.230(5), NAC 639.945(2) and/or NAC 639.702.

XIX.

For the errors, misconduct and violations alleged above in the First and Second Causes of Action, Respondents, and each of them, are subject to discipline pursuant NRS 639.210(4), (12) and/or (15), as well as NRS 639.230(5) and/or NRS 639.255.

XX.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 30 day of March 2018.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**STATEMENT TO THE RESPONDENT**
	)	**NOTICE OF INTENDED ACTION**
Petitioner,	)	**AND ACCUSATION**
v.	)	**RIGHT TO HEARING**
	)	
DEBRA FAYE BOWERSOX, RPH	)	**CASE NO. 16-090-RPH-S**
Certificate of Registration No. 18371	)	
	)	
Respondent.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, April 11, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 1ST day of March 2018.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**ANSWER AND NOTICE OF DEFENSE**
Petitioner,	)	
v.	)	
DEBRA FAYE BOWERSOX, RPH	)	**CASE NO. 16-090-RPH-S**
Certificate of Registration No. 18371	)	
Respondent.	)	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of March, 2018.

DEBRA FAYE BOWERSOX, R.PH.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

JESSICA L. MCCULLOCH, PT
Certificate of Registration No.: PT07762

Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505
Respondents.

Case No. 07-064-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jessica L. McCulloch is a registered pharmaceutical technician-in-training with the Board and Walgreens Pharmacy #05646 is a registered pharmacy with the Board.

II.

On or about July 12, 2007, Ms. McCulloch contacted Board staff to obtain a duplicate copy of her pharmaceutical technician-in-training registration. It was discovered that Ms. McCulloch had not renewed her pharmaceutical technician-in-training registration that was due for renewal by October 31, 2006. Ms. McCulloch indicated that she was working at Walgreens Pharmacy #05646.

III.

On or about July 12, 2007, Board staff contacted Matt Forster, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. McCulloch worked from November 1, 2006 to June 25, 2007. Ms. Forster reported to Board staff that Ms.

McCulloch worked for 1,440 hours. Assuming Ms. McCulloch worked eight hour shifts, Ms. McCulloch worked unregistered for 180 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician-in-training registration for 180 days, Ms. McCulloch violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. McCulloch and allowing Ms. McCulloch to work for 180 days without being registered with the Board, Walgreens Pharmacy #05646 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 18th day of September, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LEHA M. DEROSIA, P.T.
Certificate of Registration No. PT06209 — Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-062-PH-S

CHRISTINA M. ROMERO, P.T.
Certificate of Registration No. PT01314, — Case No. 07-063-PT-S

WALGREENS PHARMACY #03844
Certificate of Registration No. PH01123, — Case No. 07-063-PH-S

JESSICA L. McCULLOCH, P.T.
Certificate of Registration No. PT07762, — Case No. 07-064-PTT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505, — Case No. 07-064-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 24, 2007 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert Graham of Rob Graham and Associates. The parties entered an oral stipulation which was presented to the Board at the hearing of the matter by Mr. Ling. Based upon the agreements and presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. The parties orally stipulated to the presentation of this matter by Mr. Ling and that appearances would not be expected from any of the Respondents or Mr. Graham. Mr. Ling explained that the three individual Respondents had already attended a continuing education session regarding Nevada jurisprudence and that all Respondents were agreeable to the presentation made by Mr. Ling.

2. All registrations of pharmaceutical technicians and pharmaceutical technicians in training were required to be renewed by October 31, 2006, and any such registration that was not renewed by October 31, 2006 expired. No pharmaceutical technician or pharmaceutical technician in training may lawfully be employed as a pharmaceutical technician or pharmaceutical technician in training on an expired registration.

2. All of the Respondent pharmaceutical technicians and pharmaceutical technicians in training in this matter failed to renew their respective registrations by October 31, 2006, and all were employed by the various Respondent Walgreen pharmacies as pharmaceutical technicians or pharmaceutical technicians in training on expired registrations. Following is a table of the Respondents and the number of hours and estimated workdays (based upon an assumed eight-hour workday) worked by each Respondent on expired registrations:

Respondents	Hours Worked	Estimated Days Worked
McCulloch/Walgreens #05646	1,440	180
DeRosia/ Walgreens #05646	1,384	173
Romero/ Walgreens #03844	1,312	164
TOTALS	**4,136**	**517**

3. At hearing, Board Staff explained that Walgreens has had a good recent history regarding assuring that its employees have properly and timely renewed their

registrations. Two of the three matters in this case arose from one pharmacy, and the issues regarding that pharmacy have been addressed. Board Staff also explained that the Board's efforts to gain compliance with the renewal and registration laws have been largely successful and that the few instances, such as those in this case, are aberrations.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents DeRosia, and Romero are pharmaceutical technicians registered by the Board, Respondent McCulloch is a pharmaceutical technician in training registered by the Board, and Respondents Walgreens ##05646 and 03844 are pharmacies licensed by the Board.

2. In working as a pharmaceutical technician or pharmaceutical technician in training on expired registrations, Respondents DeRosia, Romero, and McCulloch each violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

3. In employing the individual Respondents, Walgreens ##05646 and 03844 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Each Respondent Walgreens pharmacy shall pay a fine of $250.00 for each of the pharmaceutical technicians or pharmaceutical technicians in training employed with expired registrations. Walgreens may choose to pay by a single cashier's or certified check or money order made payable to "State of Nevada, Office of the

Treasurer" in a total amount of $750.00 to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Each Respondent technician or technician in training shall pay a fine of $250.00 by a cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Respondents DeRosia, Romero, and McCulloch shall each attend and successfully complete a Nevada jurisprudence continuing education course presented by Board Staff at such time and place as is set by Board Staff, which attendance may already have been completed before the effective date of this Order and shall be deemed compliance with this Order.

4. The failure by any individual Respondent to comply with any term in this Order shall result in the immediate suspension of her registration and will also result in further discipline, up to and including revocation of the registration. The failure by any Respondent Walgreens pharmacy to comply with any term in this Order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 20th day of November, 2007.

Barry Boudreaux, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

LESLIE J. SCHWEIZER, R.Ph.,
Certificate of Registration #12469,

Case No. 05-038-RPH-S

WALGREENS #05646,
Certificate of Registration #PH01505,

Case No. 05-038-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on January 11, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. Board Staff presented the testimony of Jowette Padua. Respondents presented the testimony of Ms. Schweizer and Matt Forster. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On June 10, 2005, Jowette Padua requested a refill from Walgreens #05646 of her prescription for Novolog 70/30. Novolog 70/30 is a combination of fast and slow releasing insulin. Ms. Padua had been using Novolog 70/30 to treat her diabetes for

years. When Ms. Padua picked up her refill, she was given three boxes of preloaded syringes. The three boxes were taped together.

3. On the evening of July 12, 2005, Ms. Padua was preparing to eat dinner, so she opened a new box of insulin, one of the three boxes that were taped together, removed an insulin flexpen, and injected herself. Ms. Padua then ate her dinner and went to bed. In the middle of the night, Ms. Padua awoke with a sudden onset of cold sweats, chills, shakiness, and weakness. Ms. Padua immediately tested her blood sugar and the test results were 58 where her normal reading should have been 200 or higher. Ms. Padua began looking around her home for something containing sugar so that she could get her blood sugar level up. Ms. Padua found and ate some candy. Ms. Padua then examined the box from which she had removed and used the flexpen, and she then discovered that the box contained Novolog prefilled flexpen syringes, not the 70/30 flexpen syringes ordered by her physician. Thus, Ms. Padua discovered that she had injected herself with a flexpen filled solely with fast acting insulin rather than the usual combination product that she had been long using.

4. At hearing, Ms. Schweizer testified that because the three boxes were taped together, she had only verified the NDC number on one of the boxes rather than verifying the NDC number on each of the boxes. Ms. Schweizer and Mr. Forster both explained that Walgreens' new scanning technology would have prevented the error that occurred with Ms. Padua's prescription because the new scanning system requires that each box be separately and individually scanned when multiple boxes are necessary to fill a prescription. The new scanning system was not installed in or available to Ms. Schweizer at the time Ms. Padua's prescription was refilled. Ms.

Schweizer testified that she now checks each box or container individually when a prescription requires multiple boxes or containers.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Schweizer is a pharmacist licensed by the Board and Walgreens #05646 is a pharmacy licensed by the Board.

2. By filling and dispensing a prescription for Ms. Padua that was the wrong medication, namely by misfiling Ms. Padua's Novolog 70/30 prescription with Novolog, Ms. Schweizer violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In owning and operating the pharmacy in which Ms. Schweizer committed the error regarding Ms. Padua's Novolog 70/30 prescription, Walgreens #05646 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Schweizer shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Ms. Schweizer shall pay one-half of the Board's costs and attorney's fees of $375.00 and the Board's administrative fee of $250.00, for a total of $312.50 ($375.00 + $250.00 / 2 = $312.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. Walgreens #05646 shall pay a fine of $250.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Walgreens #05646 shall pay one-half of the Board's costs and attorney's fees of $375.00 and the Board's administrative fee of $250.00, for a total of $312.50 ($375.00 + $250.00 / 2 = $312.50) by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

5. The failure by Ms. Schweizer to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #05646 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 8th day of February, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LESLIE J. SCHWEIZER, RPH
Certificate of Registration No. 12469

WALGREENS #05646
Certificate of Registration No. PH01505,

Respondents.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 05-038-RPH-S

Case No. 05-038-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Leslie J. Schweizer is a pharmacist licensed by the Board and Walgreens #05646 is a pharmacy licensed by the Board, located at 770 South Nevada Highway 160, Pahrump, Nevada.

II.

On or about June 10, 2005, Patient P had her prescription for insulin refilled at Walgreens #05646. Patient P normally takes Novolog mix 70/30 and receives this medication in prefilled flexpen syringes. Novolog mix 70/30 is a combination of fast and slow release insulin. Patient P received three boxes of syringes when she picked up her refilled insulin prescription.

III.

On or about the evening of July 12, 2005, Patient P was preparing to sit down for dinner. She opened a new box of insulin, removed an insulin flexpen and injected herself. She ate her dinner and retired for the evening. Patient P was awakened by a sudden onset of cold sweats, chills, shakiness, and weakness. Patient P tested her blood sugar and the test results were 58, where normally her reading should have been 200 or higher. Patient P ate some candy to bring her blood sugar level up but was puzzled as to why her body reacted in that manner after taking her insulin and eating. Patient P investigated and found that the box of insulin that she had just opened that evening was not Novolog mix 70/30 prefilled flexpen syringes, but a box of Novolog prefilled flexpen syringes. The insulin that Patient P injected was a fast acting formula that she was not used to taking and that had not been ordered for her.

IV.

Ms. Schweizer was the pharmacist employed at Walgreens #05646 who was responsible for verification of the prescription and identified that two of the three boxes were taped together and only one label was visible. Ms. Schweizer only checked the NDC number on the top box, not on the box on the bottom.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for Patient P that was the wrong medication, namely Novolog insulin rather than the Novolog 70/30 insulin prescribed by Patient P's physician, Respondent Schweizer violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the store in which the violations occurred, Walgreens #05646 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 30th day of November, 2005.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

LEHA M. DEROSIA, PT
Certificate of Registration No.: PT06209

Case No. 07-062-PT-S

WALGREENS PHARMACY #05646
Certificate of Registration No. PH01505

Case No. 07-062-PH-S

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Leha M. DeRosia is a registered pharmaceutical technician with the Board and Walgreens Pharmacy #05646 is a registered pharmacy with the Board.

II.

On or about July 3, 2007, Ms. DeRosia contacted Board staff to obtain a duplicate copy of her pharmaceutical technician registration. It was discovered that Ms. DeRosia had not renewed her pharmaceutical technician registration that was due for renewal by October 31, 2006. Ms. DeRosia indicated that she was working at Walgreens Pharmacy #05646.

III.

On or about July 10, 2007, Board staff contacted Matt Forster, District Pharmacy Supervisor for Walgreens, and requested the hours that Ms. DeRosia worked from November 1, 2006 to July 3, 2007. Mr. Forster reported to Board staff that Ms. DeRosia worked for 1,384 hours. Assuming Ms. DeRosia worked eight hour shifts, Ms. DeRosia

worked unregistered for 173 days.

FIRST CAUSE OF ACTION

IV.

By working without having renewed her pharmaceutical technician registration for 173 days, Ms. DeRosia violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

By employing Ms. DeRosia and allowing Ms. DeRosia to work for 173 days without being registered with the Board, Walgreens Pharmacy #05646 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 12th day of July, 2007.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

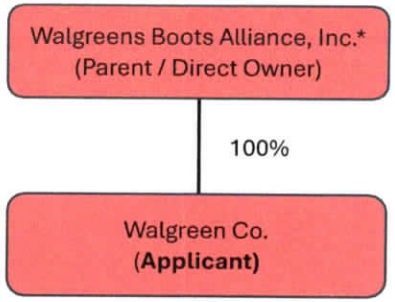
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

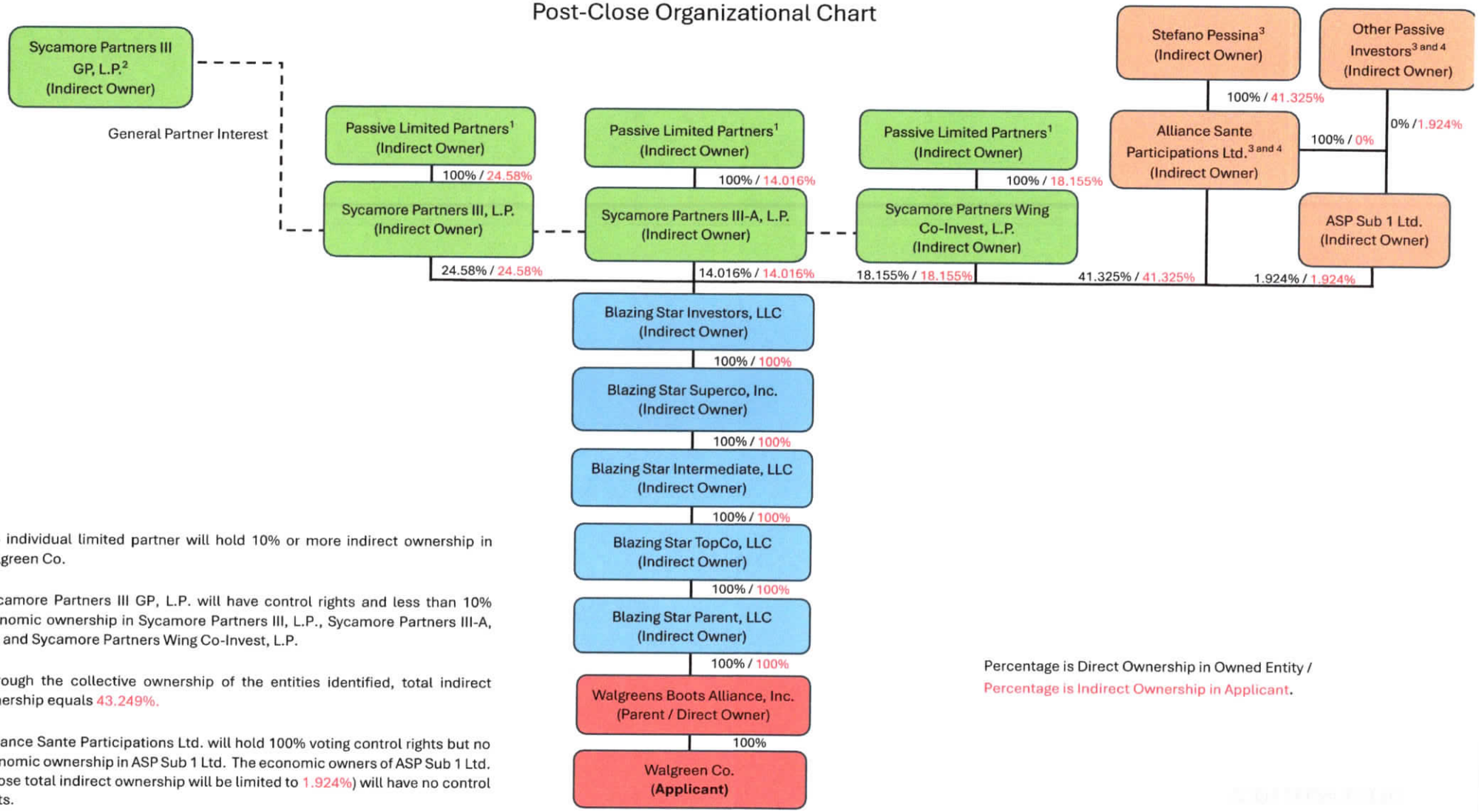
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

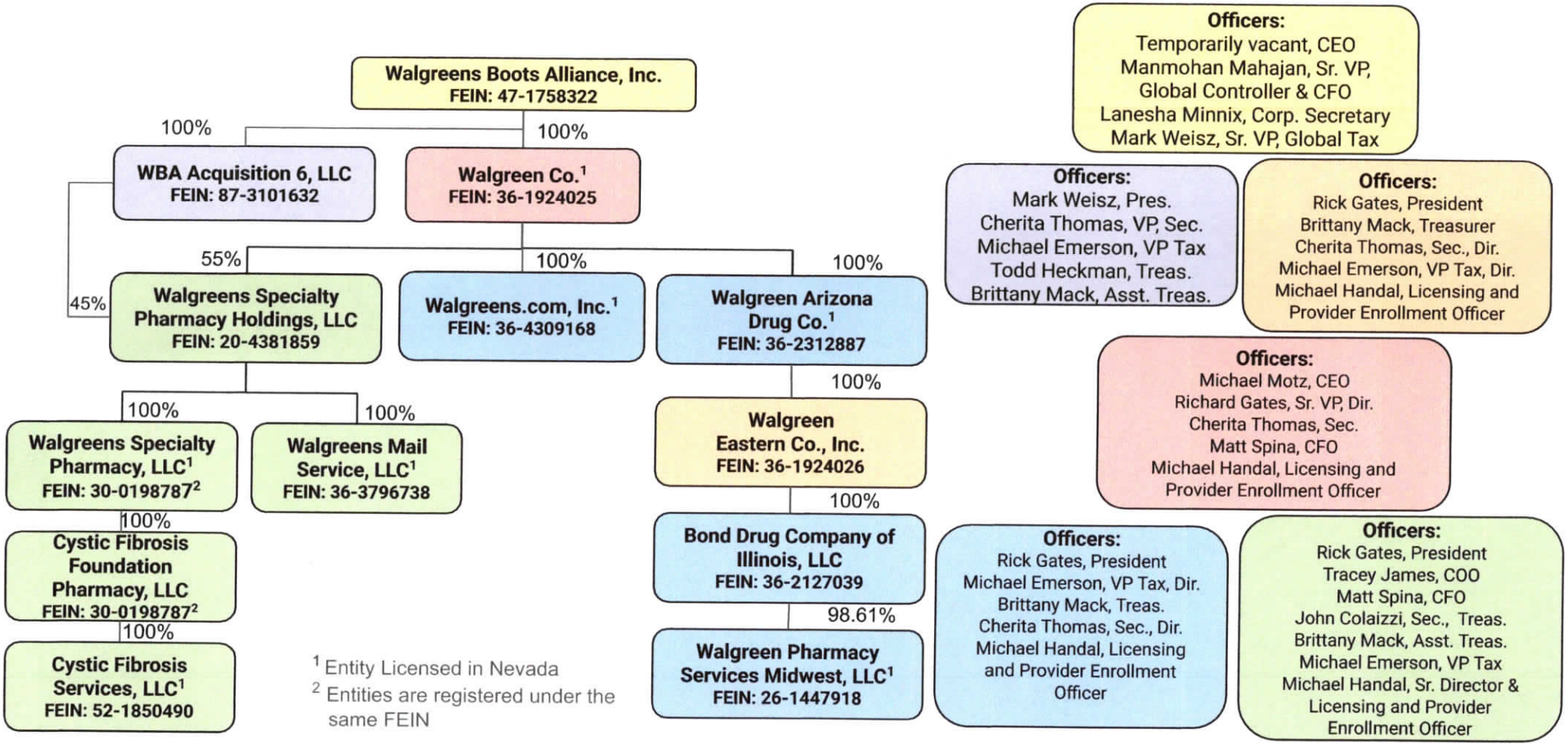
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4LLLLL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02117	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW9651628 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02658

Physical Address: 10370 N MCCARRAN BLVD

City: RENO State: NV Zip: 89503-6848

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)746-4809 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)746-4863 Contact Email: rxm.02658@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): CARLA KNIGHT

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 16850

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: CARLA KNIGHT	NV Pharmacist Registration #: 16850
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $300ck JP03-300211129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: CARLA KNIGHT Pharmacist Registration #: 16850

Pharmacy Name: WALGREENS #02658

Initial each statement below to indicate you have read and agree with the following:

cjk I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

cjk I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

cjk I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

cjk I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

cjk I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CARLA KNIGHT

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 13 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

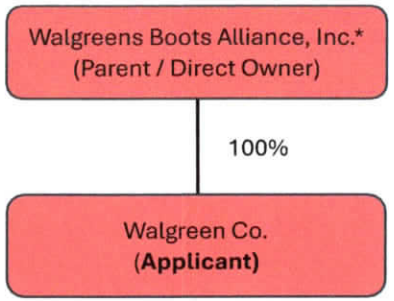
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

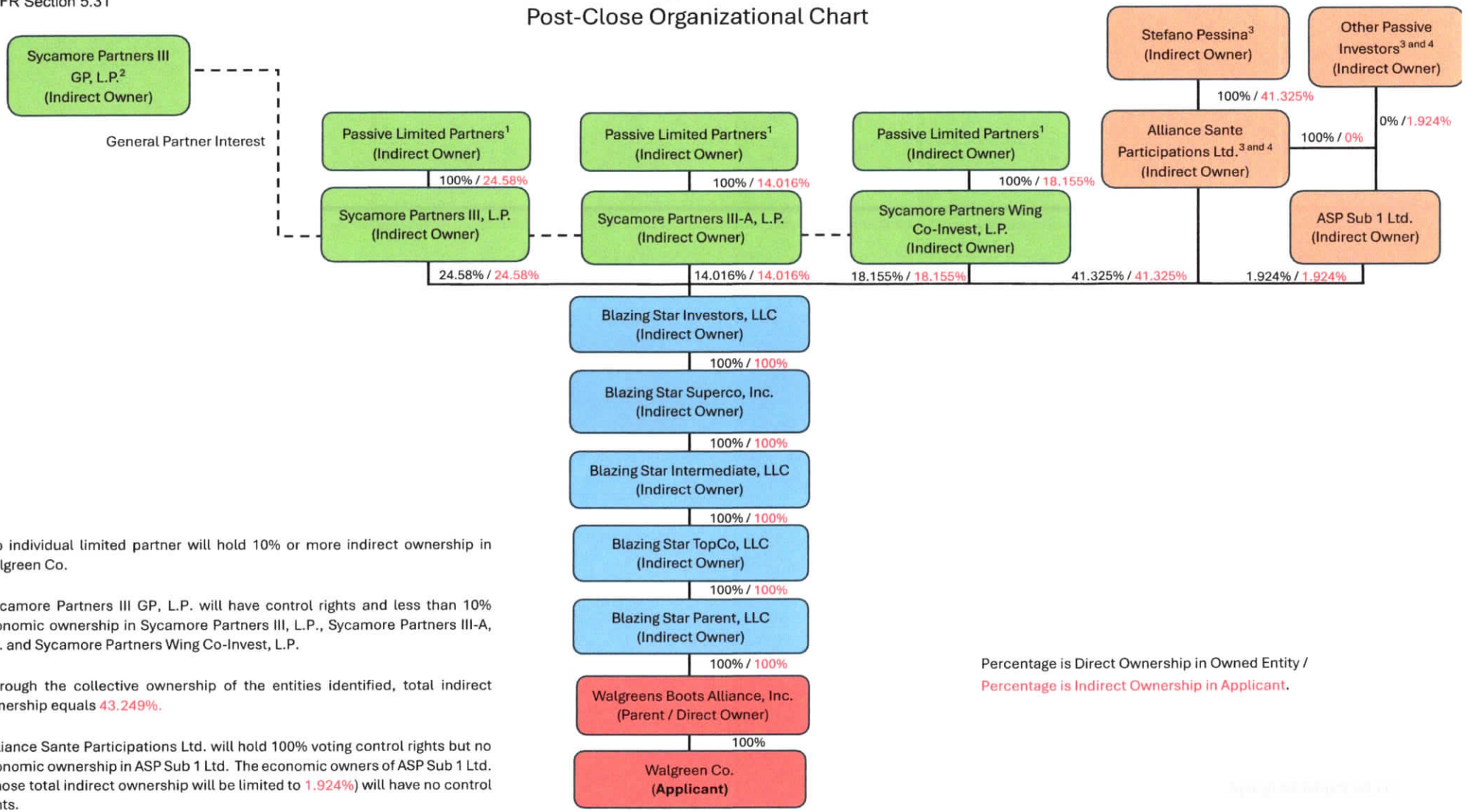
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

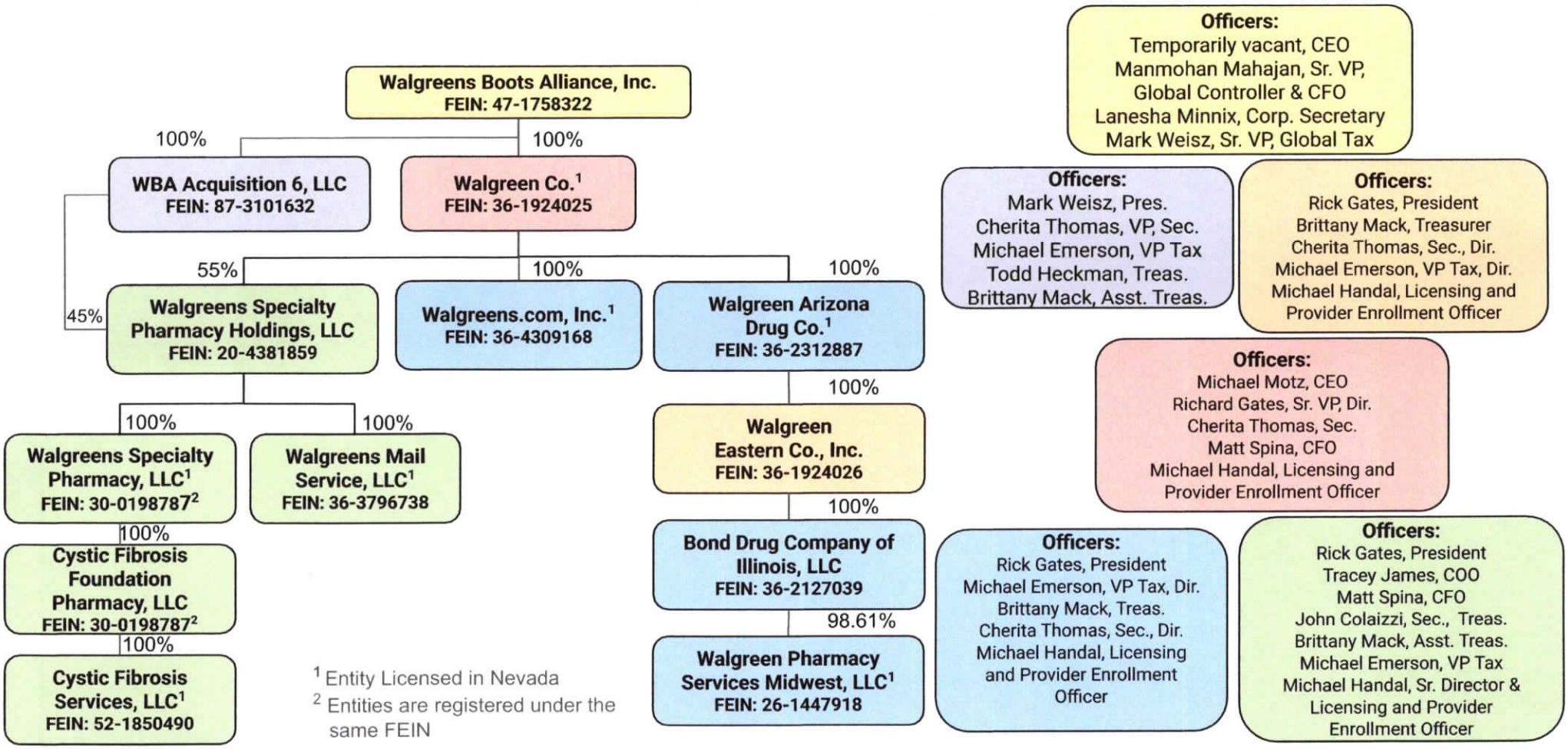
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4MMMMM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01946	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW8969341 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02662

Physical Address: 12645 S VIRGINIA ST

City: RENO State: NV Zip: 89511-4803

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)853-9887 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)853-9885 Contact Email: rxm.02662@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): DANIELLE DULISSE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19906

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: DANIELLE DULISSE	NV Pharmacist Registration #: 19906
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JPB-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DANIELLE DULISSE Pharmacist Registration #: 19906

Pharmacy Name: WALGREENS #02662

Initial each statement below to indicate you have read and agree with the following:

DSD — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DSD — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DSD — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DSD — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DSD — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Danielle Suzanne Dulisse

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ANDREW P. WRIGHT, R.Ph.
Certificate of Registration No. 12439

Case Number 05-051-RPH-N

WALGREENS #02662
Certificate of Registration No: PH01946

Case Number 05-051-PH-N

Respondents.

/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Andrew P. Wright is a pharmacist licensed by the Board and Respondent Walgreens #02662 is a pharmacy licensed by the Board, located at 12645 South Virginia Street, Reno, Nevada.

II.

On or about November 14, 2005 Patient G telephoned Walgreens #02662 for refills on four prescriptions. (Diclofenac sodium 100 mg. ER tablets, levothyroxine 0.075 mg. tablets, cyclobenzaprine 10 mg. tablets, and hydrocodone/APAP 5 mg./500 mg. tablets.)

III.

Later that same day, Patient G used the drive-up window at Walgreens #02662 to pick up her refill prescriptions. Patient G was given a stapled bag that identified the contents as diclofenac, levothyroxine and cyclobenzaprine. The pharmacist explained to Patient G that her prescription for hydrocodone was not included because the refill request had not yet been approved by her physician.

IV.

When Patient G arrived home she discovered that she did not have the refill for diclofenac as indicated on the bag, however the pharmacy had included the refill that had not yet been approved by her physician for hydrocodone. The hydrocodone refill prescription was approved by Patient G's physician four days after it was dispensed.

FIRST CAUSE OF ACTION

V.

In dispensing Patient G's hydrocodone prescription prior to authorization by her physician and failing to dispense Patient G's diclofenac prescription as authorized, Mr. Wright violated NRS 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1)(i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the error took place, Walgreens #02662 violated NRS 639.210(4) and NAC 639.945 (1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 5th day of July, 2006.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ANDREW P. WRIGHT, R.Ph.,
Certificate of Registration #12439,

Case No. 05-051-RPH-N

WALGREENS #02662,
Certificate of Registration #PH01946,

Case No. 05-051-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 6, 2006 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, the parties agreed that Respondents would not contest the facts as plead in the Notice of Intended Action and Accusation. Based upon this agreement, Board Staff presented no testimony or evidence. Respondents presented the testimony of Andrew Wright and Robby Jacobs. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On November 14, 2005, Patient G telephoned Walgreens #02662 for refills on her four prescriptions (diclofenac sodium 100 mg. ER tablets, levothyroxine 0.075 mg. tablets, cyclobenzaprine 10 mg. tablets, and hydrocodone/APAP 5 mg./500 mg.

tablets). Of the four, only the hydrocodone/APAP prescription required refill authorization from Patient G's physician before it could be refilled.

3. When Patient G picked up the prescriptions at the drive-up window at Walgreens #02662, she was given a stapled bag that identified the contents as the three prescriptions other than the hydrocodone/APAP prescription. The pharmacist at Walgreens #02662 explained to Patient G that the hydrocodone/APAP prescription could not yet be dispensed because the pharmacy was waiting on physician authorization for the refill.

4. When Patient G arrived home, she discovered that she did not have the refill for diclofenac as indicated on the bag, but she did have the refill for the hydrocodone/APAP, which refill had not yet been approved by the physician.

5. At hearing, Mr. Wright and Mr. Jacobs explained that Walgreens' policy is to pre-fill refills that are awaiting physician approval and to keep those pre-filled prescriptions in a "quarantine" area, usually a drawer, until the physician authorization is received. Under questioning from the Board, Mr. Jacobs claimed that pre-filling prescriptions saved the pharmacist time, although the amount of time saved was only the time needed to fill the prescription. In the case of Patient G's prescriptions, this policy was followed, meaning that the hydrocodone/APAP prescription was filled along with Patient G's other three prescriptions and that the hydrocodone/APAP prescription was supposed to have been put into the "quarantine" drawer. The dispensing of the hydrocodone/APAP prescription to Patient G was the result of placing the wrong prescription in the "quarantine" drawer. Walgreens #02662 did not receive authorization from Patient G's physician for the refill of the hydrocodone/APAP prescription until four days after it was erroneously dispensed.

6. Patient G suffered no harm other than inconvenience resultant from the erroneous dispensing of the hydrocodone/APAP prescription before Walgreens #02662 had received physician authorization for the dispensing.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Wright is a pharmacist licensed by the Board and Walgreens #02662 is a pharmacy licensed by the Board.

2. By dispensing to Patient G a refill of a hydrocodone/APAP prescription prior to receiving authorization to do so from her physician and by failing to dispense to Patient G a refill of her diclofenac prescription as was authorized, Mr. Wright violated NRS 639.210(4) and NAC 639.945(1)(i).

3. In owning and operating the pharmacy in which Mr. Wright committed the errors regarding Patient G's prescriptions, Walgreens #02662 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wright and Walgreens #02662 shall each receive a letter of reprimand.

2. Walgreens #02662 shall pay the Board's costs and attorney's fees of $255.00 and the Board's administrative fee of $295.00, for a total of $550.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

3. The failure by Mr. Wright to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to

and including revocation of the his license. The failure by Walgreens #02662 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed this 1st day of October, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

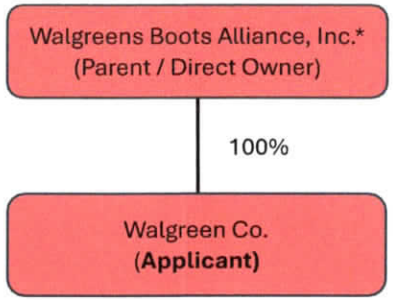
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

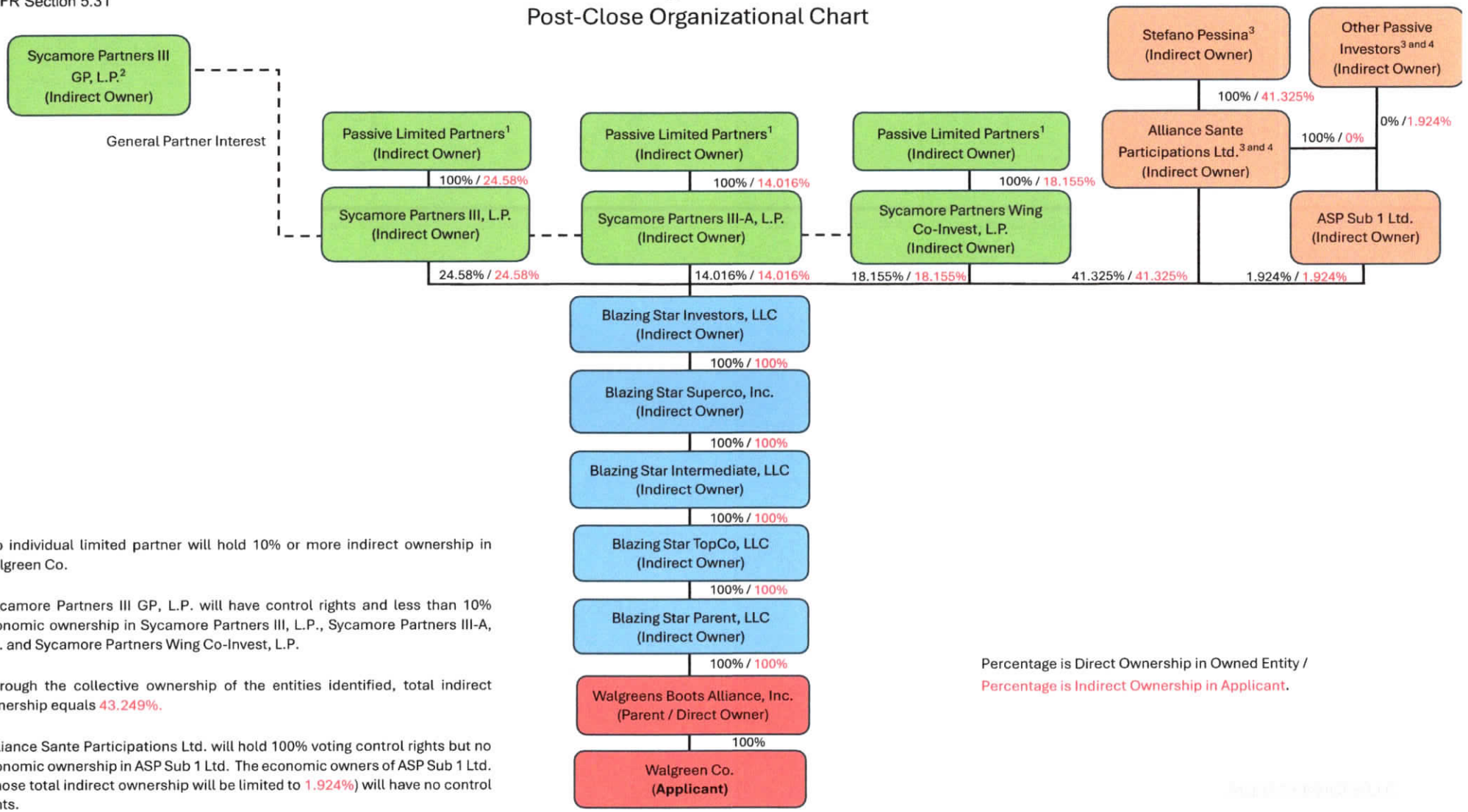
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

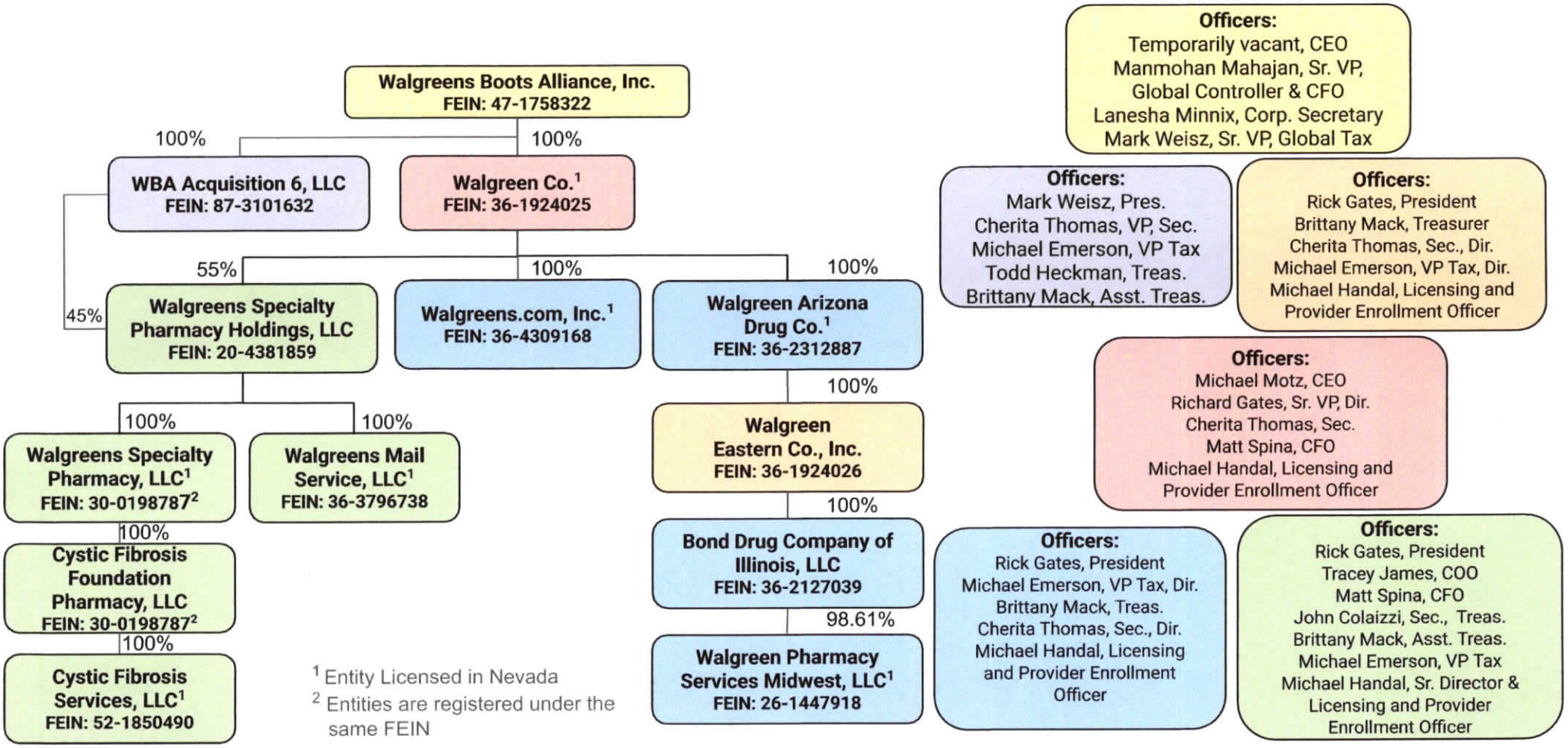
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4NNNNN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01359	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: BW6227234 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #04789

Physical Address: 3495 S VIRGINIA ST

City: RENO State: NV Zip: 89502-4503

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)824-0802 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)824-0808 Contact Email: rxm.04789@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): PHUONGQUYNH DOAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18605

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: PHUONGQUYNH DOAN	NV Pharmacist Registration #: 18605
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 - C/K JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: PHUONGQUYNH DOAN Pharmacist Registration #: 18605

Pharmacy Name: WALGREENS #04789

Initial each statement below to indicate you have read and agree with the following:

P.tq. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

P.tq. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

P.tq. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

P.tq. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

P.tq. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PHUONGQUYNH DOAN

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #04789
Certificate of Registration No. PH01359,

Case No. 06-028A-PH-N

WALGREENS #05295
Certificate of Registration No. PH01687

Case No. 06-028B-PH-N

WALGREENS CO.,
Owner of Walgreens #04789 & #05295,

Case No. 06-028C-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada, Walgreens #05295 is a pharmacy licensed by the Board, located at 750 North Virginia Street, Reno, Nevada, and Walgreens Co. is a publicly-traded corporation that owns and operates Walgreens #04789 and #05295.

II.

On January 26, 2006, Patient B had arthroscopic knee surgery and was discharged the same day with a prescription in the form of a discharge order from

Dr. Digby Preston for Norco 10/325 #40. The prescription clearly stated that there were zero (0) refills. Patient B took his Norco prescription to Walgreens #05295 on January 26, 2006 to have it filled. The prescription was filled that day by pharmacist John Luther as Rx #355481-05295. The prescription label for Rx #355481-05295 created by the computer system of Walgreens #05295 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED."

III.

On January 30, 2006 an unidentified Walgreens employee generated a new prescription number for Patient B for Norco 10/325 (Rx #356319-05295) and entered it as an "ADD REFILL" into the computer system for Walgreens #05295.

IV.

On February 4, 2006, Walgreens #05295 filled Rx #356319-05295. The prescription label for Rx #356319-05295 generated by the computer system at Walgreens #05295 stated: "5 REFILLS BEFORE 07/31/06." The prescription label also contained a box in which was stated: "Rx info – Rx# 255481-5295 on 01/30/2006 by JWL." Board Staff's investigation showed that there was no knowledge of or authorization by Dr. Preston or any other prescribing practitioner prior to the creation of or filling of Rx #356319-05295. Reportedly, this prescription was never picked up and was eventually returned to stock, though this could not be verified through records maintained at Walgreens #05295.

V.

On February 9, 2006, Mr. Luther entered into the computer system that six refills had been authorized by "MDFAX" for Rx #356319-05295. Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or

had approved any refills of either Rx #355481-05295 or Rx #356319-05295. Neither Mr. Luther nor any other employee of Walgreens #05295 could produce any proof that Dr. Preston had authorized the six refills for Rx #356319-05295, nor could anybody at Walgreens #05295 explain who placed the "ADD REFILL" notation in the computer system for Walgreens #05295 on January 30, 2006.

VI.

On March 20, 2006, Rx #356319-05295 was transferred to Walgreens #04789. A new prescription number, Rx #582580-04789 was generated at that time. The label generated for Rx #582580-04789 by the computer system at Walgreens #04789 when the prescription was first filled on March 20, 2006 stated: "5 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx transferred from Rx# 356319-5295 on 03/20/2006; RPh Ints: JWL." Based on Rx #582580-04789, Patient B obtained refills from Walgreens #04789 on March 20, 2006, March 23, 2006, and March 29, 2006.

VII.

On April 1, 2006, Walgreens substituted generic hydrocodone/APAP 10/325 for Norco 10/325 for Patient B, and a new prescription number, Rx #585742-04789, was generated. The label generated for Rx #585742-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 1, 2006 stated: "2 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx created from Rx# 582580-5295 on 04/01/2006 by PDB." Walgreens #04789 dispensed one filling of Rx #585742-04789 to Patient B on April 1, 2006.

VIII.

On April 4, 2006, a new prescription number for Patient B for hydrocodone/APAP

10/325 was generated (Rx #586445-04789) at Walgreens #04789. The label generated for Rx #586445-04789 by the computer system at Walgreens #04789 when the prescription was first filled on April 4, 2006 stated: "2 REFILLS BEFORE 10/03/06," and also contained a box in which it stated: "Rx created from Rx# 582580-4789 on 04/04/2006 by TEK." Based on Rx #586445-04789, Walgreens #04789 dispensed refills for hydrocodone/APAP 10/325 #40 to Patient B on April 5, 2006 and April 10, 2006.

IX.

During Board Staff's investigation, nobody at Walgreens #04789 could explain (1) why Rx #586445-04789 was created, (2) who created it, (3) by whose authorization it was created, (4) why it referred back to Rx #582580-04789 rather than to Rx #585742-04789, (5) why it contained more refills than would by that time be authorized by law, and (6) why the date by which the refills were to be completed was changed from 7/31/06 to 10/3/06. Board Staff's investigation showed that Dr. Preston was not aware of and did not authorize Rx #586445-04789 or any refills of Patient B's Norco prescription.

X.

On April 17, 2006, Walgreens #04789 created for Patient B a new prescription number, Rx #589417-04789, again for Norco 10/325 #40. The label generated for Rx #589417-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 586445-4789 on 04/17/2006 by SEF." Based on Rx #589417-04789, Walgreens #04789 dispensed one filling of Norco 10/325 #40 to Patient B on April 17, 2006.

XI.

Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #589417-04789 for Patient B. Nobody at Walgreens #04789 could explain why Rx #589417-04789 was created or upon whose authorization.

XII.

On the morning of April 21, 2006, an unknown Walgreens employee faxed a "Prescription Request" form to Dr. Preston's office referencing a new prescription number, Rx #590330-04789, for Norco for Patient B. The "Prescription Request" form indicated that the prescription had last been refilled on April 17, 2006. Shortly after receipt of the "Prescription Request" form on or about April 21, 2006, Alissa Gabica, medical assistant to Dr. Digby Preston, called Walgreens #04789 to advise them that Patient B should not have received any refills of Norco and that he was not to receive any further fills without authorization.

XIII.

On an unknown date and time by an unknown person at Walgreens #04789, Rx #590330-04789 and its history were deleted from the computer system at Walgreens #04789. No trace of the prescription input remained in Patient B's profile. The only indication that the number existed was in the faxed "Prescription Request" form sent to the doctor's office and an unhelpful entry in the refill center screen of the TeamRx software at Walgreens #04789.

XIV.

On May 9, 2006, a new prescription number, Rx #594849-04789, was generated for Patient B for Norco 10/325 #40. The label generated for Rx #594849-04789 by the

computer system at Walgreens #04789 when the prescription was first filled on May 9, 2006 stated: "1 REFILL BEFORE 07/31/06," and also contained a box in which it was stated: "Rx created from Rx# 585742-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed refills for Norco 10/325 #40 to Patient B on May 9, 2006 and for Norco 10/325 #28 on May 14, 2006.

XV.

Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #594849-04789 for Patient B, particularly since the prescription was created by Walgreens #04789 after Ms. Gabica had specifically informed employees at Walgreens #04789 that Patient B was not to receive any new or refilled prescriptions from Norco. Nobody at Walgreens #04789 could explain why Rx #594849-04789 was created or upon whose authorization.

XVI.

On May 17, 2006, Walgreens #04789 generated a new prescription number, Rx #596685-04789, for Patient B for generic hydrocodone/APAP 10/325 #40. The label generated for Rx #596685-04789 by the computer system at Walgreens #04789 when the prescription was filled on May 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 594849-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed hydrocodone 10/325 #40 to Patient B on May 17, 2006.

XVII.

Board Staff's investigation showed that neither Dr. Preston nor any other

prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #596685-04789 for Patient B. Nobody at Walgreens #04789 could explain why Rx #596685-04789 was created or upon whose authorization.

XIX.

Through the above course of conduct, Walgreens Co, Walgreens #05295 and Walgreens #04789 dispensed to Patient B eleven prescriptions for a total of 428 dosage units of Norco or generic hydrocodone 10/325 through the use of eight different prescription numbers over a four month period where only one fill for Norco 10/325 #40, the first fill on January 26, 2006, was actually authorized by Dr. Preston. Worse, three of the fills, for a total of 108 dosage units, occurred after Dr. Preston's office told Walgreens #04789 that none of the previous refills were authorized and that they were not authorized to create any additional prescriptions or refills.

FIRST CAUSE OF ACTION

XX.

By filling a Norco 10/325 #40 prescription (Rx #356319-05295) for Patient B on February 4, 2006 where the existing prescription (Rx #355481-05295) specifically stated that no refills were authorized and prior to receiving any other authorization from any prescribing practitioner, Walgreens #05295 violated Nevada Revised Statutes (NRS) 639.210(4), 639.2393(3), and 639.2396 and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

SECOND CAUSE OF ACTION

XXI.

By creating and adding six total fills to a Norco 10/325 #40 prescription for Patient B (Rx #356319-05295) on February 9, 2006 where the underlying prescription

lacked prescriber authorization and where the additional fills were not authorized by the prescriber (Dr. Preston), Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

THIRD CAUSE OF ACTION

XXII.

By failing to keep any record or other evidence regarding the disposition of the prescription it filled for Norco 10/325 #40 for Patient B on February 4, 2006 (Rx #356319-05295), including any record of whether the prescription had been returned to stock, Walgreens #05295 violated NRS 639.210(4) and NAC 639.935(3)(g)(2).

FOURTH CAUSE OF ACTION

XXIII.

By failing to decrement a refill of a prescription in its computer system or otherwise, namely by showing the two refills were still available on Rx #586445-04789 when, in fact, the preceding prescription to which it referred, Rx #585742-04789, had already been filled once and, thus, only one refill remained, thereby creating on additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

FIFTH CAUSE OF ACTION

XXIV.

By filling a refill of Rx #586445-04789 for generic hydrocodone/APAP 10/325 #40 for Patient B on April 10, 2006, thus filling the original prescription more than the original fill and five refills, Walgreens #04789 violated NRS 639.210(4) and 639.2393(1) and NAC 639.945(1)(d) and (i) and (2).

SIXTH CAUSE OF ACTION

XXV.

By failing to keep an accurate record in its computer system regarding Rx #586445-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, why the prescription did not refer back to the immediately preceding prescription, why the number of refills exceeded the original putative authorization and Nevada law, and why the date by which the refills were to be provided was changed from 7/31/06 to 10/3/06 – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(l) and (2).

SEVENTH CAUSE OF ACTION

XXVI.

By failing to keep an accurate record in its computer system regarding Rx #590330-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and who deleted the prescription from the pharmacy's computer system – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(l) and (2).

EIGHTH CAUSE OF ACTION

XXVII.

By creating Rx #594849-04789 for Norco 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #594849-04789 twice, on May 9, 2006 (#40) and on May 13, 2006 (#28), Walgreens

#04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2). Each filling of Rx #594849-04789 constitutes a separate violation that may be subject to separate and individual discipline.

NINTH CAUSE OF ACTION

XXVIII.

By failing to keep an accurate record in its computer system regarding Rx #594849-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and why the prescription refers to a prescription three prescriptions earlier rather than the immediately preceding prescription – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

TENTH CAUSE OF ACTION

XXIX.

By creating Rx #596685-04789 for generic hydrocodone 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #596685-04789 on May 17, 2006, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2).

ELEVENTH CAUSE OF ACTION

XXX.

By failing to decrement a refill of a prescription in its computer system or otherwise, namely by creating Rx #596685-04789 as cross-referenced to Rx #594849-04789 when, in fact, Rx #594849-04789 had already been filled twice and, thus, by its

own terms no refills remained, thereby creating on additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

TWELFTH CAUSE OF ACTION

XXXI.

By failing to keep an accurate record in its computer system regarding Rx #596685-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and why the prescription refers to a prescription as a cross-reference on which no additional fills remained – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

THIRTEENTH CAUSE OF ACTION

XXXII.

By operation of the inadequate computer system and inadequate policies and procedures, Patient B obtained eleven prescription fills for Norco or generic hydrocodone 10/325 over a four month period accounting for a total of 428 dosage units – including three fills on two prescriptions for a total of 108 dosage units after Dr. Preston's office expressly informed Walgreens #04789 that no previous refills had been authorized and that no future fills or refills were authorized – where Patient B's prescribing practitioner, Dr. Preston, had only authorized one fill for a total of 40 dosage units, Walgreens Co, Walgreens #05295, and Walgreens #04789 violated NRS 639.210(4) and NAC 639.945(2) and all previous violations cited in the preceding twelve causes of action.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 4th day of August, 2006.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

WALGREENS #04789
Certificate of Registration No. PH01359,

Case No. 06-028A-PH-N

WALGREENS #05295
Certificate of Registration No. PH01687

Case No. 06-028B-PH-N

WALGREENS CO.,
Owner of Walgreens #04789 & #05295,

Case No. 06-028C-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 6, 2006 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board Staff presented the testimony of Alissa Gabica and Joseph Depczynski, and Respondents presented the testimony of Eman Gobran and Robby Jacobs. Board Staff presented two exhibits, one that was accepted into evidence and the other that was referred to for demonstrative purposes and Respondents presented one exhibit that was accepted into evidence. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On January 26, 2006, Patient B had arthroscopic knee surgery and was discharged the same day with a prescription in the form of a discharge order from Dr. Digby Preston for Norco 10/325 #40. The prescription clearly stated that there were zero (0) refills. Patient B took his Norco prescription to Walgreens #05295 on January 26, 2006 to have it filled. The prescription was filled that day by pharmacist John Luther as Rx #355481-05295. The prescription label for Rx #355481-05295 created by the computer system of Walgreens #05295 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED."

3. On January 30, 2006 an unidentified Walgreens employee generated a new prescription number for Patient B for Norco 10/325 (Rx #356319-05295) and entered it as an "ADD REFILL" into the computer system for Walgreens #05295.

4. On February 4, 2006, Walgreens #05295 filled Rx #356319-05295. The prescription label for Rx #356319-05295 generated by the computer system at Walgreens #05295 stated: "5 REFILLS BEFORE 07/31/06." The prescription label also contained a box in which was stated: "Rx info – Rx# 255481-5295 on 01/30/2006 by JWL." Board Staff's investigation showed that there was no knowledge of or authorization by Dr. Preston or any other prescribing practitioner prior to the creation of or filling of Rx #356319-05295. Reportedly, this prescription was never picked up and was eventually returned to stock, though this could not be verified through records maintained at Walgreens #05295.

5. On February 9, 2006, Mr. Luther entered into the computer system that six refills had been authorized by "MDFAX" for Rx #356319-05295. Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or had approved any refills of either Rx #355481-05295 or Rx #356319-

05295. Neither Mr. Luther nor any other employee of Walgreens #05295 could produce any proof that Dr. Preston had authorized the six refills for Rx #356319-05295, nor could anybody at Walgreens #05295 explain who placed the "ADD REFILL" notation in the computer system for Walgreens #05295 on January 30, 2006.

6. At hearing, Ms. Gabica testified that she was the person in Dr. Preston's office who was authorized to call in or otherwise handle prescriptions and prescription refill authorizations and that she always recorded such authorizations in the charts maintained in Dr. Preston's office. Ms. Gabica testified that Dr. Preston did not authorize the six refills that appeared in the Walgreens #05295 computer system. Ms. Gabica further testified that neither she nor Dr. Preston were even aware of the refill authorizations and that that number of refills were never authorized by Dr. Preston for any patients, including Patient B. Regarding Patient B, it was Ms. Gabica's and Dr. Preston's understanding that with the exception of the initial prescription for Norco, the remainder of Patient B's pain medications were to be Lortab 7.5, which prescriptions were, in fact, authorized by and known to Ms. Gabica and Dr. Preston. At all times, we found Ms. Gabica's testimony to be credible, authoritative, and informative.

7. On March 20, 2006, Rx #356319-05295 was transferred to Walgreens #04789. A new prescription number, Rx #582580-04789 was generated at that time. The label generated for Rx #582580-04789 by the computer system at Walgreens #04789 when the prescription was first filled on March 20, 2006 stated: "5 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx transferred from Rx# 356319-5295 on 03/20/2006; RPh Ints: JWL." Based on Rx #582580-04789, Patient B obtained refills from Walgreens #04789 on March 20, 2006, March 23, 2006, and March 29, 2006.

8. On April 1, 2006, Walgreens substituted generic hydrocodone/APAP 10/325 for Norco 10/325 for Patient B, and a new prescription number, Rx #585742-04789, was generated. The label generated for Rx #585742-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 1, 2006 stated: "2 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx created from Rx# 582580-5295 on 04/01/2006 by PDB." Walgreens #04789 dispensed one filling of Rx #585742-04789 to Patient B on April 1, 2006.

9. On April 4, 2006, a new prescription number for Patient B for hydrocodone/APAP 10/325 was generated (Rx #586445-04789) at Walgreens #04789. The label generated for Rx #586445-04789 by the computer system at Walgreens #04789 when the prescription was first filled on April 4, 2006 stated: "2 REFILLS BEFORE 10/03/06," and also contained a box in which it stated: "Rx created from Rx# 582580-4789 on 04/04/2006 by TEK." Based on Rx #586445-04789, Walgreens #04789 dispensed refills for hydrocodone/APAP 10/325 #40 to Patient B on April 5, 2006 and April 10, 2006.

10. At hearing, neither Ms. Gobran nor Mr. Jacobs could explain (1) why Rx #586445-04789 was created, (2) who created it, (3) by whose authorization it was created, (4) why it referred back to Rx #582580-04789 rather than to Rx #585742-04789, (5) why it contained more refills than would by that time be authorized by law, and (6) why the date by which the refills were to be completed was changed from 7/31/06 to 10/3/06. Ms. Gabica clearly testified that Dr. Preston was not aware of and did not authorize Rx #586445-04789 or any of the other refills of Patient B's Norco prescription.

11. On April 17, 2006, Walgreens #04789 created for Patient B a new prescription number, Rx #589417-04789, again for Norco 10/325 #40. The label generated for Rx #589417-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 586445-4789 on 04/17/2006 by SEF." Based on Rx #589417-04789, Walgreens #04789 dispensed one filling of Norco 10/325 #40 to Patient B on April 17, 2006. At hearing, neither Ms. Gobran nor Mr. Jacobs could explain why Rx #589417-04789 was created or upon whose authorization.

12. On the morning of April 21, 2006, an unknown Walgreens employee faxed a "Prescription Request" form to Dr. Preston's office referencing a new prescription number, Rx #590330-04789, for Norco for Patient B. The "Prescription Request" form indicated that the prescription had last been refilled on April 17, 2006. Shortly after receipt of the "Prescription Request" form on or about April 21, 2006, Ms. Gabica called Walgreens #04789 to advise them that Patient B should not have received any refills of Norco and that he was not to receive any further fills without authorization. Ms. Gabica testified that she was particularly concerned about the refill request form because it indicated that the last refill had been on April 17, 2006, and she knew that no refills had ever been authorized for Patient B for Norco at any time since the original prescription had been issued. Ms. Gabica also testified that at the time she spoke with employees at Walgreens #04789 she informed them that Dr. Preston would not authorize the refill requested and that the pharmacy was not to fill any additional refills or prescriptions for hydrocodone for Patient B after that date.

13. On an unknown date and time by an unknown person at Walgreens #04789, Rx #590330-04789 and its history were deleted from the computer system at Walgreens #04789. No trace of the prescription input remained in Patient B's profile. The only indication that the number existed was in the faxed "Prescription Request" form sent to the doctor's office and an unhelpful entry in the refill center screen of the TeamRx software at Walgreens #04789.

14. On May 9, 2006, a new prescription number, Rx #594849-04789, was generated for Patient B for Norco 10/325 #40. The label generated for Rx #594849-04789 by the computer system at Walgreens #04789 when the prescription was first filled on May 9, 2006 stated: "1 REFILL BEFORE 07/31/06," and also contained a box in which it was stated: "Rx created from Rx# 585742-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed refills for Norco 10/325 #40 to Patient B on May 9, 2006 and for Norco 10/325 #28 on May 14, 2006.

15. Ms. Gabica testified that neither she nor Dr. Preston knew about or approved the creation, filling, and dispensing of Rx #594849-04789 for Patient B, particularly since the prescription was created by Walgreens #04789 after Ms. Gabica had specifically informed employees at Walgreens #04789 that Patient B was not to receive any new or refilled prescriptions from Norco. Nobody at Walgreens #04789 could explain why Rx #594849-04789 was created or upon whose authorization.

16. On May 17, 2006, Walgreens #04789 generated a new prescription number, Rx #596685-04789, for Patient B for generic hydrocodone/APAP 10/325 #40. The label generated for Rx #596685-04789 by the computer system at Walgreens #04789 when the prescription was filled on May 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx

created from Rx# 594849-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed hydrocodone 10/325 #40 to Patient B on May 17, 2006.

17. Ms. Gabica testified that neither she nor Dr. Preston knew about or approved the creation, filling, and dispensing of Rx #596685-04789 for Patient B. Neither Ms. Gobran nor Mr. Jacobs could explain why Rx #596685-04789 was created or upon whose authorization.

18. Through the above course of conduct, Walgreens Co, Walgreens #05295 and Walgreens #04789 dispensed to Patient B eleven prescriptions for a total of 428 dosage units of Norco or generic hydrocodone 10/325 through the use of eight different prescription numbers over a four month period where only one fill for Norco 10/325 #40, the first fill on January 26, 2006, was actually authorized by Dr. Preston. Three of the fills, for a total of 108 dosage units, occurred after Ms. Gabica specifically instructed Walgreens #04789 that none of the previous refills were authorized and that they were not authorized to create any additional prescriptions or refills.

19. Ms. Gobran testified that Walgreens policy did not require the keeping of facsimile prescription forms or facsimile refill authorizations. She explained that Walgreens' computer system contained an automated refill authorization protocol by which the computer system would automatedly send a facsimile refill authorization to a practitioner when a refill authorization was deemed necessary by a pharmacist. The automated facsimile refill authorization could be manually overridden by a pharmacist. Ms. Gobran explained that a facsimile authorization that was transmitted back to a pharmacy could easily be scanned into the pharmacy's computer system like any other prescription.

20. Ms. Gobran could not definitively explain any of the course of conduct regarding Patient B's Norco and generic Norco prescriptions discussed in the preceding paragraphs. Ms. Gobran explained that the best she could do was assume that Walgreens' policies and procedures were followed even though Walgreens' own records seemed to demonstrate otherwise. Neither Ms. Gobran nor Mr. Jacobs could explain or produce proof to refute Ms. Gabica's testimony that none of the refills or new prescriptions involved in this matter were known to or were authorized by Dr. Preston.

21. Mr. Jacobs explained that Walgreens' computer system had no capability to identify whether a prescription had been returned to stock. Walgreens' policy allows for the pre-filling of prescriptions while awaiting physician authorization, and such pre-filled prescriptions are kept in a "quarantine" drawer until authorization is received. If authorization is not received for a "quarantined" pre-filled prescription, or if a patient does not pick up a filled prescription, then the prescription is returned to stock, but no record is made, either on paper or in the pharmacy's computer system, that the prescription was returned to stock.

22. Mr. Jacobs also explained that Walgreens' computer system did not record whether an automatedly generated facsimile refill authorization request was actually sent or received. The indication of "MDFAX" in the computer record, therefore, was no actual indicator of whether the facsimile had been sent or been received by the physician's office.

23. Neither Ms. Gobran nor Mr. Jacobs could explain what actually happened regarding Patient B's Norco and generic Norco prescriptions. Both guessed that certain things may have happened or must have happened to explain the course of conduct, but neither could offer any proof.

24. In the end, the Board was left with a clear record of ten refills and new prescriptions for a schedule III controlled substances, Norco and generic Norco, for Patient B that were not authorized by Dr. Preston. Walgreens presented no evidence to refute this clear record. While we appreciate Ms. Gobran's and Mr. Jacob's surmises as to what may have happened, we must base our ruling upon facts, and the facts, mostly Walgreens' own records, show that none of the ten refills or new prescriptions dispensed to Patient B beyond the original prescription were known to or authorized by Dr. Preston. Thus, Patient B received months' worth of duplicative hydrocodone prescriptions (since Patient B was also receiving Lortab 7.5 mg. prescriptions throughout the same time period) about which Patient B's treating physician had no knowledge. Worse yet, even after Dr. Preston's office indicated that the duplicative prescriptions were no longer authorized and must cease, Walgreens #04789 dispensed three more prescriptions totaling 108 dosage units anyway. Though such conduct did not cause any known harm to Patient B in this matter, such loose practices and recordkeeping is ripe for either abuse or harm and cannot continue.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada, Walgreens #05295 is a pharmacy licensed by the Board, located at 750 North Virginia Street, Reno, Nevada, and Walgreens Co. is a publicly-traded corporation that owns and operates Walgreens #04789 and #05295.

2. By filling a Norco 10/325 #40 prescription (Rx #356319-05295) for Patient B on February 4, 2006 where the existing prescription (Rx #355481-05295) specifically

stated that no refills were authorized and prior to receiving any other authorization from any prescribing practitioner, Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

3. By creating and adding six total fills to a Norco 10/325 #40 prescription for Patient B (Rx #356319-05295) on February 9, 2006 where the underlying prescription lacked Dr. Preston's authorization and where the additional fills were not authorized by Dr. Preston, Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

4. By failing to keep any record or other evidence regarding the disposition of the prescription it filled for Norco 10/325 #40 for Patient B on February 4, 2006 (Rx #356319-05295), including any record of whether the prescription had been returned to stock, Walgreens #05295 violated NRS 639.210(4) and NAC 639.935(3)(g)(2).

5. By failing to decrement a refill of a prescription in its computer system or otherwise, namely by showing the two refills were still available on Rx #586445-04789 when, in fact, the preceding prescription to which it referred, Rx #585742-04789, had already been filled once and, thus, only one refill remained, thereby creating an additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

6. By filling a refill of Rx #586445-04789 for generic hydrocodone/APAP 10/325 #40 for Patient B on April 17, 2006, thus filling the original prescription more than the original fill and five refills, Walgreens #04789 violated NRS 639.210(4) and 639.2393(1) and NAC 639.945(1)(d) and (i) and (2).

7. By failing to keep an accurate record in its computer system regarding Rx #586445-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

8. By failing to keep an accurate record in its computer system regarding Rx #590330-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

9. By creating Rx #594849-04789 for Norco 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #594849-04789 twice, on May 9, 2006 (#40) and on May 13, 2006 (#28), Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2). Each filling of Rx #594849-04789 constitutes a separate violation that may be subject to separate and individual discipline.

10. By failing to keep an accurate record in its computer system regarding Rx #594849-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

11. By creating Rx #596685-04789 for generic hydrocodone 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #596685-04789 on May 17, 2006, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2).

12. By failing to decrement a refill of a prescription in its computer system or otherwise, namely by creating Rx #596685-04789 as cross-referenced to Rx #594849-04789 when, in fact, Rx #594849-04789 had already been filled twice and, thus, by its own terms no refills remained, thereby creating an additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

13. By failing to keep an accurate record in its computer system regarding Rx #596685-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #04789 and Walgreens #05295 shall jointly and severally pay a fine of $24,000.00 ($2,000 per cause of action for each of the twelve causes of action for which violations were found) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #04789 and Walgreens #05295 shall jointly and severally pay the Board's costs and attorney's fees and the Board's administrative fee of $295.00. Once the total costs and attorney's fees have been determined by Board Staff and approved by the Board's President, Board Staff shall send a notice to Walgreens #04789 and Walgreens #05295 explaining the total amount due under this paragraph. The payment of the fees and costs under this paragraph will thereafter be due by cashier's or certified

check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the date of Board Staff's notice.

3. Walgreens #04789 and Walgreens #05295 shall each be on probation for two years commencing on the effective date of this Order according to the following terms and conditions:

a. Walgreens #04789 and Walgreens #05295 shall keep a copy of all facsimiles regarding new prescriptions and refills received by the pharmacies in their respective records. Each pharmacy may satisfy this condition by either keeping a paper copy of the record in the prescription files of the pharmacy or by scanning the facsimile into the pharmacy's computer system as part of the computerized record for that patient and prescription.

b. Walgreens #04789 and Walgreens #05295 shall audit their respective computer systems for the period of January 1, 2006 through the date of the audit. The intent of the audit is to determine if either pharmacy has other prescriptions or chains of prescriptions similar to the prescription and chain of prescriptions in this case where prescriptions have refills added or have their numbers changed so that more of a drug is dispensed than was authorized by a practitioner. In furtherance of the intent of the audit, the Board asked that a report be prepared from each pharmacy's computer system that contains all prescription records where the following elements are common:

(1) The field in which the name of the person to whom the pharmacy staff would have spoken about practitioner authorization for a new prescription or refill of an existing prescription does not contain any data;

(2) The automated facsimile feature has been manually disabled or was never enabled; and

(3) The prescription was terminated and then reactivated.

c. The audit should go beyond the specific report in subparagraphs (3)(b)(1), (2), and (3) for each pharmacy where such additional information is necessary to satisfy the intent of the audit.

d. The audit shall be completed and its findings shall be presented to Board Staff no later than January 2, 2007 so that the audits findings can be presented to and discussed by the Board at its regularly scheduled meeting on January 10 and 11, 2007 in Reno, Nevada. Representatives from Walgreens shall appear at the Board's meeting on January 10 and 11, 2007 at a time and date as later directed by Board Staff to discuss the audits' findings with the Board.

e. Walgreens #04789 and Walgreens #05295 shall comply with all laws related to the practice of pharmacy, whether state or federal and whether statutory or regulatory.

4. The failure by either Walgreens #04789 or Walgreens #05295 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 1st day of October, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

ANDREW P. WRIGHT, R.Ph.,
Certificate of Registration #12439,

Case No. 01-007A-RPH-N

WALGREENS #04789,
Certificate of Registration #PH01359,

Case No. 01-007B-PH-N

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on March 7, 2001 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Mr. Wright and Walgreens #04789 were represented by Robert Graham. Mr. Wright testified on his own behalf and was accompanied by George Flaherty, Pharmacy Manager for Walgreens. Mr. Wright also presented one document that was accepted into evidence. Based on the admission and presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Mr. Wright admitted that the facts as plead in the Notice of Intended Action and Accusation were true. Mr. Wright and Mr. Flaherty testified by way of explanation and mitigation. Based upon the admissions and testimony presented by Mr. Wright as well as the documents and public records in the possession of the Board, following are found to be the facts in this matter.

2. On January 2, 2001, Patient B requested a refill for Ditropan XL 10 mg. Patient B was a regular customer of Walgreens #04789 and had this prescription originally filled at this pharmacy. Mr. Wright refilled the prescription.

3. On January 2, 2001, the prescription was dispensed by Walgreens #04789 to Patient B and she began taking the medication as she normally had in the past. Patient B took the medication once per day for four days before being taken to the emergency room at St. Mary's Hospital on January 5th, 2001.

4. At St. Mary's Hospital, it was discovered that Patient B had received and had been taking Glucotrol XL 10 mg., not the Ditropan XL 10 mg. that had been ordered by Patient B's physician and for which the prescription had been labeled. Patient B was not a diabetic and had no medical need for Glucotrol XL 10 mg.

5. Patient B was hospitalized for two days to stabilize the dangerously low blood sugar levels that resulted from her taking Glucotrol XL 10 mg. for four days. It appeared that Patient B suffered no permanent medical harm as a result of her taking of the incorrect medication and subsequent hospitalization.

6. At hearing, Mr. Wright explained that he filled Patient B's prescription incorrectly and that he probably just saw the "XL" on the prescription and grabbed the Glucotrol XL 10 mg. to fill the prescription because that was the "XL" product he most commonly used. Mr. Wright appeared genuinely remorseful for his misfiling of Patient B's prescription.

7. At hearing, Mr. Flaherty explained that in the wake of the error involving Patient B's prescription, he instituted a new policy that will require that pharmacists overlap the final hour of the long shift of the type worked by Mr. Wright on the day that he committed the error regarding Patient B's prescription. This new policy, Mr. Flaherty hoped, would allow the two pharmacists to converse about the day's work and to double-check each other's work.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Wright is a pharmacist licensed by the Board and Walgreens #04789 is a pharmacy licensed by the Board.

2. In dispensing Patient B's prescription incorrectly by labeling the prescription for Ditropan XL 10 mg. but filling the vial with Glucotrol XL 10 mg., Mr. Wright violated NRS 639.210(4) and NAC 639.945(1)(i).

3. In owning and operating the pharmacy in which Mr. Wright was employed and in which the error by Mr. Wright took place, Walgreen #04789 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Wright shall pay a fine of $400, in cash, cashier's or certified check, or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order. Mr. Wright shall pay one-half the Board's costs of hearing and investigation ($340.00) plus one-half the Board's administrative fee ($250.00), for a total of $295.00, in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #04789 shall pay one-half the Board's costs of hearing and investigation ($340.00) plus one-half the Board's administrative fee ($250.00), for a total of $295.00, in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

3. The failure by Mr. Wright to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license. The failure by Walgreens #04789 to comply

with any term in this Order shall result in a fine of $1,000 per day for every day that the term is not complied with, up to a maximum of $30,000, and will also result in further discipline, up to and including revocation of its license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 6th day of April, 2001.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

ANDREW P. WRIGHT, R.Ph.
Certificate of Registration No. 12439

Case Number 01-007A-RPH-N

WALGREENS #04789
Certificate of Registration No: PH01359

Case Number 01-007B-PH-N

Respondents.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Andrew P. Wright is a pharmacist licensed by the Board and Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada.

II.

On or about January 2, 2001 Patient B requested a refill for Ditropan XL 10 mg. Patient B was a regular customer of Walgreens #04789 and had this prescription originally filled at this pharmacy. Mr. Wright refilled the prescription.

III.

On January 2, 2001 the prescription was dispensed to Patient B and she began taking the medication as she normally had in the past. Patient B took the medication once per day for four days before being taken to the emergency room at St. Mary's Hospital on January 5th, 2001.

IV.

It was discovered at the hospital that Patient B had received and had been taking Glucotrol XL 10 mg., even though the prescription label indicated Ditropan XL 10 mg.

V.

Patient B was hospitalized for two days to stabilize the dangerously low blood sugar levels that resulted from her taking Glucotrol XL for four days.

FIRST CAUSE OF ACTION

VI.

In dispensing Patient B's prescription incorrectly, Mr. Wright violated NRS 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1)(i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which the error took place, Walgreens #04789 violated NRS 639.210(4) and NAC 639.945 (1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 2ND day of February, 2001.

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

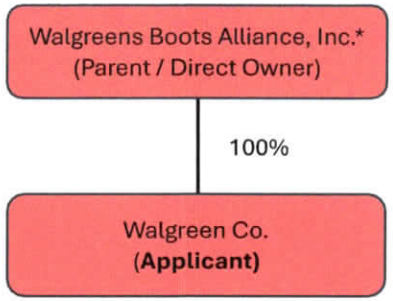
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

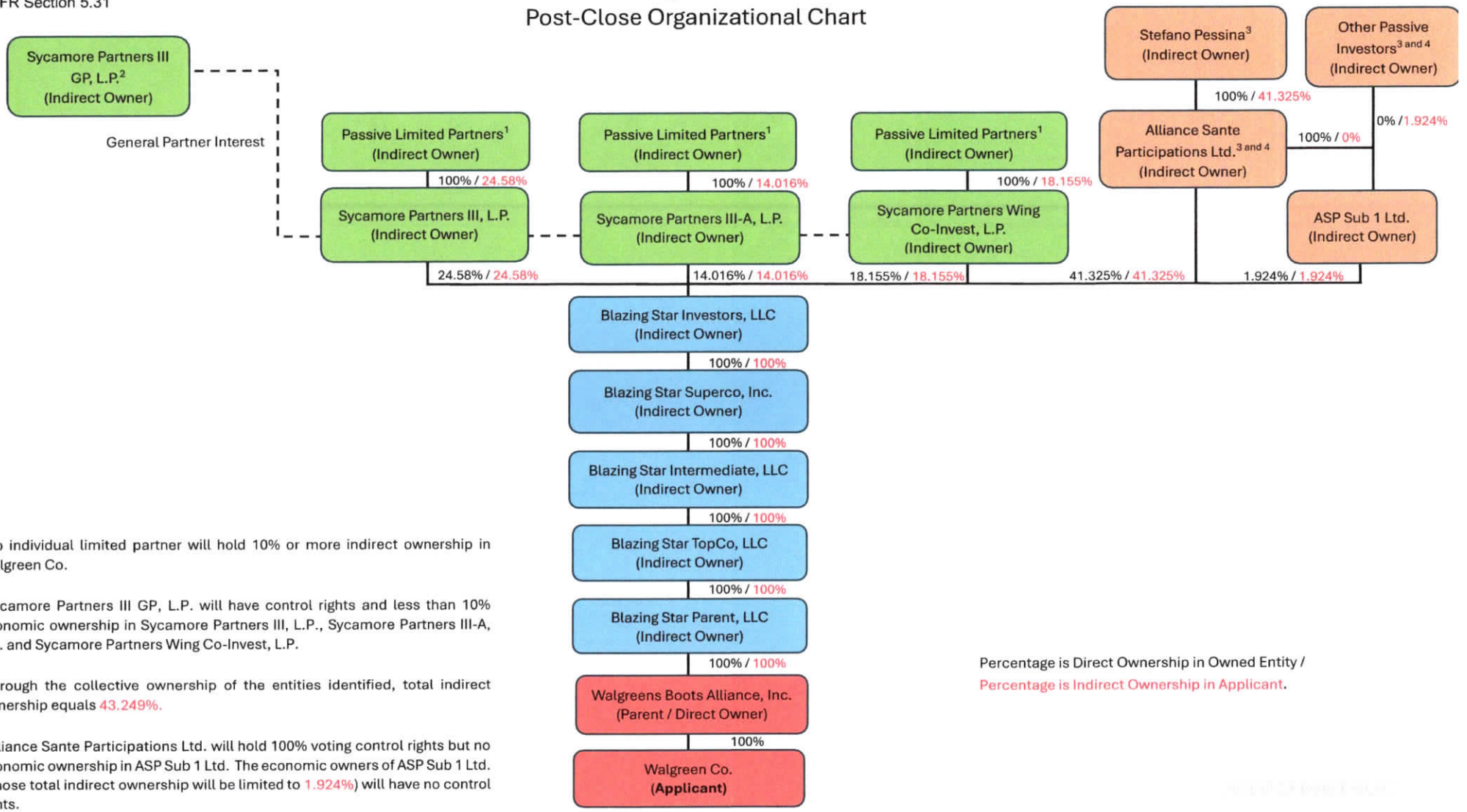
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

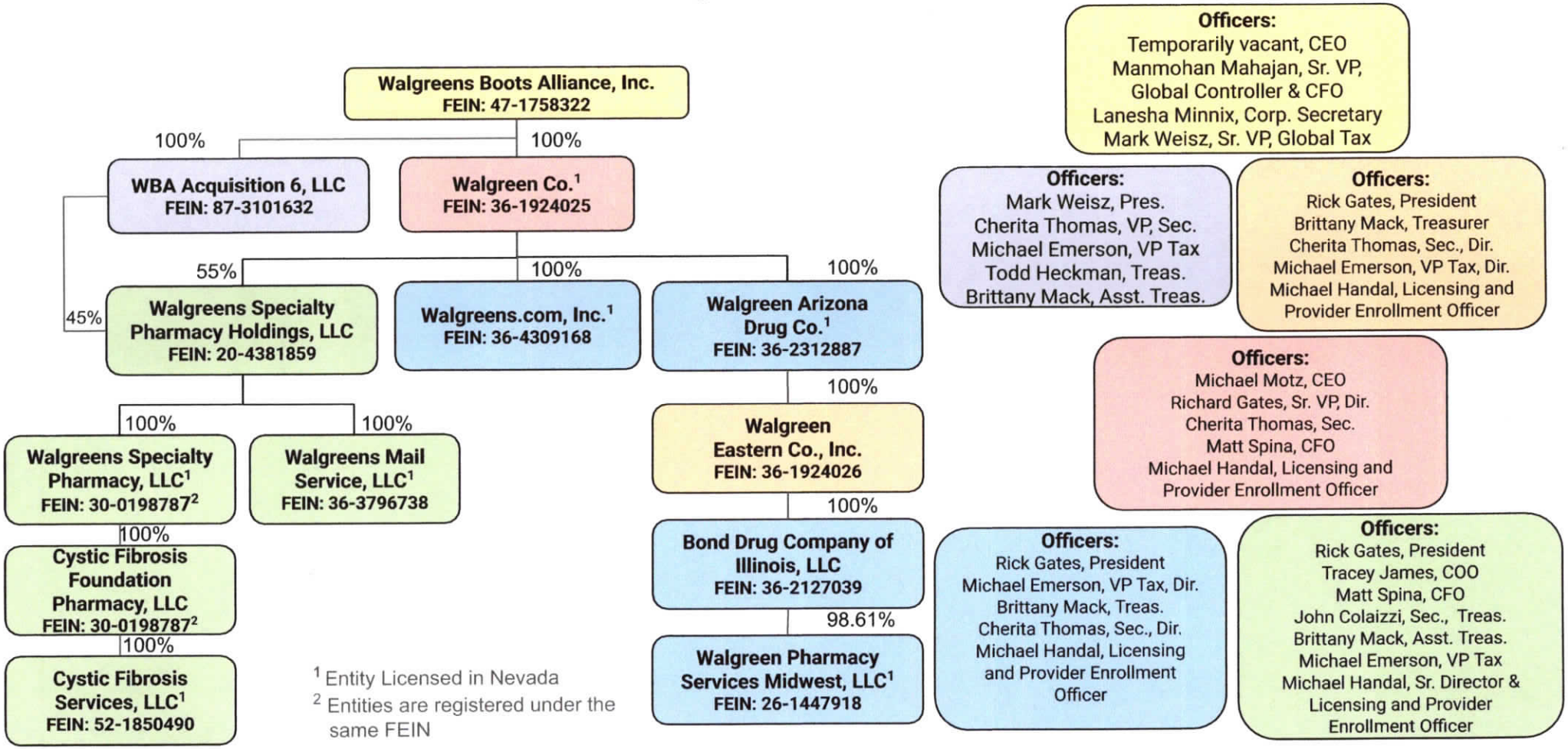
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

400000

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH01687	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: BW7814038 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #05295

Physical Address: 750 N VIRGINIA ST

City: RENO State: NV Zip: 89501-1001

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)337-8703 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)337-8730 Contact Email: rxm.05295@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): RACHEL TRENDLER

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18620

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: RACHEL TRENDLER	NV Pharmacist Registration #: 18620
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Document Ref: TUGHI-YRV4V-J3DQ3-BMFNH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: RACHEL TRENDLER Pharmacist Registration #: 18620

Pharmacy Name: WALGREENS #05295

Initial each statement below to indicate you have read and agree with the following:

Rachel Trendler — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

Rachel Trendler — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

Rachel Trendler — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Rachel Trendler — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

Rachel Trendler — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RACHEL TRENDLER

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 05 / 2025

Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #04789
Certificate of Registration No. PH01359, Case No. 06-028A-PH-N

WALGREENS #05295
Certificate of Registration No. PH01687 Case No. 06-028B-PH-N

WALGREENS CO.,
Owner of Walgreens #04789 & #05295, Case No. 06-028C-PH-N

Respondents.
_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada, Walgreens #05295 is a pharmacy licensed by the Board, located at 750 North Virginia Street, Reno, Nevada, and Walgreens Co. is a publicly-traded corporation that owns and operates Walgreens #04789 and #05295.

II.

On January 26, 2006, Patient B had arthroscopic knee surgery and was discharged the same day with a prescription in the form of a discharge order from

Dr. Digby Preston for Norco 10/325 #40. The prescription clearly stated that there were zero (0) refills. Patient B took his Norco prescription to Walgreens #05295 on January 26, 2006 to have it filled. The prescription was filled that day by pharmacist John Luther as Rx #355481-05295. The prescription label for Rx #355481-05295 created by the computer system of Walgreens #05295 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED."

III.

On January 30, 2006 an unidentified Walgreens employee generated a new prescription number for Patient B for Norco 10/325 (Rx #356319-05295) and entered it as an "ADD REFILL" into the computer system for Walgreens #05295.

IV.

On February 4, 2006, Walgreens #05295 filled Rx #356319-05295. The prescription label for Rx #356319-05295 generated by the computer system at Walgreens #05295 stated: "5 REFILLS BEFORE 07/31/06." The prescription label also contained a box in which was stated: "Rx info – Rx# 255481-5295 on 01/30/2006 by JWL." Board Staff's investigation showed that there was no knowledge of or authorization by Dr. Preston or any other prescribing practitioner prior to the creation of or filling of Rx #356319-05295. Reportedly, this prescription was never picked up and was eventually returned to stock, though this could not be verified through records maintained at Walgreens #05295.

V.

On February 9, 2006, Mr. Luther entered into the computer system that six refills had been authorized by "MDFAX" for Rx #356319-05295. Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or

had approved any refills of either Rx #355481-05295 or Rx #356319-05295. Neither Mr. Luther nor any other employee of Walgreens #05295 could produce any proof that Dr. Preston had authorized the six refills for Rx #356319-05295, nor could anybody at Walgreens #05295 explain who placed the "ADD REFILL" notation in the computer system for Walgreens #05295 on January 30, 2006.

VI.

On March 20, 2006, Rx #356319-05295 was transferred to Walgreens #04789. A new prescription number, Rx #582580-04789 was generated at that time. The label generated for Rx #582580-04789 by the computer system at Walgreens #04789 when the prescription was first filled on March 20, 2006 stated: "5 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx transferred from Rx# 356319-5295 on 03/20/2006; RPh Ints: JWL." Based on Rx #582580-04789, Patient B obtained refills from Walgreens #04789 on March 20, 2006, March 23, 2006, and March 29, 2006.

VII.

On April 1, 2006, Walgreens substituted generic hydrocodone/APAP 10/325 for Norco 10/325 for Patient B, and a new prescription number, Rx #585742-04789, was generated. The label generated for Rx #585742-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 1, 2006 stated: "2 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx created from Rx# 582580-5295 on 04/01/2006 by PDB." Walgreens #04789 dispensed one filling of Rx #585742-04789 to Patient B on April 1, 2006.

VIII.

On April 4, 2006, a new prescription number for Patient B for hydrocodone/APAP

10/325 was generated (Rx #586445-04789) at Walgreens #04789. The label generated for Rx #586445-04789 by the computer system at Walgreens #04789 when the prescription was first filled on April 4, 2006 stated: "2 REFILLS BEFORE 10/03/06," and also contained a box in which it stated: "Rx created from Rx# 582580-4789 on 04/04/2006 by TEK." Based on Rx #586445-04789, Walgreens #04789 dispensed refills for hydrocodone/APAP 10/325 #40 to Patient B on April 5, 2006 and April 10, 2006.

IX.

During Board Staff's investigation, nobody at Walgreens #04789 could explain (1) why Rx #586445-04789 was created, (2) who created it, (3) by whose authorization it was created, (4) why it referred back to Rx #582580-04789 rather than to Rx #585742-04789, (5) why it contained more refills than would by that time be authorized by law, and (6) why the date by which the refills were to be completed was changed from 7/31/06 to 10/3/06. Board Staff's investigation showed that Dr. Preston was not aware of and did not authorize Rx #586445-04789 or any refills of Patient B's Norco prescription.

X.

On April 17, 2006, Walgreens #04789 created for Patient B a new prescription number, Rx #589417-04789, again for Norco 10/325 #40. The label generated for Rx #589417-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 586445-4789 on 04/17/2006 by SEF." Based on Rx #589417-04789, Walgreens #04789 dispensed one filling of Norco 10/325 #40 to Patient B on April 17, 2006.

XI.

Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #589417-04789 for Patient B. Nobody at Walgreens #04789 could explain why Rx #589417-04789 was created or upon whose authorization.

XII.

On the morning of April 21, 2006, an unknown Walgreens employee faxed a "Prescription Request" form to Dr. Preston's office referencing a new prescription number, Rx #590330-04789, for Norco for Patient B. The "Prescription Request" form indicated that the prescription had last been refilled on April 17, 2006. Shortly after receipt of the "Prescription Request" form on or about April 21, 2006, Alissa Gabica, medical assistant to Dr. Digby Preston, called Walgreens #04789 to advise them that Patient B should not have received any refills of Norco and that he was not to receive any further fills without authorization.

XIII.

On an unknown date and time by an unknown person at Walgreens #04789, Rx #590330-04789 and its history were deleted from the computer system at Walgreens #04789. No trace of the prescription input remained in Patient B's profile. The only indication that the number existed was in the faxed "Prescription Request" form sent to the doctor's office and an unhelpful entry in the refill center screen of the TeamRx software at Walgreens #04789.

XIV.

On May 9, 2006, a new prescription number, Rx #594849-04789, was generated for Patient B for Norco 10/325 #40. The label generated for Rx #594849-04789 by the

computer system at Walgreens #04789 when the prescription was first filled on May 9, 2006 stated: "1 REFILL BEFORE 07/31/06," and also contained a box in which it was stated: "Rx created from Rx# 585742-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed refills for Norco 10/325 #40 to Patient B on May 9, 2006 and for Norco 10/325 #28 on May 14, 2006.

XV.

Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #594849-04789 for Patient B, particularly since the prescription was created by Walgreens #04789 after Ms. Gabica had specifically informed employees at Walgreens #04789 that Patient B was not to receive any new or refilled prescriptions from Norco. Nobody at Walgreens #04789 could explain why Rx #594849-04789 was created or upon whose authorization.

XVI.

On May 17, 2006, Walgreens #04789 generated a new prescription number, Rx #596685-04789, for Patient B for generic hydrocodone/APAP 10/325 #40. The label generated for Rx #596685-04789 by the computer system at Walgreens #04789 when the prescription was filled on May 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 594849-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed hydrocodone 10/325 #40 to Patient B on May 17, 2006.

XVII.

Board Staff's investigation showed that neither Dr. Preston nor any other

prescribing practitioner knew about or approved the creation, filling, and dispensing of Rx #596685-04789 for Patient B. Nobody at Walgreens #04789 could explain why Rx #596685-04789 was created or upon whose authorization.

XIX.

Through the above course of conduct, Walgreens Co, Walgreens #05295 and Walgreens #04789 dispensed to Patient B eleven prescriptions for a total of 428 dosage units of Norco or generic hydrocodone 10/325 through the use of eight different prescription numbers over a four month period where only one fill for Norco 10/325 #40, the first fill on January 26, 2006, was actually authorized by Dr. Preston. Worse, three of the fills, for a total of 108 dosage units, occurred after Dr. Preston's office told Walgreens #04789 that none of the previous refills were authorized and that they were not authorized to create any additional prescriptions or refills.

FIRST CAUSE OF ACTION

XX.

By filling a Norco 10/325 #40 prescription (Rx #356319-05295) for Patient B on February 4, 2006 where the existing prescription (Rx #355481-05295) specifically stated that no refills were authorized and prior to receiving any other authorization from any prescribing practitioner, Walgreens #05295 violated Nevada Revised Statutes (NRS) 639.210(4), 639.2393(3), and 639.2396 and Nevada Administrative Code (NAC) 639.945(1)(d) and (i) and (2).

SECOND CAUSE OF ACTION

XXI.

By creating and adding six total fills to a Norco 10/325 #40 prescription for Patient B (Rx #356319-05295) on February 9, 2006 where the underlying prescription

lacked prescriber authorization and where the additional fills were not authorized by the prescriber (Dr. Preston), Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

THIRD CAUSE OF ACTION

XXII.

By failing to keep any record or other evidence regarding the disposition of the prescription it filled for Norco 10/325 #40 for Patient B on February 4, 2006 (Rx #356319-05295), including any record of whether the prescription had been returned to stock, Walgreens #05295 violated NRS 639.210(4) and NAC 639.935(3)(g)(2).

FOURTH CAUSE OF ACTION

XXIII.

By failing to decrement a refill of a prescription in its computer system or otherwise, namely by showing the two refills were still available on Rx #586445-04789 when, in fact, the preceding prescription to which it referred, Rx #585742-04789, had already been filled once and, thus, only one refill remained, thereby creating on additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

FIFTH CAUSE OF ACTION

XXIV.

By filling a refill of Rx #586445-04789 for generic hydrocodone/APAP 10/325 #40 for Patient B on April 10, 2006, thus filling the original prescription more than the original fill and five refills, Walgreens #04789 violated NRS 639.210(4) and 639.2393(1) and NAC 639.945(1)(d) and (i) and (2).

SIXTH CAUSE OF ACTION

XXV.

By failing to keep an accurate record in its computer system regarding Rx #586445-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, why the prescription did not refer back to the immediately preceding prescription, why the number of refills exceeded the original putative authorization and Nevada law, and why the date by which the refills were to be provided was changed from 7/31/06 to 10/3/06 – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

SEVENTH CAUSE OF ACTION

XXVI.

By failing to keep an accurate record in its computer system regarding Rx #590330-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and who deleted the prescription from the pharmacy's computer system – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

EIGHTH CAUSE OF ACTION

XXVII.

By creating Rx #594849-04789 for Norco 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #594849-04789 twice, on May 9, 2006 (#40) and on May 13, 2006 (#28), Walgreens

#04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2). Each filling of Rx #594849-04789 constitutes a separate violation that may be subject to separate and individual discipline.

NINTH CAUSE OF ACTION

XXVIII.

By failing to keep an accurate record in its computer system regarding Rx #594849-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and why the prescription refers to a prescription three prescriptions earlier rather than the immediately preceding prescription – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

TENTH CAUSE OF ACTION

XXIX.

By creating Rx #596685-04789 for generic hydrocodone 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #596685-04789 on May 17, 2006, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2).

ELEVENTH CAUSE OF ACTION

XXX.

By failing to decrement a refill of a prescription in its computer system or otherwise, namely by creating Rx #596685-04789 as cross-referenced to Rx #594849-04789 when, in fact, Rx #594849-04789 had already been filled twice and, thus, by its

own terms no refills remained, thereby creating on additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (l) and (2).

TWELFTH CAUSE OF ACTION

XXXI.

By failing to keep an accurate record in its computer system regarding Rx #596685-04789 – including failing to record who created the prescription, which prescriber authorized the prescription, and why the prescription refers to a prescription as a cross-reference on which no additional fills remained – Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(l) and (2).

THIRTEENTH CAUSE OF ACTION

XXXII.

By operation of the inadequate computer system and inadequate policies and procedures, Patient B obtained eleven prescription fills for Norco or generic hydrocodone 10/325 over a four month period accounting for a total of 428 dosage units – including three fills on two prescriptions for a total of 108 dosage units after Dr. Preston's office expressly informed Walgreens #04789 that no previous refills had been authorized and that no future fills or refills were authorized – where Patient B's prescribing practitioner, Dr. Preston, had only authorized one fill for a total of 40 dosage units, Walgreens Co, Walgreens #05295, and Walgreens #04789 violated NRS 639.210(4) and NAC 639.945(2) and all previous violations cited in the preceding twelve causes of action.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 4th day of August, 2006.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS #04789
Certificate of Registration No. PH01359,

WALGREENS #05295
Certificate of Registration No. PH01687

WALGREENS CO.,
Owner of Walgreens #04789 & #05295,

Respondents.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 06-028A-PH-N

Case No. 06-028B-PH-N

Case No. 06-028C-PH-N

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on September 6, 2006 in Reno, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. All Respondents were represented by Robert C. Graham. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board Staff presented the testimony of Alissa Gabica and Joseph Depczynski, and Respondents presented the testimony of Eman Gobran and Robby Jacobs. Board Staff presented two exhibits, one that was accepted into evidence and the other that was referred to for demonstrative purposes and Respondents presented one exhibit that was accepted into evidence. Based upon the presentations of the parties, the Board finds the following to be the facts of this matter.

2. On January 26, 2006, Patient B had arthroscopic knee surgery and was discharged the same day with a prescription in the form of a discharge order from Dr. Digby Preston for Norco 10/325 #40. The prescription clearly stated that there were zero (0) refills. Patient B took his Norco prescription to Walgreens #05295 on January 26, 2006 to have it filled. The prescription was filled that day by pharmacist John Luther as Rx #355481-05295. The prescription label for Rx #355481-05295 created by the computer system of Walgreens #05295 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED."

3. On January 30, 2006 an unidentified Walgreens employee generated a new prescription number for Patient B for Norco 10/325 (Rx #356319-05295) and entered it as an "ADD REFILL" into the computer system for Walgreens #05295.

4. On February 4, 2006, Walgreens #05295 filled Rx #356319-05295. The prescription label for Rx #356319-05295 generated by the computer system at Walgreens #05295 stated: "5 REFILLS BEFORE 07/31/06." The prescription label also contained a box in which was stated: "Rx info – Rx# 255481-5295 on 01/30/2006 by JWL." Board Staff's investigation showed that there was no knowledge of or authorization by Dr. Preston or any other prescribing practitioner prior to the creation of or filling of Rx #356319-05295. Reportedly, this prescription was never picked up and was eventually returned to stock, though this could not be verified through records maintained at Walgreens #05295.

5. On February 9, 2006, Mr. Luther entered into the computer system that six refills had been authorized by "MDFAX" for Rx #356319-05295. Board Staff's investigation showed that neither Dr. Preston nor any other prescribing practitioner knew about or had approved any refills of either Rx #355481-05295 or Rx #356319-

05295. Neither Mr. Luther nor any other employee of Walgreens #05295 could produce any proof that Dr. Preston had authorized the six refills for Rx #356319-05295, nor could anybody at Walgreens #05295 explain who placed the "ADD REFILL" notation in the computer system for Walgreens #05295 on January 30, 2006.

6. At hearing, Ms. Gabica testified that she was the person in Dr. Preston's office who was authorized to call in or otherwise handle prescriptions and prescription refill authorizations and that she always recorded such authorizations in the charts maintained in Dr. Preston's office. Ms. Gabica testified that Dr. Preston did not authorize the six refills that appeared in the Walgreens #05295 computer system. Ms. Gabica further testified that neither she nor Dr. Preston were even aware of the refill authorizations and that that number of refills were never authorized by Dr. Preston for any patients, including Patient B. Regarding Patient B, it was Ms. Gabica's and Dr. Preston's understanding that with the exception of the initial prescription for Norco, the remainder of Patient B's pain medications were to be Lortab 7.5, which prescriptions were, in fact, authorized by and known to Ms. Gabica and Dr. Preston. At all times, we found Ms. Gabica's testimony to be credible, authoritative, and informative.

7. On March 20, 2006, Rx #356319-05295 was transferred to Walgreens #04789. A new prescription number, Rx #582580-04789 was generated at that time. The label generated for Rx #582580-04789 by the computer system at Walgreens #04789 when the prescription was first filled on March 20, 2006 stated: "5 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx transferred from Rx# 356319-5295 on 03/20/2006; RPh Ints: JWL." Based on Rx #582580-04789, Patient B obtained refills from Walgreens #04789 on March 20, 2006, March 23, 2006, and March 29, 2006.

8. On April 1, 2006, Walgreens substituted generic hydrocodone/APAP 10/325 for Norco 10/325 for Patient B, and a new prescription number, Rx #585742-04789, was generated. The label generated for Rx #585742-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 1, 2006 stated: "2 REFILLS BEFORE 07/31/06," and also contained a box in which it stated: "Rx created from Rx# 582580-5295 on 04/01/2006 by PDB." Walgreens #04789 dispensed one filling of Rx #585742-04789 to Patient B on April 1, 2006.

9. On April 4, 2006, a new prescription number for Patient B for hydrocodone/APAP 10/325 was generated (Rx #586445-04789) at Walgreens #04789. The label generated for Rx #586445-04789 by the computer system at Walgreens #04789 when the prescription was first filled on April 4, 2006 stated: "2 REFILLS BEFORE 10/03/06," and also contained a box in which it stated: "Rx created from Rx# 582580-4789 on 04/04/2006 by TEK." Based on Rx #586445-04789, Walgreens #04789 dispensed refills for hydrocodone/APAP 10/325 #40 to Patient B on April 5, 2006 and April 10, 2006.

10. At hearing, neither Ms. Gobran nor Mr. Jacobs could explain (1) why Rx #586445-04789 was created, (2) who created it, (3) by whose authorization it was created, (4) why it referred back to Rx #582580-04789 rather than to Rx #585742-04789, (5) why it contained more refills than would by that time be authorized by law, and (6) why the date by which the refills were to be completed was changed from 7/31/06 to 10/3/06. Ms. Gabica clearly testified that Dr. Preston was not aware of and did not authorize Rx #586445-04789 or any of the other refills of Patient B's Norco prescription.

11. On April 17, 2006, Walgreens #04789 created for Patient B a new prescription number, Rx #589417-04789, again for Norco 10/325 #40. The label generated for Rx #589417-04789 by the computer system at Walgreens #04789 when the prescription was filled on April 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx created from Rx# 586445-4789 on 04/17/2006 by SEF." Based on Rx #589417-04789, Walgreens #04789 dispensed one filling of Norco 10/325 #40 to Patient B on April 17, 2006. At hearing, neither Ms. Gobran nor Mr. Jacobs could explain why Rx #589417-04789 was created or upon whose authorization.

12. On the morning of April 21, 2006, an unknown Walgreens employee faxed a "Prescription Request" form to Dr. Preston's office referencing a new prescription number, Rx #590330-04789, for Norco for Patient B. The "Prescription Request" form indicated that the prescription had last been refilled on April 17, 2006. Shortly after receipt of the "Prescription Request" form on or about April 21, 2006, Ms. Gabica called Walgreens #04789 to advise them that Patient B should not have received any refills of Norco and that he was not to receive any further fills without authorization. Ms. Gabica testified that she was particularly concerned about the refill request form because it indicated that the last refill had been on April 17, 2006, and she knew that no refills had ever been authorized for Patient B for Norco at any time since the original prescription had been issued. Ms. Gabica also testified that at the time she spoke with employees at Walgreens #04789 she informed them that Dr. Preston would not authorize the refill requested and that the pharmacy was not to fill any additional refills or prescriptions for hydrocodone for Patient B after that date.

13. On an unknown date and time by an unknown person at Walgreens #04789, Rx #590330-04789 and its history were deleted from the computer system at Walgreens #04789. No trace of the prescription input remained in Patient B's profile. The only indication that the number existed was in the faxed "Prescription Request" form sent to the doctor's office and an unhelpful entry in the refill center screen of the TeamRx software at Walgreens #04789.

14. On May 9, 2006, a new prescription number, Rx #594849-04789, was generated for Patient B for Norco 10/325 #40. The label generated for Rx #594849-04789 by the computer system at Walgreens #04789 when the prescription was first filled on May 9, 2006 stated: "1 REFILL BEFORE 07/31/06," and also contained a box in which it was stated: "Rx created from Rx# 585742-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed refills for Norco 10/325 #40 to Patient B on May 9, 2006 and for Norco 10/325 #28 on May 14, 2006.

15. Ms. Gabica testified that neither she nor Dr. Preston knew about or approved the creation, filling, and dispensing of Rx #594849-04789 for Patient B, particularly since the prescription was created by Walgreens #04789 after Ms. Gabica had specifically informed employees at Walgreens #04789 that Patient B was not to receive any new or refilled prescriptions from Norco. Nobody at Walgreens #04789 could explain why Rx #594849-04789 was created or upon whose authorization.

16. On May 17, 2006, Walgreens #04789 generated a new prescription number, Rx #596685-04789, for Patient B for generic hydrocodone/APAP 10/325 #40. The label generated for Rx #596685-04789 by the computer system at Walgreens #04789 when the prescription was filled on May 17, 2006 stated: "NO REFILLS – DR. AUTHORIZATION REQUIRED," and also contained a box in which it stated: "Rx

created from Rx# 594849-4789 on 05/09/2006 by CJK." Based on Rx #594849-04789, Walgreens #04789 dispensed hydrocodone 10/325 #40 to Patient B on May 17, 2006.

17. Ms. Gabica testified that neither she nor Dr. Preston knew about or approved the creation, filling, and dispensing of Rx #596685-04789 for Patient B. Neither Ms. Gobran nor Mr. Jacobs could explain why Rx #596685-04789 was created or upon whose authorization.

18. Through the above course of conduct, Walgreens Co, Walgreens #05295 and Walgreens #04789 dispensed to Patient B eleven prescriptions for a total of 428 dosage units of Norco or generic hydrocodone 10/325 through the use of eight different prescription numbers over a four month period where only one fill for Norco 10/325 #40, the first fill on January 26, 2006, was actually authorized by Dr. Preston. Three of the fills, for a total of 108 dosage units, occurred after Ms. Gabica specifically instructed Walgreens #04789 that none of the previous refills were authorized and that they were not authorized to create any additional prescriptions or refills.

19. Ms. Gobran testified that Walgreens policy did not require the keeping of facsimile prescription forms or facsimile refill authorizations. She explained that Walgreens' computer system contained an automated refill authorization protocol by which the computer system would automatedly send a facsimile refill authorization to a practitioner when a refill authorization was deemed necessary by a pharmacist. The automated facsimile refill authorization could be manually overridden by a pharmacist. Ms. Gobran explained that a facsimile authorization that was transmitted back to a pharmacy could easily be scanned into the pharmacy's computer system like any other prescription.

20. Ms. Gobran could not definitively explain any of the course of conduct regarding Patient B's Norco and generic Norco prescriptions discussed in the preceding paragraphs. Ms. Gobran explained that the best she could do was assume that Walgreens' policies and procedures were followed even though Walgreens' own records seemed to demonstrate otherwise. Neither Ms. Gobran nor Mr. Jacobs could explain or produce proof to refute Ms. Gabica's testimony that none of the refills or new prescriptions involved in this matter were known to or were authorized by Dr. Preston.

21. Mr. Jacobs explained that Walgreens' computer system had no capability to identify whether a prescription had been returned to stock. Walgreens' policy allows for the pre-filling of prescriptions while awaiting physician authorization, and such pre-filled prescriptions are kept in a "quarantine" drawer until authorization is received. If authorization is not received for a "quarantined" pre-filled prescription, or if a patient does not pick up a filled prescription, then the prescription is returned to stock, but no record is made, either on paper or in the pharmacy's computer system, that the prescription was returned to stock.

22. Mr. Jacobs also explained that Walgreens' computer system did not record whether an automatedly generated facsimile refill authorization request was actually sent or received. The indication of "MDFAX" in the computer record, therefore, was no actual indicator of whether the facsimile had been sent or been received by the physician's office.

23. Neither Ms. Gobran nor Mr. Jacobs could explain what actually happened regarding Patient B's Norco and generic Norco prescriptions. Both guessed that certain things may have happened or must have happened to explain the course of conduct, but neither could offer any proof.

24. In the end, the Board was left with a clear record of ten refills and new prescriptions for a schedule III controlled substances, Norco and generic Norco, for Patient B that were not authorized by Dr. Preston. Walgreens presented no evidence to refute this clear record. While we appreciate Ms. Gobran's and Mr. Jacob's surmises as to what may have happened, we must base our ruling upon facts, and the facts, mostly Walgreens' own records, show that none of the ten refills or new prescriptions dispensed to Patient B beyond the original prescription were known to or authorized by Dr. Preston. Thus, Patient B received months' worth of duplicative hydrocodone prescriptions (since Patient B was also receiving Lortab 7.5 mg. prescriptions throughout the same time period) about which Patient B's treating physician had no knowledge. Worse yet, even after Dr. Preston's office indicated that the duplicative prescriptions were no longer authorized and must cease, Walgreens #04789 dispensed three more prescriptions totaling 108 dosage units anyway. Though such conduct did not cause any known harm to Patient B in this matter, such loose practices and recordkeeping is ripe for either abuse or harm and cannot continue.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Walgreens #04789 is a pharmacy licensed by the Board, located at 3495 South Virginia Street, Reno, Nevada, Walgreens #05295 is a pharmacy licensed by the Board, located at 750 North Virginia Street, Reno, Nevada, and Walgreens Co. is a publicly-traded corporation that owns and operates Walgreens #04789 and #05295.

2. By filling a Norco 10/325 #40 prescription (Rx #356319-05295) for Patient B on February 4, 2006 where the existing prescription (Rx #355481-05295) specifically

stated that no refills were authorized and prior to receiving any other authorization from any prescribing practitioner, Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

3. By creating and adding six total fills to a Norco 10/325 #40 prescription for Patient B (Rx #356319-05295) on February 9, 2006 where the underlying prescription lacked Dr. Preston's authorization and where the additional fills were not authorized by Dr. Preston, Walgreens #05295 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.945(1)(d) and (i) and (2).

4. By failing to keep any record or other evidence regarding the disposition of the prescription it filled for Norco 10/325 #40 for Patient B on February 4, 2006 (Rx #356319-05295), including any record of whether the prescription had been returned to stock, Walgreens #05295 violated NRS 639.210(4) and NAC 639.935(3)(g)(2).

5. By failing to decrement a refill of a prescription in its computer system or otherwise, namely by showing the two refills were still available on Rx #586445-04789 when, in fact, the preceding prescription to which it referred, Rx #585742-04789, had already been filled once and, thus, only one refill remained, thereby creating an additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

6. By filling a refill of Rx #586445-04789 for generic hydrocodone/APAP 10/325 #40 for Patient B on April 17, 2006, thus filling the original prescription more than the original fill and five refills, Walgreens #04789 violated NRS 639.210(4) and 639.2393(1) and NAC 639.945(1)(d) and (i) and (2).

7. By failing to keep an accurate record in its computer system regarding Rx #586445-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

8. By failing to keep an accurate record in its computer system regarding Rx #590330-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

9. By creating Rx #594849-04789 for Norco 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #594849-04789 twice, on May 9, 2006 (#40) and on May 13, 2006 (#28), Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2). Each filling of Rx #594849-04789 constitutes a separate violation that may be subject to separate and individual discipline.

10. By failing to keep an accurate record in its computer system regarding Rx #594849-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

11. By creating Rx #596685-04789 for generic hydrocodone 10/325 #40 for Patient B without any authorization from a prescriber and, in fact, after the prescriber had expressly indicated to Walgreens #04789 that no additional fills or refills were authorized, and in filling Rx #596685-04789 on May 17, 2006, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), 639.2396, and 639.2397 and NAC 639.945(1)(d) and (i) and (2).

12. By failing to decrement a refill of a prescription in its computer system or otherwise, namely by creating Rx #596685-04789 as cross-referenced to Rx #594849-04789 when, in fact, Rx #594849-04789 had already been filled twice and, thus, by its own terms no refills remained, thereby creating an additional unauthorized fill, Walgreens #04789 violated NRS 639.210(4), 639.2393(3), and 639.2396 and NAC 639.910(1)(h) and NAC 639.945(1)(d) and (i) and (2).

13. By failing to keep an accurate record in its computer system regarding Rx #596685-04789, Walgreens #04789 violated NRS 639.210(4) and NAC 639.910(1), 639.914(3), 639.930(3) and (4), 639.935(3)(g)(1), (3), and (4), and NAC 639.945(1)(i) and (2).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Walgreens #04789 and Walgreens #05295 shall jointly and severally pay a fine of $24,000.00 ($2,000 per cause of action for each of the twelve causes of action for which violations were found) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Walgreens #04789 and Walgreens #05295 shall jointly and severally pay the Board's costs and attorney's fees and the Board's administrative fee of $295.00. Once the total costs and attorney's fees have been determined by Board Staff and approved by the Board's President, Board Staff shall send a notice to Walgreens #04789 and Walgreens #05295 explaining the total amount due under this paragraph. The payment of the fees and costs under this paragraph will thereafter be due by cashier's or certified

check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the date of Board Staff's notice.

3. Walgreens #04789 and Walgreens #05295 shall each be on probation for two years commencing on the effective date of this Order according to the following terms and conditions:

a. Walgreens #04789 and Walgreens #05295 shall keep a copy of all facsimiles regarding new prescriptions and refills received by the pharmacies in their respective records. Each pharmacy may satisfy this condition by either keeping a paper copy of the record in the prescription files of the pharmacy or by scanning the facsimile into the pharmacy's computer system as part of the computerized record for that patient and prescription.

b. Walgreens #04789 and Walgreens #05295 shall audit their respective computer systems for the period of January 1, 2006 through the date of the audit. The intent of the audit is to determine if either pharmacy has other prescriptions or chains of prescriptions similar to the prescription and chain of prescriptions in this case where prescriptions have refills added or have their numbers changed so that more of a drug is dispensed than was authorized by a practitioner. In furtherance of the intent of the audit, the Board asked that a report be prepared from each pharmacy's computer system that contains all prescription records where the following elements are common:

(1) The field in which the name of the person to whom the pharmacy staff would have spoken about practitioner authorization for a new prescription or refill of an existing prescription does not contain any data;

(2) The automated facsimile feature has been manually disabled or was never enabled; and

(3) The prescription was terminated and then reactivated.

c. The audit should go beyond the specific report in subparagraphs (3)(b)(1), (2), and (3) for each pharmacy where such additional information is necessary to satisfy the intent of the audit.

d. The audit shall be completed and its findings shall be presented to Board Staff no later than January 2, 2007 so that the audits findings can be presented to and discussed by the Board at its regularly scheduled meeting on January 10 and 11, 2007 in Reno, Nevada. Representatives from Walgreens shall appear at the Board's meeting on January 10 and 11, 2007 at a time and date as later directed by Board Staff to discuss the audits' findings with the Board.

e. Walgreens #04789 and Walgreens #05295 shall comply with all laws related to the practice of pharmacy, whether state or federal and whether statutory or regulatory.

4. The failure by either Walgreens #04789 or Walgreens #05295 to comply with any term in this order shall result in a fine of $1,000 per day for every day that it has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed $30,000, and will also result in further discipline, up to and including revocation of the its license.

Signed and effective this 1st day of October, 2006.

Joseph R. Kellogg, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

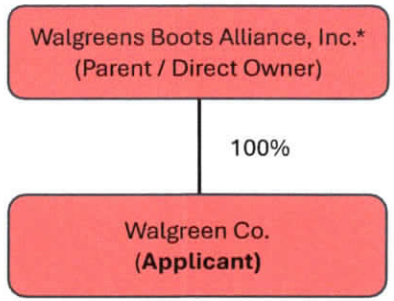
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

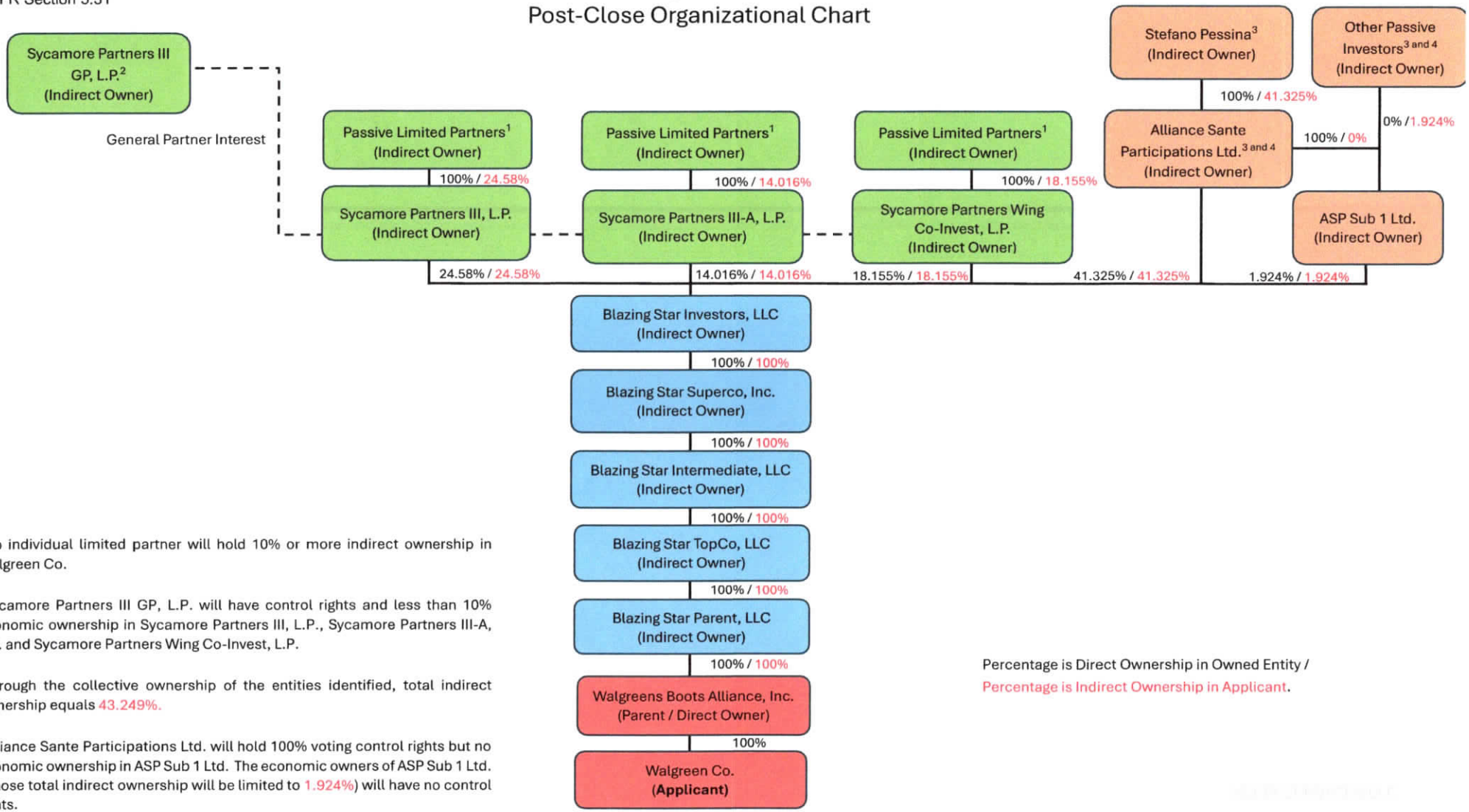
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

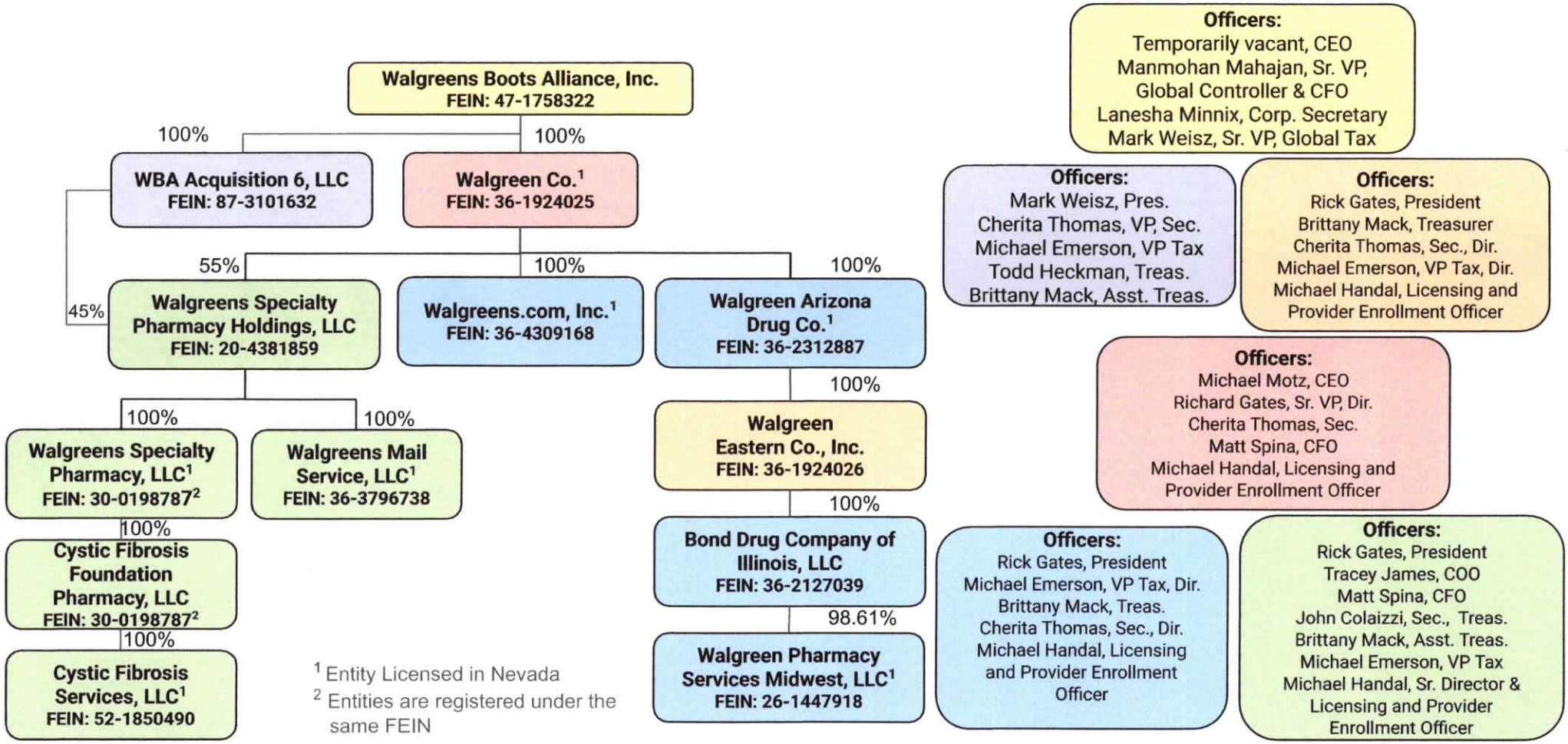
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

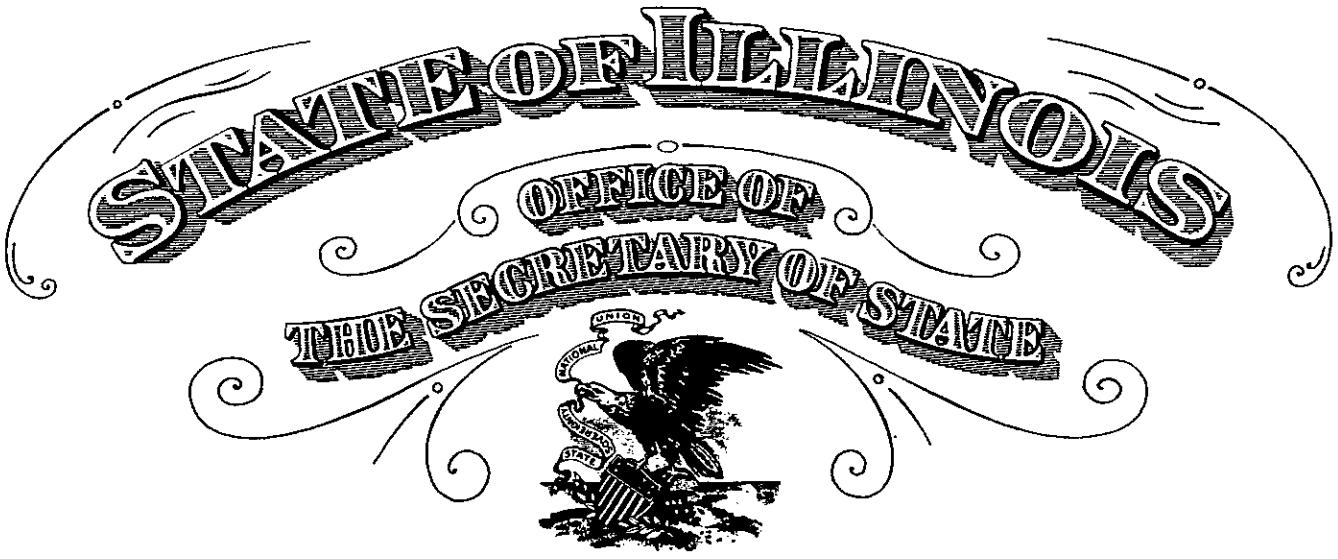
[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4PPPPP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02530	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1532539 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday	☑ Friday ☑ Saturday ☑ Sunday ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11226

Physical Address: 305 LEMMON DR

City: Reno State: NV Zip: 89506-6746

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)677-6874 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)677-8651 Contact Email: rxm.11226@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): MYLENE SAEL

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17562

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: MYLENE SAEL	NV Pharmacist Registration #: 17562
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck UP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MYLENE SAEL Pharmacist Registration #: 17562

Pharmacy Name: WALGREENS #11226

Initial each statement below to indicate you have read and agree with the following:

M.S I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

M.S I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

M.S I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

M.S I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

M.S I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MYLENE SAEL
Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 11 / 2025
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

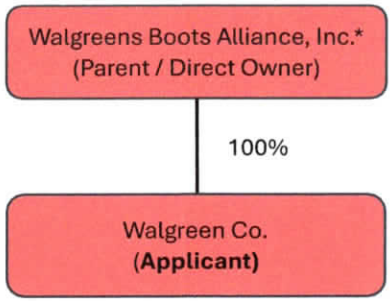
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

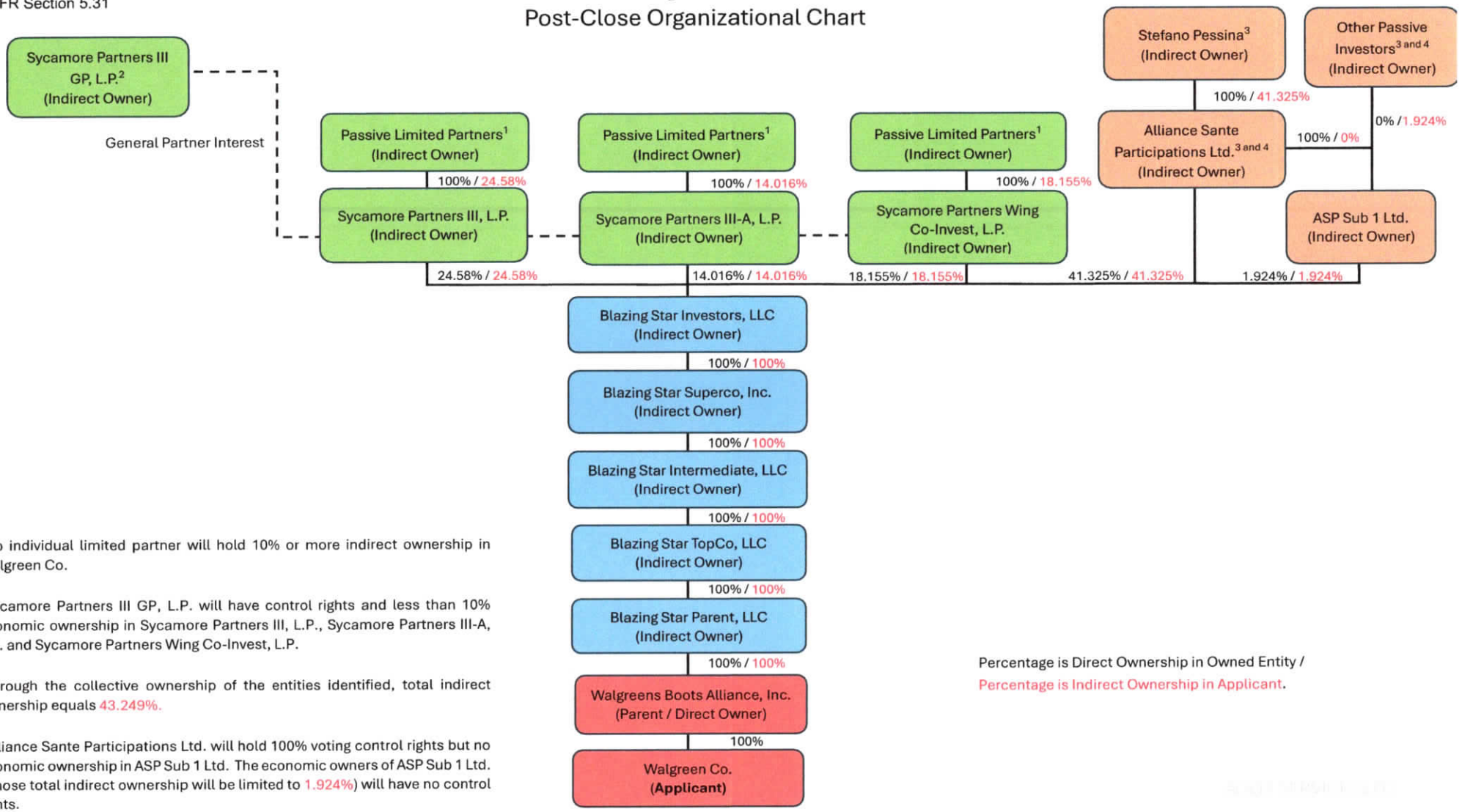
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

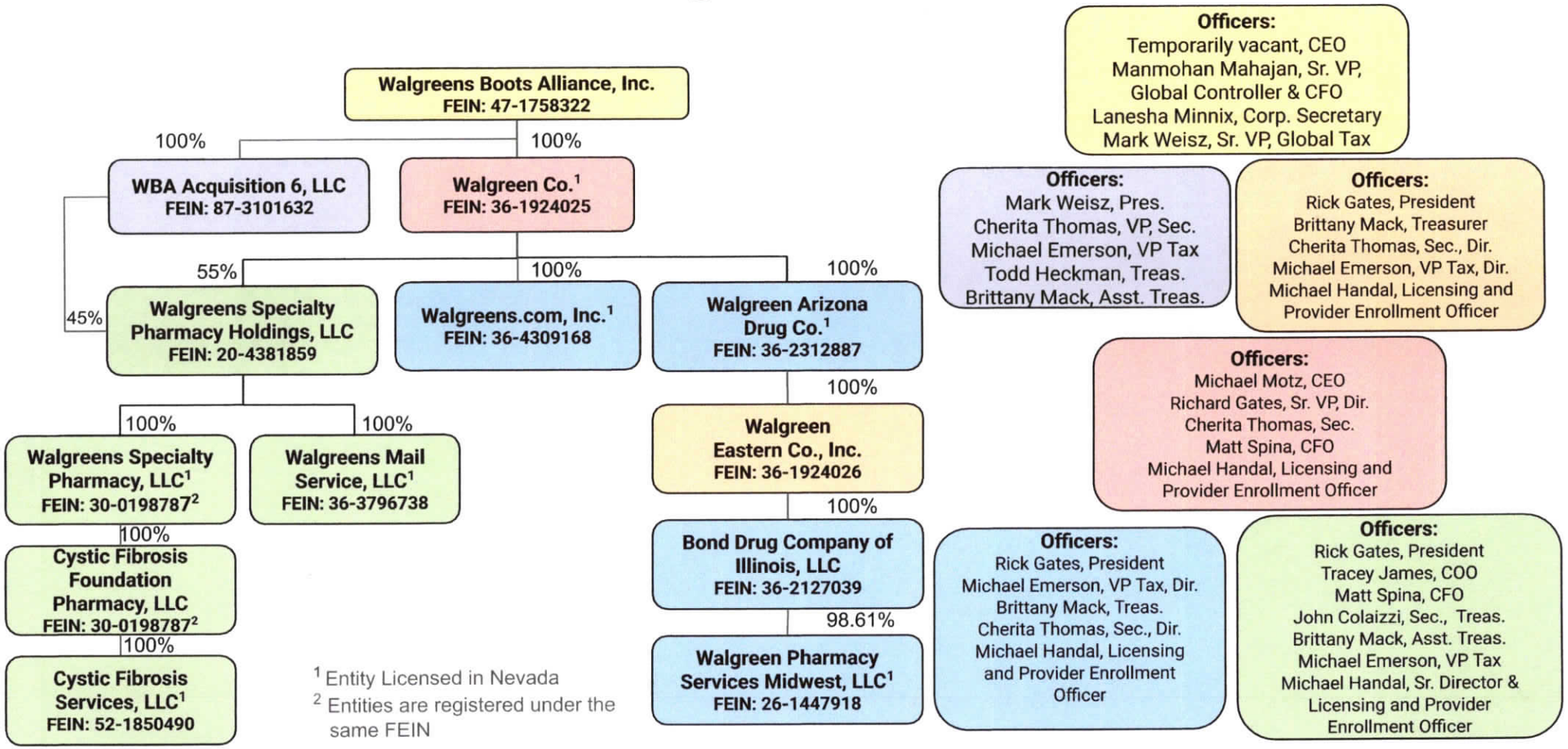
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4QQQQQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH04107	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW8631411 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy #21237

Physical Address: 300 S Wells Ave #3

City: Reno State: NV Zip: 89502

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)437-9111 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)437-9112 Contact Email: rxm.21237@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): ADRIENNE MALROUX

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17200

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: ADRIENNE MALROUX	NV Pharmacist Registration #: 17200
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ch JP03-30001M129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: ADRIENNE MALROUX Pharmacist Registration #: 17200

Pharmacy Name: Walgreens Specialty Pharmacy #21237

Initial each statement below to indicate you have read and agree with the following:

AAM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AAM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AAM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AAM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AAM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☑	☐
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ADRIENNE MALROUX

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 07 / 2025

Date

Outlook

Fwd: Biennium Satisfaction Letter

From Adrienne <adrienne.ann.martin@gmail.com>
Date Tue 10/15/2024 9:04 AM
To Malroux, Adrienne <adrienne.martin@walgreens.com>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sent from my iPhone

Begin forwarded message:

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Date: August 22, 2024 at 11:04:13 AM PDT
To: adrienne.ann.martin@gmail.com
Subject: Biennium Satisfaction Letter

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

August 19, 2024

VIA STANDARD U.S. MAIL & E-MAIL
Adrienne Malroux
Certificate of Registration #17200
20 Day Lily CT
Reno, NV 89511
adrienne.ann.martin@gmail.com

Re: Satisfaction of the Nevada State Board of Pharmacy's Citation & Fine - Case No. 24-164-RPH-N

Adrienne Malroux:

This letter serves to acknowledge your satisfaction of the payment terms and CE requirements of the Citation & Fine issued by the Nevada State Board of Pharmacy ("Board") in Case No. ***24-164-RPH-N*** and dated/filed on ***5/25/2024***.

If you have questions, please do not hesitate to contact the Board's Coordination Office at 775-850-1440 or teambc@pharmacy.nv.gov.

Sincerely,











Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CERTIFICATE *of* SIGNATURE

REF. NUMBER
STEBU-S98Z4-ZTUKA-BS9TA

DOCUMENT COMPLETED BY ALL PARTIES ON
26 AUG 2025 19:33:27 UTC

SIGNER	TIMESTAMP	SIGNATURE
RICHARD GATES EMAIL RICK.GATES@WALGREENS.COM	SENT 26 AUG 2025 18:56:06 UTC VIEWED 26 AUG 2025 19:31:59 UTC SIGNED 26 AUG 2025 19:33:27 UTC	Richard Gates IP ADDRESS 63.73.199.69 LOCATION CHICAGO, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
26 AUG 2025 19:31:59 UTC

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

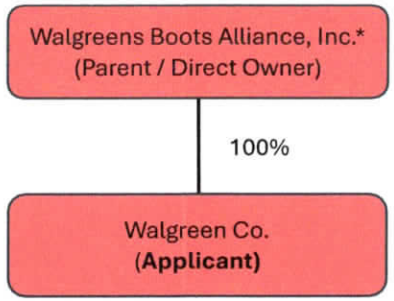
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

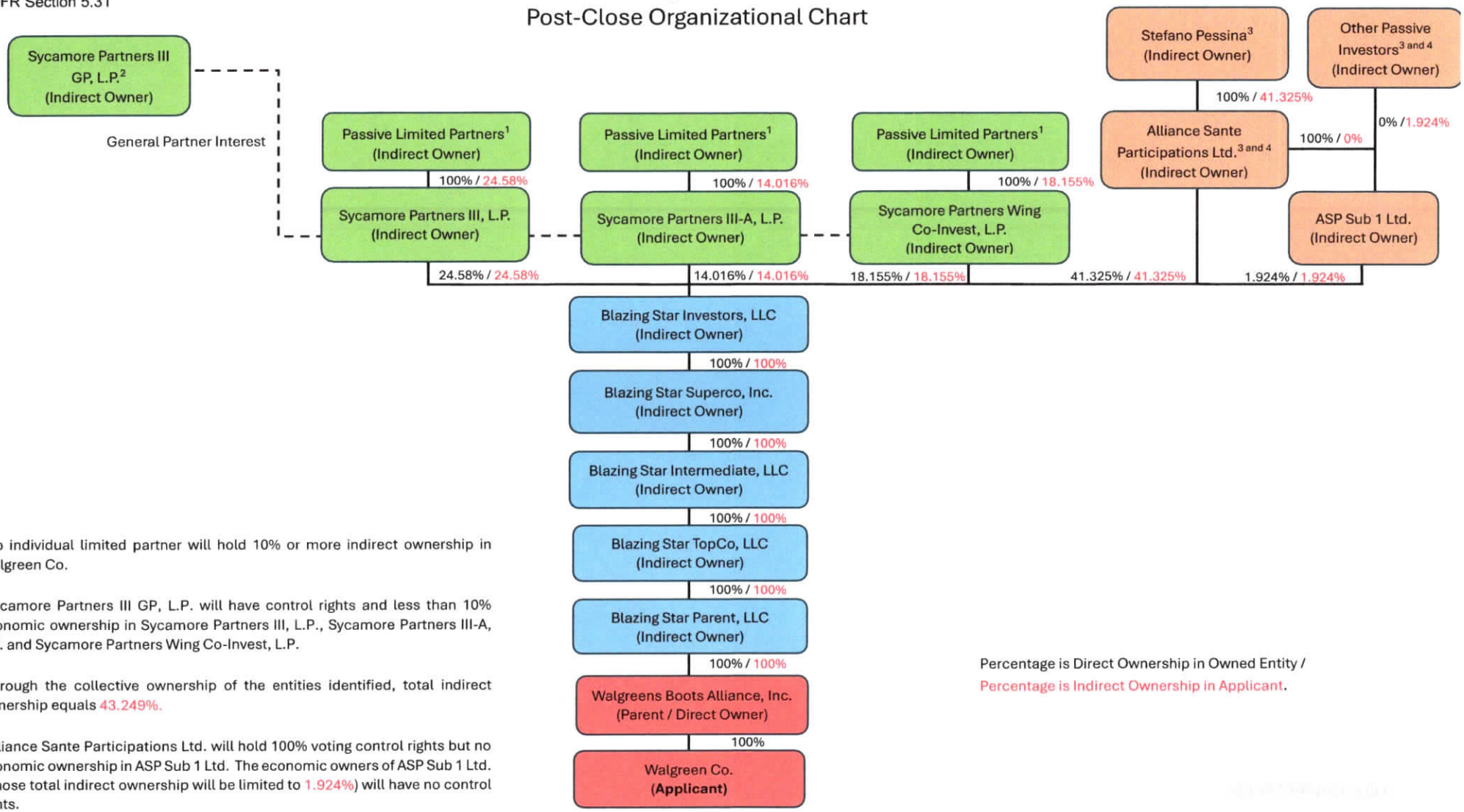
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

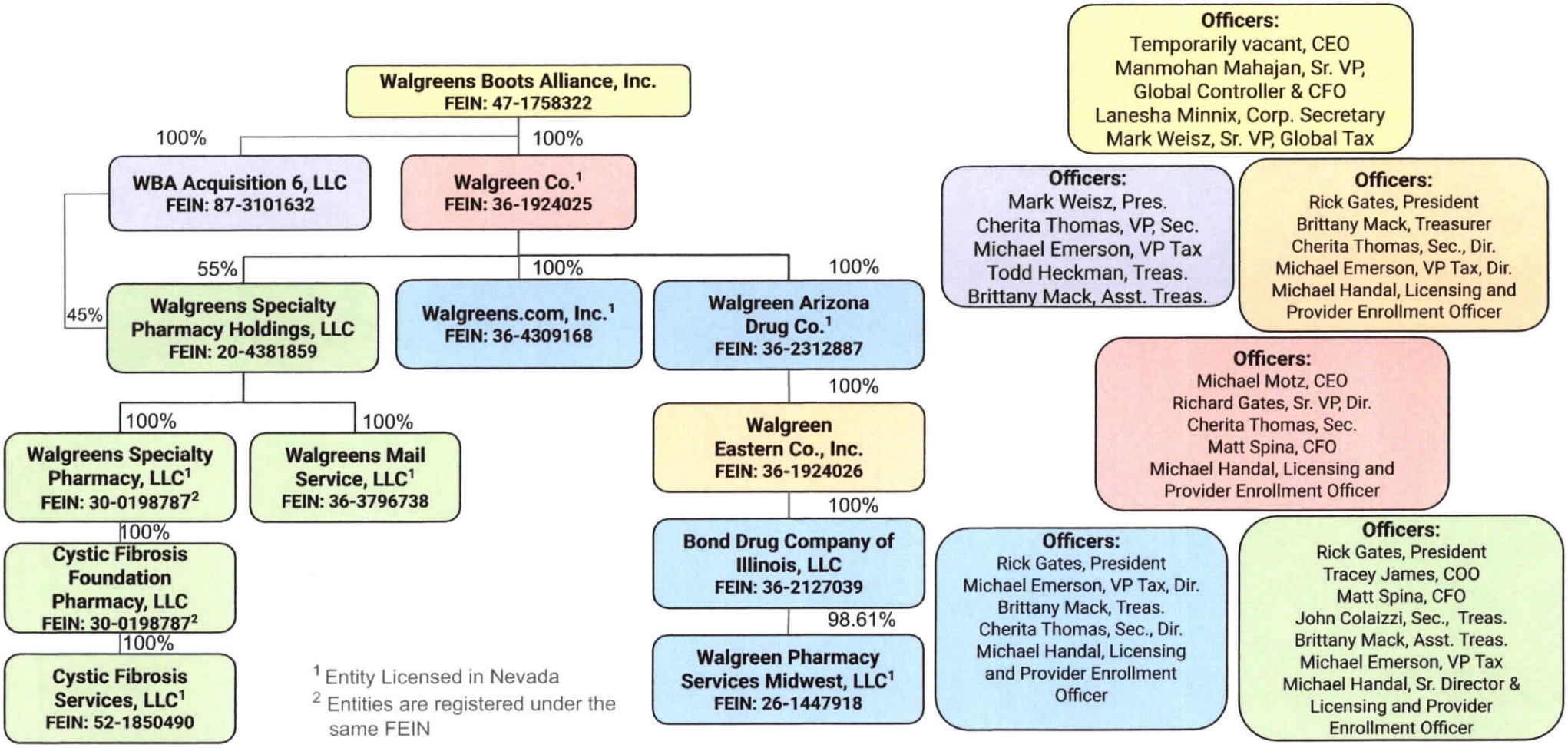
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

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Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WALGREENS SPECIALTY PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WALGREENS SPECIALTY PHARMACY, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





3694344 8300

SR# 20243746983

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204446797

Date: 09-20-24

4RRRRR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BW9097470
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH PH01939		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02474

Physical Address: 3000 VISTA BLVD

City: SPARKS State: NV Zip: 89436-6702

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)359-7044 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)359-7049 Contact Email: rxm.02474@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): STEVEN OHATA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20485

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: STEVEN OHATA	NV Pharmacist Registration #: 20485
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 ck UP03-30001111291

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: STEVEN OHATA Pharmacist Registration #: 20485

Pharmacy Name: WALGREENS #02474

Initial each statement below to indicate you have read and agree with the following:

S.O. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

S.O. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

S.O. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

S.O. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

S.O. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

STEVEN OHATA

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 01 / 2025

Date

NEVADA STATE BOARD OF PHARMACY
JUL - 8 2014
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	
Petitioner,	**CASE NO. 13-070-RPH-A-N**
vs.	**CASE NO. 13-070-RPH-B-N**
	CASE NO. 13-070-PH-N
ANDREW F. MANN, RPH **Certificate of Registration No. 18565,**	**FINDINGS OF FACT, CONCLUSONS OF LAW AND ORDER**
ALEXANDRIA W. PARK, RPH **Certificate of Registration No. 14825,**	
WALGREENS #02474 **Certificate of Registration No. PH01939,**	
Respondents. /	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, June 11, 2014, in Reno, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. Respondents Andrew F. Mann (Mr. Mann), Certificate of Registration No. 18565, Alexandria W. Park (Ms. Park), Certificate of Registration No. 14825, and Walgreens #2474, Certificate of Registration No. PH01939, located at 3000 Vista Blvd., Sparks, NV (Walgreens), each filed an Answer and Notice of Defense in response to the Accusation in this matter. William J. Stilling, Esq., of Parsons Behle & Latimer, appeared at the hearing on Respondents' behalf. Based on the evidence presented, including testimony, the Board enters the following findings of fact, conclusions of law and order.

FINDINGS OF FACT

1. On October 9, 2013, patient JP-H's physician phoned in a prescription to Walgreens for clomiphene 50 mg tablets. JP-H picked up the prescription from Walgreens the following day.

2. On October 11, 2013, JP-H ingested two capsules per the pharmacist's instructions.

3. Within hours of taking the medication, JP-H experienced adverse physical effects.

4. Upon examining the label on the prescription bottle she received, JP-H discovered that Walgreens had dispensed clomipramine 50 mg. capsules, instead of the prescribed clomiphene 50 mg. tablets.

5. Mr. Mann was the pharmacist who retrieved the telephonic prescription from JP-H's physician. He transcribed the prescription and staged it for data entry.

6. From the transcribed prescription, pharmaceutical technician in training Bree Donnelly (Ms. Donnelly) entered the required data into Walgreens' computerized prescription tracking system. When entering the product name, Ms. Donnelly inadvertently selected clomipramine 50 mg. capsules, instead of the prescribed clomiphene 50 mg. tablets.

7. The prescription data was then ready for review by a pharmacist prior to filling.

8. Ms. Park performed the data entry review. She failed to detect that Ms. Donnelly erroneously selected clomipramine, rather than the prescribed clomiphene. Ms. Park sent the prescription back to the queue to await filling.

9. Ms. Donnelly retrieved and filled the approved prescription the next day.

10. Mr. Mann performed the final review and verification of the prescription. During verification, he did not detect that JP-H's prescription had erroneously been filled with clomipramine, rather than the prescribed clomiphene.

11. On October 10, 2013, JP-H picked up her prescription. During checkout and patient counseling, Mr. Mann again failed to detect that he was dispensing clomipramine 50 mg. capsules, rather than the prescribed clomiphene 50 mg. tablets. He further failed to provide adequately detailed counseling to JP-H, which, if more thorough, may have alerted either Mr. Mann or JP-H, or both, that Mr. Mann was dispensing an antidepressant, rather than the prescribed fertility medication.

12. The foregoing findings are supported by the Answers filed by the Respondents, and are further supported by the evidence, including testimony, presented to the Board during the hearing.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes on matters of law as follows:

13. The Board has jurisdiction over this matter because at the time of the conduct set forth above, Respondents, and each of them, were either registered pharmacists or a registered pharmacy with the Board.

14. By failing to strictly follow the instructions of JP-H's physician and verifying and dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets JP-H's physician prescribed, Respondents Andrew Mann and Alexandria Park violated Nevada Administrative Code (NAC) 639.945(1)(d) and (i), which violations are grounds for action against their respective Certificates of Registration pursuant to Nevada Revised Statutes (NRS) 639.255.

15. By providing inadequate counseling to JP-H, respondent Mr. Mann violated NRS 639.266(1), NAC 639.707 and NAC 639.945(1)(i). Those violations are grounds for action against Mr. Mann's Certificate of Registration pursuant to NRS 639.255.

16. As the owner of the pharmacy in which the foregoing violations occurred, Respondent Walgreens Pharmacy #02474 is responsible for those violations pursuant to NAC 639.945(2).[1]

ORDER

Based on the foregoing, **THE BOARD HEREBY ORDERS:**

17. In connection with the First Cause of Action set forth in the Accusation in this matter, Respondents Mr. Mann, RPh., and Ms. Park, RPh., shall each:

a. Pay a fine of $1,000.00,

[1] The Board did not find Walgreens negligent in this matter.

b. Pay an administrative fee of $49.00 to cover the Board's costs for processing fingerprinting cards for each of these respondents, and

c. Complete one (1) unit of continuing education (CE) on error prevention within ninety (90) days of the effective date of this Order.

18. In connection with the Second Cause of Action, Mr. Mann shall:

a. Pay a fine of $750.00,

b. Complete one (1) unit of CE on counseling within ninety (90) days of the effective date of this Order.

19. In connection with the Third Cause of Action, Respondent Walgreens shall:

a. Pay an administrative fee of $500.00,

b. Receive a letter from Board Staff requesting a copy of Walgreens' pharmacy policies and procedures, which Walgreens shall provide, and Board Staff shall review. Board Staff's review will be followed by an informal meeting of Board Staff, the Walgreens' District Manager and the Walgreens' Pharmacy Manager for Walgreens #02474 to discuss issues identified by Board Staff.

20. Respondents shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within ninety (90) days of the effective date of this Order. If circumstances so merit, Board Staff has the discretion and authority to establish a payment plan under which any of these Respondents may pay the fine(s) set forth herein through installments without further action or vote by the Board.

21. Respondents shall pay the administrative fees set forth herein by cashier's or certified check of money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office within sixty (90) days of the effective date of this Order.

22. Any failure by any Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of that respondent's registrations/licenses until all terms have been satisfied. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 3 day of July, 2014.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
MAY - 8 2014
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	**CASE NO. 13-070-RPH-A-N**
v.	)	**CASE NO. 13-070-RPH-B-N**
	)	**CASE NO. 13-070-PH-N**
ANDREW F. MANN, RPH	)	
Certificate of Registration No. 18565,	)	**NOTICE OF INTENDED**
	)	**ACTION AND ACCUSATION**
ALEXANDRIA W. PARK, RPH	)	
Certificate of Registration No. 14825,	)	
	)	
WALGREENS #02474	)	
Certificate of Registration No. PH01939,	)	
	)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Andrew Mann (Mr. Mann), Certificate of Registration No. 18565, was a registered pharmacist with the Board, Respondent Alexandria Park (Ms. Park), Certificate of Registration No. 14825, was a registered pharmacist with the Board, and Respondent Walgreens Pharmacy #02474 (Walgreens), Certificate of Registration No. PH01939, was a pharmacy registered with the Board.

II.

On or about October 9, 2013, patient JP-H's physician phoned in a prescription to Walgreens for clomiphene 50 mg tablets. JP-H picked up the prescription from Walgreens the following day.

III.

On October 11, 2013, JP-H ingested two capsules per the pharmacist's instructions. Within a few hours, she began to experience dizziness, shortness of breath, dilated pupils, nausea, stomach pain, diarrhea and insomnia. JP-H examined the label on the prescription bottle and discovered that clomipramine 50 mg. capsules (an antidepressant) had been dispensed instead of the prescribed clomiphene 50 mg. tablets (fertility medication).

IV.

Mr. Mann was the pharmacist who retrieved the telephonic prescription for JP-H. Mr. Mann transcribed the prescription and staged it for data entry.

V.

Pharmaceutical technician in training Bree Donnelly (Ms. Donnelly) entered the required data into the pharmacy's computerized prescription tracking system. When entering the product name, Ms. Donnelly inadvertently selected clomipramine 50 mg. capsules instead of the prescribed clomiphene 50 mg. tablets. The prescription data was then forwarded to a pharmacist for review prior to filling.

VI.

Ms. Park was the pharmacist who performed the data entry review. Ms. Park failed to detect that clomipramine had been erroneously entered for clomiphene. Ms. Park sent the prescription back to the queue to await filling.

VII.

Ms. Donnelly retrieved and filled the approved prescription the next day.

VIII.

Ms. Donnelly has no independent recollection of this particular fill. Her normal procedure is to print the label set, retrieve the stock bottle, count the product, place the product in a prescription bottle, label the bottle, and stage the final product, stock bottle and any additional labels for pharmacist verification prior to dispensing.

IX.

Mr. Mann performed the final review and verification of the prescription. During verification, Mr. Mann failed to detect that clomipramine had been provided rather than clomiphene.

X.

On October 10, 2013, JP-H picked up her prescription. During patient counseling, Mr. Mann again failed to detect that the prescription for clomiphene 50 mg. tablets had been erroneously filled with clomipramine 50 mg. capsules.

FIRST CAUSE OF ACTION

XI.

In failing to strictly follow the instructions of JP-H's physician by verifying and dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets that were prescribed, Respondents Andrew Mann, Alexandria Park, and Walgreens Pharmacy #02474 violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION

XII.

By failing to detect during counseling that the prescription was filled with clomipramine 50 mg. capsules rather than clomiphene 50 mg. tablets, Mr. Mann and Walgreens Pharmacy #02474 provided inadequate counseling in violation of NAC 639.707(1) and 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and 639.266(1).

THIRD CAUSE OF ACTION

XIII.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Walgreens Pharmacy #02474 is responsible and therefore subject to

discipline pursuant to NAC 639.945(1)(d) and (i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 8th day of May, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

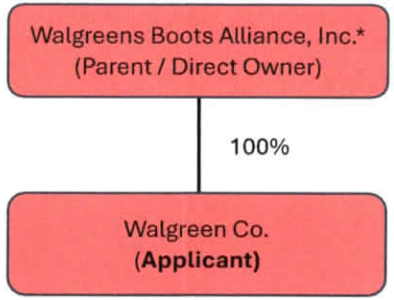
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

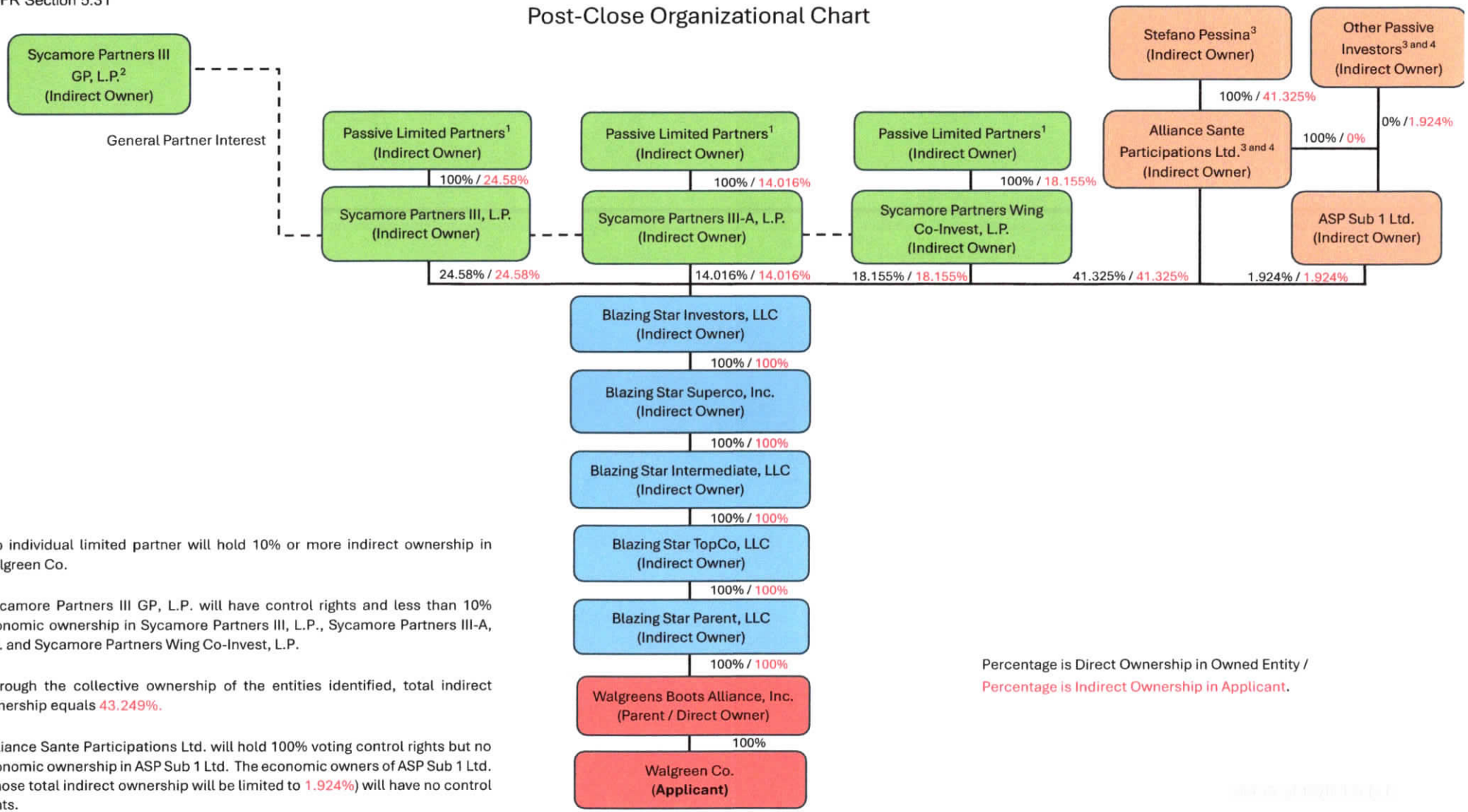
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

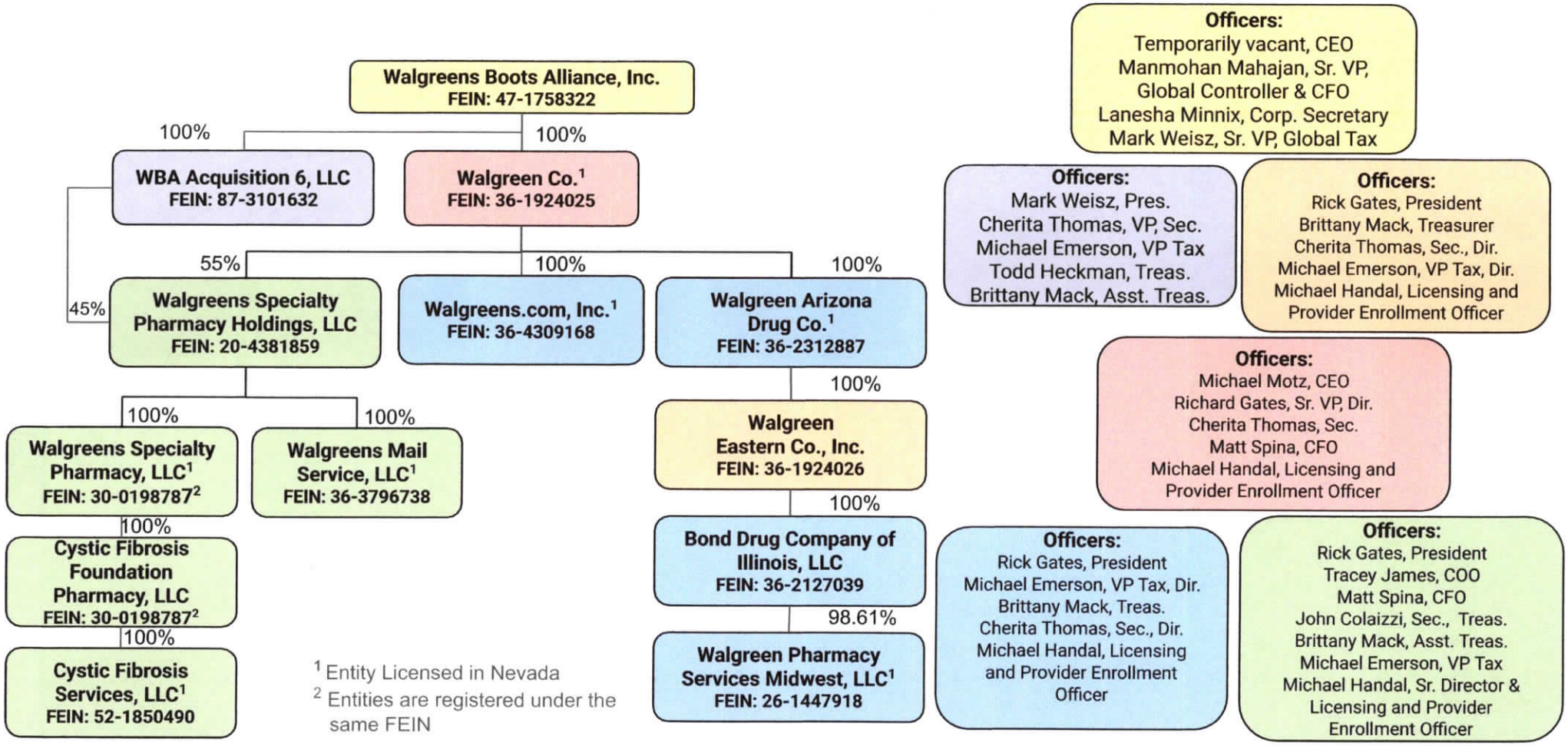
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4SSSSS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02214	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW0108806 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #09902

Physical Address: 292 LOS ALTOS PKWY

City: Sparks State: NV Zip: 89436-7708

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)354-0104 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)354-0122 Contact Email: rxm.09902@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): BUDDY FANG

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15650

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: BUDDY FANG	NV Pharmacist Registration #: 15650
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 ck JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: BUDDY FANG Pharmacist Registration #: 15650

Pharmacy Name: WALGREENS #09902

Initial each statement below to indicate you have read and agree with the following:

B.F. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

B.F. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

B.F. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

B.F. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

B.F. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BUDDY FANG

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 04 / 2025

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

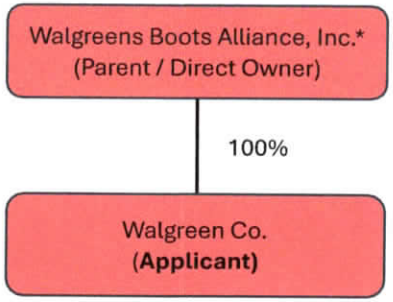
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

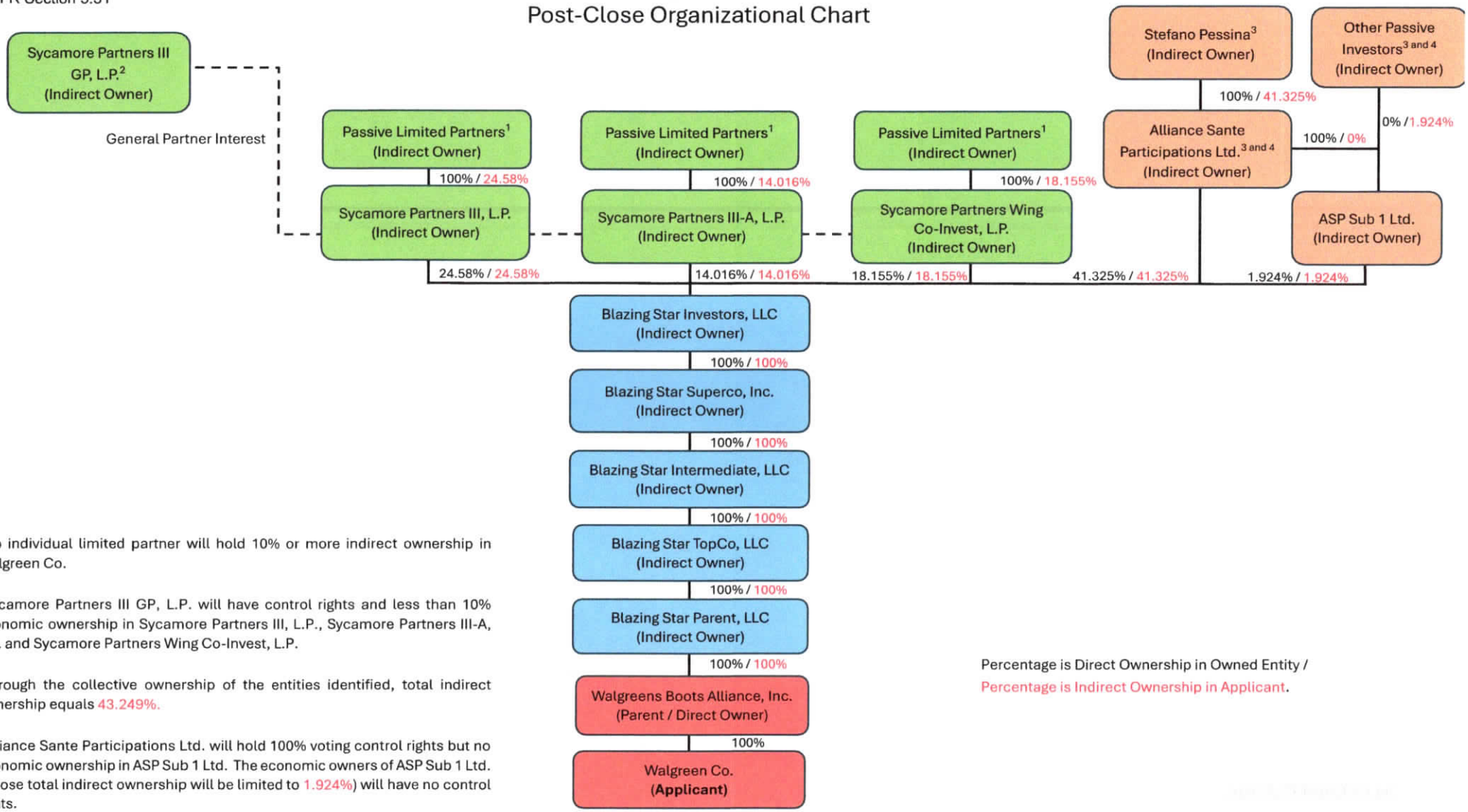
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

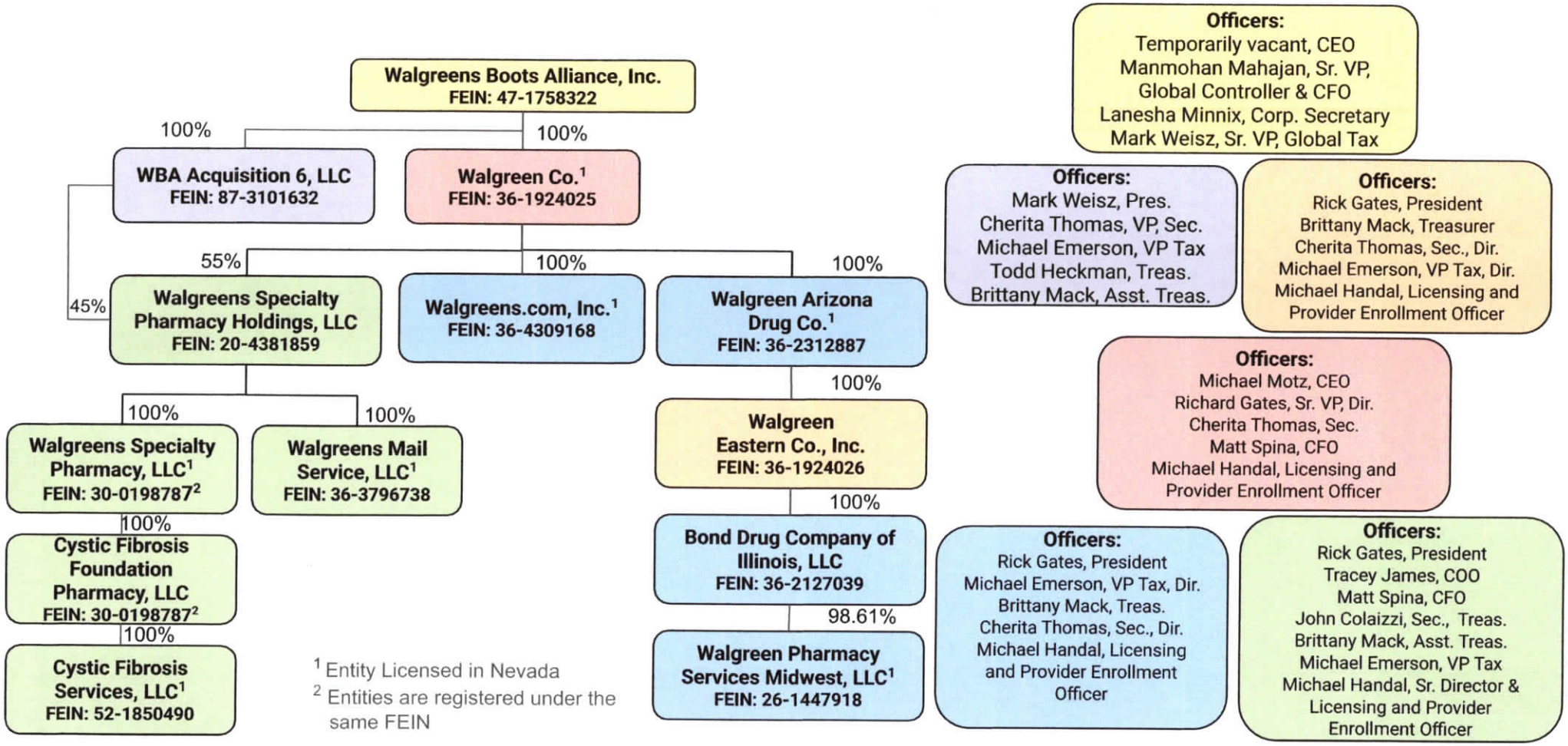
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4TTTTT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02513	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1353488 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #11227

Physical Address: 2299 ODDIE BLVD

City: SPARKS State: NV Zip: 89431-7573

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)358-4721 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)358-0546 Contact Email: rxm.11227@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): RANDY LEE

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20482

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: RANDY LEE	NV Pharmacist Registration #: 20482
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK UP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: RANDY LEE Pharmacist Registration #: 20482

Pharmacy Name: WALGREENS #11227

Initial each statement below to indicate you have read and agree with the following:

R.L. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

R.L. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

R.L. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

R.L. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

R.L. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☑	☐
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RANDY LEE

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 10 / 2025

Date

FILED
MAR 06 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN BLAIR, RPH** **Certificate of Registration No. 17494, and** **WALGREENS PHARMACY #11227** **Certificate of Registration No. PHN02513,** **Respondents.**	**CASE NO. 17-044-RPH-N** **17-044-PH-N** **STIPULATION AND ORDER** **(Walgreens #11227 Only)**

S. PAUL EDWARDS, ESQ., prosecuting for the State of Nevada, Nevada State Board of Pharmacy ("Board"), and Respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513 ("Walgreens"), represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law,

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over these parties and this matter.

2. The Board properly served a *Notice of Intended Action and Accusation* (Accusation) on the Walgreens on or about October 24, 2018.

3. Walgreens did not file an *Answer and Notice of Defense* in this case.

4. Walgreens is fully aware of its right to seek the advice of counsel in this matter and has either obtained the advice of counsel or hereby waives that right to seek the advice of counsel by signing this Stipulation below.

5. Walgreens is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any other rights which may be

accorded to it pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that it has failed to comply with the provisions of Paragraph 9 below, Walgreens hereby freely and voluntarily waives its right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. Without admitting or denying the facts below, Walgreens admits that if this case were to proceed to a hearing, evidence exists and could be presented by the prosecution that could establish certain factual allegations as forth in the Accusation, *to wit:*

a. On April 7, 2017, patient T.B. went to Walgreens to refill what had previously been designated as Prescription No. 597217 (75 mg. clopidogrel (Plavix) tablets).

b. The pharmacist on duty, Susan Blair, did not refill Prescription No. 597217.

c. She closed the clopidogrel prescription (Prescription No. 597217) "pending response from the provider."

d. During the course of the Board's investigation, the Board Investigator sought to obtain prescription records to substantiate Walgreens' report that Blair closed Prescription No. 597217.

e. Walgreens produced no records to substantiate that report.

f. Later the same day that Blair purportedly closed Prescription No. 597217—April 7, 2017—Blair initiated another prescription for clopidogrel for T.B., which Walgreens designated Prescription No. 603227.

g. The Board Investigator requested repeatedly an audit of Prescription No. 603227, and pharmacy manager Derek Engebretson sent an audit request for Prescription No. 603227 to Walgreens' Pharmacy Affairs.

h. In response, Walgreens' Pharmacy Affairs responded that Blair created and filled Prescription No. 603227 on April 7, 2017, then deleted that prescription record. The Rx was filled on 4/7/17 @16:26:48. The prescription was not verified or sold."

i. Walgreens did not provide a complete record of that fill.

j. Walgreens provided inconsistent and conflicting information and documents regarding the origin and status of Prescription No. 603227.

k. Information provided by Tom Bui, a Walgreens Healthcare Supervisor for Pharmacy and Retail Operation, to the Board Investigator indicates that:

> . . . for reason unknown, the store closed the clopidogrel rx #597217 and COPY creates an new rx 603227 for the same drug, same directions, same quantity on 04/07/2017 at 2:35 pm. The rx was never filled and subsequently stored.

l. Walgreens provided no records to show that Prescription No. 603227 was "stored".

m. That report that Prescription No. 603227 was "stored" conflicts with other records that indicate that Prescription No. 603227 was ". . . filled, then deleted on 4/7/17 at 16:26:48 (4:26:48 pm). The prescription was not verified or sold."

n. Other records from Walgreens indicate that a third prescription, "Rx 604576 was COPY created from the stored Rx 603227 on 04/13/2017 and dispensed to the patient on 04/13/2017.)" Again, that record that Prescription No. 603227 was stored and used to create Prescription No. 604576 is at odds with Walgreens' records indicating that Prescription No. 603227 was deleted.

o. The Walgreens records indicating that Prescription No. 604576 was created from "deleted" or "stored" Prescription No. 603277 also conflicts with Walgreens' records indicating that Prescription No. 60476 was created by Ms. Blair from the other previously closed Prescription No. 597217 on 04/07/2017.

p. Further, the fill history for Prescription No. 60476 contains entries that are out of sequence.

Fill History

Scanned by M.R. Beardsley 03/13/2017 14:09:11
Entered by K.A. Urritia on 04/13/2017 11:40:39
Pat/Pbr rev by S. Blair on 04/07/2017 15:42:50
Data Prod rev by S. Plair on 04/07/2017 15:42:50
Filled by R. Ochoa on 04/13/2017 11:46:24
Prod. Rev by D.R. Engebretson on 04/13/2017 11:47:03
Sold Date 04/13/2017 11:52:00
RPH of Record: D.R. Engebretson

The records Walgreens provided for Prescription No. 604576 indicate that respondent Blair somehow approved the data entered by K.A. Urrutia six days before Urrutia entered the data and before Mr. Engebretson created that prescription on 04/13/2017. Walgreens' inability to provide records showing a clear history of Prescription Nos. 603227 and 604576 persisted throughout the Board's investigation.

8. Walgreens further admits that the facts alleged in the Accusation, if proven, support the legal conclusions set forth in the Fourth and Fifth Causes of Action in the Accusation on file in this matter, including that:

a. By allowing Prescription No. 603227 to be deleted, Walgreens violated NAC 639.706(2) and (3) by failing to maintain a record that adequately explains or accounts for that serial number (603277) even though it was not filled.

b. By failing to maintain clear records of the origin and status of Prescription Nos. 603227 and 604576 in a readily retrievable manner and by failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for those prescription numbers, Walgreens violated NAC 639.910(1)(a), NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3).

c. For each of the forgoing violations, Walgreens is subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Walgreens stipulates to the following penalties:

a. For the Fourth Cause of Action, Walgreens shall pay a fine of one thousand dollars ($1,000.00) related to Ms. Blair's act of deleting Prescription No. 603227.

b. For the Fifth Cause of Action, Walgreens shall pay an administrative fee to partially offset the costs of Board Staff's investigation and prosecution of this case in the amount of two thousand dollars ($2,000.00).

c. Additionally, Walgreens, through its authorized representatives, shall meet with Board Staff to review its policies and procedures regarding the requirements of Nevada law concerning prescription record retention and the preservation of prescription records in a readily retrievable manner. Based on the outcome of that meeting, Walgreens shall establish and provide for Board Staff's review policies and procedures that are consistent with Nevada law regarding those matters.

d. Once the foregoing policies and procedures are approved by Board Staff as complying with Nevada law, Walgreens shall re-train all of its current pharmacists and train all future pharmacists regarding the same.

10. Board Counsel will present this Stipulation to the Board Members for approval at the Board's regularly scheduled meeting on March 6, 2019, in Reno, Nevada. Walgreens will

appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Walgreens is not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's April 2019 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Walgreens shall pay the fine(s) agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

14. Walgreens shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

15. Any failure by any Walgreens to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of that Walgreens's respective registrations, until all terms have been complied with.

[THIS AREA INTENTIALLY LEFT BLANK]

Respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513, has fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and freely and voluntarily agrees to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 6th day of March 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 6 day of March 2019

Authorized Representative of Walgreens
#12277, Certificate of Registration No.
PHN02513.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

6 MARCH 2019
Dated

Jason Penrod, President
Nevada State Board of Pharmacy

FILED
OCT 24 2018
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SUSAN BLAIR, RPH Certificate of Registration No. 17494, and WALGREENS PHARMACY #11227 Certificate of Registration No. PHN02513, Respondents.	CASE NO. 17-044-RPH-N 17-044-PH-N NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, respondent SUSAN BLAIR, RPH, Certificate of Registration No. 17494 ("Blair"), was a pharmacist registered by the Board, and respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513 ("Walgreens"), was a pharmacy registered by the Board.

DISCIPLINARY HISTORY

II.

In March 2014, the Board entered a Stipulation and Order in the case of *Board of Pharmacy v. Respondents Susan Blair, Case No. 13-039-RPH-N and Walgreens Pharmacy #11227, Case No. 13-039-PH-N,* for violations resulting in the filling and dispensing of an

unauthorized prescription and three subsequent unauthorized refills of zolpidem, a Scheduled IV hypnotic. As a penalty, the Board ordered Blair to pay a fine of $1,000.00 and administrative fee of $500.00. The Board ordered Walgreens to provide additional training to its pharmacists and technicians on proper documentation and annotation of prescriptions that are superseded by other prescriptions.

FACTUAL ALLEGATIONS

III.

On March 11, 2017, patient T.B. saw his cardiologist, Dr. Nylk, who prescribed him thirty (30) 75 mg. clopidogrel (Plavix) tablets with instructions to take one tablet by month once a day. The prescription included three refills.

IV.

T.B. tendered the prescription to Walgreens two days later, on March 13. Walgreens dispensed the medication, Prescription No. 597217, the same day.

V.

On March 22, 2017, Dr. Nylk increased the quantity of T.B.'s prescription for 75 mg. clopidogrel (Plavix) tablets from thirty to ninety tablets with instructions to take one tablet by mouth once a day. Walgreens filled that prescription, Prescription No. 599411, the next day.

VI.

At the same time, Dr. Nylk provided T.B. an additional prescription for sixty 5 mg. Eliquis tablets with instructions to take one tablet by mouth twice a day. Dr. Nylk prescribed Eliquis as part of T.B.'s ongoing anti-platelet anticoagulation therapy. Walgreens designated that as Prescription No. 599727.

VII.

On April 7, 2017, T.B. returned to Walgreens to refill Prescription No. 597217 (75 mg. clopidogrel (Plavix) tablets).

VIII.

The pharmacist on duty, respondent Blair, refused to refill Prescription No. 597217, informing T.B. that the combination of clopidogrel and Eliquis posed a risk of increased bleeding. Blair advised T.B. to discontinue Eliquis and clopidogrel until T.B. consulted Dr. Nylk.

IX.

Blair then closed the clopidogrel prescription (Prescription No. 597217) "pending response from the provider."

X.

Blair did not speak with Dr. Nylk to discuss and resolve her concerns regarding Prescription No. 597217 before or after she declined to fill that prescription.

XI.

As a result of Ms. Blair's actions, T.B. went without anticoagulant therapy for about 4 or 5 days.

XII.

During the course of the Board's investigation, the Board Investigator sought to obtain prescription records to substantiate the report he received from Walgreens that Blair closed Prescription No. 597217. Walgreens produced no records to substantiate that report.

XIII.

Later that same day that Blair purportedly closed Prescription No. 597217 (April 7, 2017), Blair initiated another prescription for clopidogrel for T.B., which Walgreens designated Prescription No. 603227.

XIV.

The Board Investigator requested repeatedly an audit of Prescription No. 603227, and pharmacy manager Derek Engebretson sent an audit request for Prescription No. 603227 to Walgreens' Pharmacy Affairs.

XV.

In response, Walgreens' Pharmacy Affairs responded that Blair created and filled Prescription No. 603227 on April 7, 2017, then deleted that prescription record.

XVI.

There is no record of that fill at the Walgreens #11227.

XVII.

Walgreens provided inconsistent and conflicting information and documents regarding the origin and status of Prescription No. 603227. Information provided by Tom Bui, a Walgreens Healthcare Supervisor for Pharmacy and Retail Operation, to the Board Investigator indicates that:

> " . . . for reason unknown, the store closed the clopidogrel rx #597217 and COPY creates an new rx 603227 for the same drug, same directions, same quantity on 04/07/2017 at 2:35 pm. The rx was never filled and subsequently stored."

XVIII.

Walgreens provided no records to show that Prescription No. 603227 was "stored".

XIX.

That report that Prescription No. 603227 was "stored" conflicts with other records that indicate that Prescription No. 603227 was ". . . filled, then ***deleted*** on 4/7/17 at 16:26:48 (4:26:48 pm). The prescription was not verified or sold." (Emphasis added.)

XX.

Other records from Walgreens indicate that a third prescription, "Rx 604576 was COPY created from the ***stored*** Rx 603227 on 04/13/2017 and dispensed to the patient on 04/13/2017.)" (Emphasis added.) Again, that record that Prescription No. 603227 was ***stored*** and used to create Prescription No. 604576 is at odds with Walgreens' records indicating that Prescription No. 603227 was ***deleted***.

XXI.

The Walgreens records indicating that Prescription No. 604576 was created from "deleted" or "stored" Prescription No. 603277 also conflicts with Walgreens' records indicating that Prescription No. 60476 was created by Ms. Blair from the other previously closed Prescription No. 597217 on 04/07/2017.

XXII.

Further, the fill history for Prescription No. 60476 contains entries that are out of sequence.

Fill History

Scanned by M.R. Beardsley 03/13/2017 14:09:11
Entered by K.A. Urritia on 04/13/2017 11:40:39
Pat/Pbr rev by S. Blair on 04/07/2017 15:42:50
Data Prod rev by S. Plair on 04/07/2017 15:42:50
Filled by R. Ochoa on 04/13/2017 11:46:24
Prod. Rev by D.R. Engebretson on 04/13/2017 11:47:03
Sold Date 04/13/2017 11:52:00
RPH of Record: D.R. Engebretson

The records Walgreens provided for Prescription No. 604576 indicate that respondent Blair somehow approved the data entered by K.A. Urrutia six days before Urrutia entered the data and before Mr. Engebretson created that prescription on 04/13/2017.

XXIII.

Walgreens' inability to provide records showing a clear history of Prescription Nos. 603227 and 604576 persisted throughout the Board's investigation.

FIRST CAUSE OF ACTION
Regulatory Violation: Failure to Contact Prescribing Practitioner
(Respondent Blair)

XXIV.

A pharmacist may decline to fill a prescription "only if the pharmacist reasonably believes, in his or her professional judgement" that filling the prescription would be unlawful, imminently harmful to the health of the patient, fraudulent or not for a legitimate medical purpose. *See* NAC 639.753.

The regulation also requires that a pharmacist who declines to fill a prescription "shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription." NAC 639.753(2) (referencing the requirement that the pharmacist must speak to the prescribing practitioner in order to decline to fill a prescription).

Blair violated NRS 639.753(2)(4) by failing to contact Dr. Nylk to speak with him about T.B.'s concurrent clopidogrel and Eliquis prescriptions before, at the time or after she declined to fill T.B.'s prescription for clopidogrel. For that violation, Blair is subject to discipline pursuant to NRS 639.210(12) (violation of any law or regulation related to drugs or the practice of pharmacy) and NRS 639.255.

SECOND CAUSE OF ACTION
Unprofessional Conduct: Failure to Contact Prescribing Practitioner
(Respondent Blair)

XXV.

"Performing any of [a registrant's] duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i). Unprofessional conduct or conduct contrary to the public interest is grounds for discipline pursuant to NRS 639.210(4). *See also* NRS 639.255.

Blair acted "in an incompetent, unskillful or negligent manner" and thereby engaged in "unprofessional conduct or conduct contrary to the public interest" when she failed to speak to Dr. Nylk before, at the time or after she declined to fill T.B.'s prescription for clopidogrel. *See*

NAC 639.945(1)(i). For that conduct, Blair is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

THIRD CAUSE OF ACTION
Statutory Violation: Failure to Maintain Records
(Respondent Blair)

XXVI.

"Performing any of [a registrant's] duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i). Unprofessional conduct or conduct contrary to the public interest is grounds for discipline pursuant to NRS 639.210(4) and NRS 639.255.

Blair acted "in an incompetent, unskillful or negligent manner" and thereby engaged in "unprofessional conduct or conduct contrary to the public interest" when she closed Prescription No. 597217 without explanation and without creating a record of her contact with patient T.B. *See* NAC 639.945(1)(i). For that conduct, Blair is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

FOURTH CAUSE OF ACTION
Failure to Maintain Records for Prescription No. 603227
(Respondent Walgreens #112277 and Respondent Blair)

XXVII.

> **NAC 639.706 Marking of prescriptions with serial numbers; maintenance of files of prescriptions.**
> 1. A pharmacist who receives a prescription to fill, including a prescription that is written, transcribed from an oral order or transferred to the pharmacy, shall mark on the prescription a unique serial number issued for that prescription.
> 2. A pharmacist shall maintain files of prescriptions in a manner that ensures that every serial number is accounted for pursuant to NAC 453.480. If the prescriptions are not filed in

numerical order, the pharmacist shall file the prescriptions in such a manner that any prescription can be readily retrieved.

3. A pharmacist shall maintain a physical record in the files of prescriptions that accurately explains or accounts for any serial number issued for a prescription that is not filled, including a serial number issued in error or for a prescription that is later rendered void.

By deleting Prescription No. 603227, respondents violated NAC 639.706(2) and (3) by failing to maintain a record that adequately explains or accounts for that serial number (603277) even though it was not filled. For that violation, respondents are subject to discipline pursuant to NRS 639.210(12) (violation of any law or regulation related to drugs or the practice of pharmacy) and NRS 639.255.

FIFTH CAUSE OF ACTION
Failure to Maintain and Produce Prescription Records
(Respondent Walgreens #112277)

XXVIII.

NAC 639.910(1)(a) requires that "[a]ny computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides: (a) A readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription".

Nevada law requires a pharmacy computer system to have adequate safeguards to identify whether information in the system concerning a prescription has been modified or manipulated, and, where information was modified or manipulated, identify the manner, date and

person who modified or manipulated the information. *See* NAC 639.930(3), *see also* NAC 639.751(1)(b) and (2).

Additionally, NAC 639.930(4) and (5) require the pharmacy's computer system to maintain the information identified per NAC 639.930(3) and to prevent the removal of that information and the record of a prescription once the system assigns a number to the prescription. Further, NAC 639.935(3)(g)(3) states that computer system must produce printed records of history of each modification or manipulation of information concerning the prescription.

In failing to maintain clear records of the origin and status of Prescription Nos. 603227 and 604576 in a readily retrievable manner and by failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for those prescription numbers, Walgreens violated NAC 639.910(1)(a), NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3). For that conduct, Walgreens is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SIXTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #112277)

XXIX.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of

pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, "the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ." NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for the violations alleged herein pursuant to NAC 639.702 and NAC 639.945(2). Walgreens is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

XXX.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 24th day of October 2018.

J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHUONG QUYNH DOAN, RPH** **Certificate of Registration No. 18605,** **SUSAN BLAIR, RPH** **Certificate of Registration No. 17494,** **KENNY HOA PHAM, RPH** **Certificate of Registration No. 17592,** **MAILANI ESPIRITU, RPH** **Certificate of Registration No. 17117, and** **WALGREENS PHARMACY #11227** **Certificate of Registration No. PHC02513,** **Respondents.**	**CASE NO. 14-076-RPH-A-N** **CASE NO. 14-076-RPH-B-N** **CASE NO. 14-076-RPH-C-N** **CASE NO. 14-076-RPH-D-N** **CASE NO. 14-076-PH-N** **STIPULATION AND ORDER** **(1st and 5th COA)** FILED JUN 10 2015 NEVADA STATE BOARD OF PHARMACY

S. PAUL EDWARDS, General Counsel for Petitioner the NEVADA STATE BOARD OF PHARMACY (Board), and Respondents PHUONG QUYNH DOAN, RPH, Certificate of Registration No. 1860 and WALGREENS PHARMACY #11227, Certificate of Registration No. PHC02513 ("Walgreens #11227") (collectively "Respondents"), represented by William J. Stilling of Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about April 23, 2015, which each Respondent received.

3. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter, and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Conditioned on the Board's acceptance of this Stipulation, and with the exception of the right to challenge any determination that any Respondent failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Respondents, and each of them, admit that evidence exists, and that such evidence could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

a. By failing to detect during data verification that Brintellix 20 mg. tablets were erroneously selected during data entry, rather than the Brintellix 5 mg. tablets prescribed, Respondent Doan, R.Ph. violated Nevada Administrative Code (NAC) 639.945(1)(d) and (i), which are grounds for discipline pursuant to NRS 639.255.

b. As the owner of the pharmacy in which the violations at issue here, or any one of them, occurred, Respondent Walgreens #11227 is statutorily responsible for the actions of

its employees, and is therefore subject to discipline pursuant to NAC 639.945(2) and NRS 639.255.[1]

7. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

8. Based upon the Accusation and the foregoing admissions, Respondents, and each of them, stipulate to the following penalties, which will become binding and enforceable upon approval of this Stipulation by the Board:

a. Phuong Quynh Doan, R.Ph.: Related to the violations alleged in the First Cause of Action, Ms. Doan shall: (i) pay a fine of $500.00, and (ii) complete two one-hour CE units on the topics of safe workflow procedures (1 CE) and proper prescription verification techniques (1 CE).

b. Walgreens #11227: Related to the allegations in the Fifth Cause of Action, Walgreens Pharmacy #11227 will pay an administrative fee of $495.00.

9. The CE units agreed to above are in addition to the CE units Ms. Doan is ordinarily required to complete to maintain a pharmacist license.

10. Board Counsel will present this Stipulation to the Board for approval at its meeting on June 10, 2015, in Reno, Nevada. Respondents, and each of them, will appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding the Stipulation even if one or more Respondent is absent. The Board has discretion to approve this Stipulation, but it has no obligation to do so.

---

[1] Walgreens Pharmacy #11227 does not stipulate to have acted negligently in this matter.

11. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release the other from any and all claims arising from the facts set forth in the first cause of action stated in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

12. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's September 2-3, 2015 meeting in Reno, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Respondent Doan shall pay the *fines* agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

14. Respondent Walgreens #11227 shall pay the *administrative fees* agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within ninety (90) days of the effective date of the Board's Order.

15. Any failure by any Respondent to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's respective registration/license, until all terms have been satisfied.

Signed this 10 day of June, 2015

S. PAUL EDWARDS, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this ___ day of June, 2015

PHUONG QUYNH DOAN, RPH
Certificate of Registration No. 18605

Signed this 10 day of June, 2015

Authorized Representative
WALGREENS PHARMACY #11227
Certificate of Registration No. PHC02513

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents PHUONG QUYNH DOAN, RPH., Certificate of Registration No. 18605 and WALGREENS PHARMACY #11227, Certificate of Registration No. PHC02513, in case numbers 14-076-RPH-A-N and 14-076-PH-N, respectively, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 10 day of June, 2015

Leo Basch, Acting President
Nevada State Board of Pharmacy

FILED
JUL 02 2015
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHUONG QUYNH DOAN, RPH** **Certificate of Registration No. 18605,** **SUSAN BLAIR, RPH** **Certificate of Registration No. 17494,** **KENNY HOA PHAM, RPH** **Certificate of Registration No. 17592,** **MAILANI ESPIRITU, RPH** **Certificate of Registration No. 17117, and** **WALGREENS PHARMACY #11227** **Certificate of Registration No. PHC02513,** **Respondents.**	**CASE NO. 14-076-RPH-A-N** **CASE NO. 14-076-RPH-B-N** **CASE NO. 14-076-RPH-C-N** **CASE NO. 14-076-RPH-D-N** **CASE NO. 14-076-PH-N** **FINDINGS OF FACT, CONCLUSONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, June 10, 2015, in Reno, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. William J. Stilling, Esq., of Parsons Behle & Latimer, filed an Answer and Notice of Defense and appeared at the hearing on behalf of Respondents Phuong Quynh Doan, RPh., Certificate of Registration No. 18605; Susan Blair, RPh., Certificate of Registration No. 17494; Kenny Hoa Pham, RPh., Certificate of Registration No. 17592; Mailani Espiritu, RPh., Certificate of Registration No. 17117 and Walgreens Pharmacy #11227, Certificate of Registration No. PHC02513 (Walgreens).

Based on the evidence presented, including testimony, the Board enters the following findings of fact, conclusions of law and orders.

FINDINGS OF FACT

1. On October 22, 2014, a nurse with Northern Nevada Adult Mental Health Services (NAMHS) filed a complaint with the Board on behalf of patient K.Z. The nurse alleged that Respondent Walgreens and its pharmacists incorrectly filled a prescription for K.Z. by dispensing Brintellix 20 mg. tablets, instead of the Brintellix 5 mg. tablets K.Z.'s physician prescribed.

2. K.Z.'s physician wrote the subject prescription on or about August 14, 2014, which included an initial fill and four refills.

3. Walgreens accepted the prescription on August 15, 2014, and filled it a week later.

4. On October 10, 2014, K.Z. returned to Walgreens to pick up a refill of her medication. At that time, pharmacy staff informed her that the medication Walgreens dispensed in August was incorrect.

5. By that time, K.Z. had ingested thirty (30) of the erred medication.

6. K.Z. contacted the NAMHS nurse regarding the dispensing error. During a subsequent visit, the nurse noted that K.Z. displayed marked symptoms of agitation and nervousness. The nurse attributed those symptoms to the Brintellix overdose, but provided no evidence to support that suspicion.

7. According to Walgreen's records, the dispensing error occurred as follows:

a. Upon receipt of K.Z.'s prescription (Rx #389857), a pharmaceutical technician scanned it into the pharmacy computer system and entered it into the production queue for processing.

b. Pharmaceutical technician Delmi Zelaya (Ms. Zelaya) retrieved the prescription from the production queue for data entry. During data entry, Ms. Zelaya inadvertently entered the incorrect dosage.

c. Ms. Zelaya sent the prescription data into the data entry verification queue for approval by a pharmacist.

d. Respondent Ms. Doan performed data verification for Rx#389857. She failed to detect the dosage error during the data verification process. She approved the data entry and sent it to the queue for filling.

e. Rx#389857 then went into a holding status pending resolution of insurance issues. The prescription went back into production on August 22, 2014, and was assigned a new prescription number (Rx #391017).

f. Respondent Pham entered a Drug Utilization Review (DUR) override for Rx #391017at 12:07 p.m. The DUR warning related to the patient's insurance plan and indicated a potential drug-drug interaction with buproprion 100 mg. tablets.

g. Mr. Pham did not identify the dosage error during the DUR process.

h. Another pharmaceutical technician retrieved prescription Rx #391017 from the queue at 12:34 p.m. He filled the prescription and staged the labeled prescription bottle and contents, label set and stock bottle for a product review.

i. Respondent Ms. Blair performed the product verification. She did not detect that the prescription bottle contained Brintellix 20 mg. tablets, rather than the Brintellix 5 mg. tablets as prescribed.

j. Ms. Blair approved the prescription as accurate and complete and staged the final product for customer pickup.

k. The Audit/Board of Pharmacy Report indicates that Pharmacist Espiritu sold the medication to KZ. She attempted counseling, but K.Z. declined.

8. The foregoing findings are supported by the Answer(s) filed by the Respondents, and are further supported by the evidence, including testimony, presented to the Board during the hearing.

CONCLUSIONS OF LAW

Based on the forgoing, the Board concludes on matters of law as follows:

9. The Board has jurisdiction over this matter because at the time of the conduct set forth above, Respondents, and each of them, were either registered pharmacists or a registered pharmacy with the Board.

10. Ms. Doan and Walgreens stipulated separately in writing as to the factual and legal allegations relating to the First Cause of Action. The Board accepted that Stipulation and Order, along

with the penalties set forth therein. It makes no additional findings or conclusions regarding those allegations.

11. At Mr. Pham's request, the Board continued the hearing on the Second Cause of Action to the July 22, 2015 Board Meeting in Las Vegas, Nevada.

12. Although evidence exists to support the primary factual allegation underlying the Third Cause of Action—specifically that Respondent Ms. Blair did not detect the dosage error during product verification—the Board concludes that Ms. Blair did not violate the law.

13. As to the Fourth Cause of Action, based on new evidence presented for the first time during the hearing, Board Staff moved to dismiss the allegations against Ms. Espiritu, which request the Board granted.

14. Regarding the allegations in the Fifth Cause of Action, the Board found no violations of law outside of those addressed by Ms. Doan's and Walgreens' separate Stipulation and Order. Walgreens therefore bears no statutorily responsible for the violations alleged in the Second, Third or Fourth Causes of Action.

15. Each party is to bear its own costs and attorney fees.

IT IS SO ORDERED.

Signed and effective this 2 day of July, 2015.

Leo Basch Pharm D RPh

Leo Basch, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. PHUONG QUYNH DOAN, RPH Certificate of Registration No. 18605, SUSAN BLAIR, RPH Certificate of Registration No. 17494, KENNY HOA PHAM, RPH Certificate of Registration No. 17592, MAILANI ESPIRITU, RPH Certificate of Registration No. 17117, and WALGREENS PHARMACY #11227 Certificate of Registration No. PHC02513, Respondents. /	CASE NO. 14-076-RPH-A-N CASE NO. 14-076-RPH-B-N CASE NO. 14-076-RPH-C-N CASE NO. 14-076-RPH-D-N CASE NO. 14-076-PH-N NOTICE OF INTENDED ACTION AND ACCUSATION

NEVADA STATE BOARD OF PHARMACY
APR 23 2015
FILED

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondents Phuong Quynh Doan (Ms. Doan), Certificate of Registration No. 18605; Susan Blair (Ms. Blair), Certificate of Registration No. 17494; Kenny Hoa Pham (Mr. Pham) Certificate of Registration 17592; and Mailani Espiritu (Ms. Espiritu), Certificate of Registration 17117, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #11227 (Walgreens), Certificate of Registration No. PHC02513, was a pharmacy registered with the Board.

II.

On March 5, 2014, the Board entered a Stipulation and Order (Order) in the case of Respondent Susan Blair (Case No. 13-039-RPH-N), and Respondent Walgreens #11227 (Case No. 13-039-PH-N). In its Order, the Board fined Ms. Blair and Walgreens #11227 for violations related to filling a prescription not in accordance with instructions from the prescriber.

III.

On or about October 22, 2014, Deborah Campanella, RN, Northern Nevada Adult Mental Health Services, filed a complaint with the Board on behalf of patient K.Z. In the complaint, Nurse Campanella alleged that Walgreens filled and dispensed K.Z.'s prescription for Brintellix 5 mg. tablets with Brintellix 20 mg. tablets.

IV.

On August 14, 2014, K.Z. saw her physician who prescribed a quantity of thirty (30) Brintellix 5 mg. tablets with instructions to take one tablet by mouth at bedtime. The physician authorized four refills of the prescription.

V.

Walgreens accepted the prescription on August 15, 2014, and filled it on August 22, 2014. K.Z. picked up the medication on August 25, 2014.

VI.

On October 10, 2014, K.Z. returned to Walgreens to pick up a subsequent refill of Brintellix. At that time, pharmacy staff informed K.Z. that the prescription Walgreens dispensed in August contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed.

VII.

K.Z. had ingested thirty (30) of the erred medication.

VIII.

K.Z. contacted Nurse Campanella regarding the dispensing error. In a subsequent

follow-up examination, Nurse Campanella noted that K.Z. was displaying marked symptoms of agitation and nervousness, possibly attributed to the Brintellix overdose.

IX.

According to pharmacy records, pharmaceutical technician James Wright scanned K.Z.'s Brintellix prescription (prescription number 389857) into the pharmacy computer system on August 15, 2014, and sent it to the production queue for processing.

X.

Pharmaceutical technician Delmi Zelaya (Ms. Zelaya) retrieved the Brintellix prescription from the production queue. During data entry, Ms. Zelaya inadvertently entered the Brintellix strength as 20 mg., rather than the 5 mg. as prescribed.

XI.

Ms. Zelaya sent the prescription data into the data entry verification queue for approval by the pharmacist prior to filling the medication.

XII.

Pharmacist Doan performed data verification for prescription number 389857. Mr. Doan failed to detect the error in the strength of Brintellix during the verification process. He approved the data entry and sent it to the queue for filling.

XIII.

Subsequent to data verification, the prescription went into a holding status pending resolution of insurance issues. Walgreens' prescription holding process is to file the original hard-copy prescription versus placing it in the "hold box."

XIV.

The insurance issues were resolved on August 22, 2014. The Brintellix prescription went back into production and assigned a new prescription number (391017). The Board investigation revealed that the original hard-copy prescription did not have a cancellation on the reverse side nor did it have any reference to the new prescription number. A search of the pharmacy

computer system showed no reference to the original prescription number 389857.

XV.

Per Walgreens' policy, prescriptions brought back into production after an insurance hold will retain the original data entry information, and go through another data entry review and verification by a pharmacist. The Audit/Board of Pharmacy Report (Report) indicates that pharmaceutical technician Zelaya performed another data entry on August 22, 2014, at 12:01 p.m. This is questionable as Ms. Zelaya was not on the schedule to work on August 22, 2014. The Report gave no indication of any other data entry reviews for that date.

XVI.

The Report did indicate that pharmacist Pham entered a Drug Utilization Review (DUR) override at 12:07 p.m., six minutes after the suspect data entry. The DUR warning related to the patient's insurance plan indicating a potential drug-drug interaction with buproprion 100 mg. tablets. Mr. Pham failed to identify the error in the strength of Brintellix during the DUR process.

XVII.

Pharmaceutical technician Mitchell Beardsley (Mr. Beardsley) retrieved prescription number 391017 from the queue at 12:34 p.m. Mr. Beardsley filled the prescription and staged the labeled prescription bottle and contents, label set and stock bottle for the pharmacist's final product review.

XVIII.

Ms. Blair performed the final product verification. Ms. Blair failed to detect that the prescription bottle contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed. Ms. Blair approved the prescription as accurate and complete and staged the final product for customer pickup.

XIX.

The Audit/Board of Pharmacy Report indicates that Pharmacist Espiritu attempted

counseling and that K.Z. declined. This is not consistent with the screenshot of the prescription profile in the pharmacy computer system which indicates that counseling was provided. During counseling, or the attempted counseling, Ms. Espiritu did not detect the error in the strength of Brintellix 20 mg.

FIRST CAUSE OF ACTION
(Respondent Phuong Quynh Doan)

XX.

By failing to detect during data verification that Brintellix 20 mg. tablets was erroneously selected during data entry, rather than the Brintellix 5 mg. tablets prescribed, Ms. Doan violated Nevada Administrative Code (NAC).639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Kenny Hoa Pham)

XXI.

In failing to identify during the drug utilization review process that Brintellix 20 mg. tablets had been substituted for the Brintellix 5 mg. tablets prescribed, Mr. Pham violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Susan Blair)

XXII.

In failing to strictly follow the instructions of K.Z.'s physician by verifying and dispensing a prescription for Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets prescribed, Ms. Blair violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Mailani Espiritu)

XXIII.

In failing to provide adequate counseling on K.Z.'s new prescription, Ms. Espiritu

violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Walgreens Pharmacy #11227)

XXVI.

As the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Walgreens is statutorily responsible for the actions of its employees, and is therefore subject to discipline pursuant to NAC 639.945(1)(d), (i) and (2), and/or NAC 639.707(1) and (2), which violations are grounds for action pursuant to NRS 639.266(1) and/or NRS 639.210(4), (11), and/or (12), and NRS 639.255.

Wherefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 22nd day of April, 2015.

Larry I. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**CASE NO. 13-039-RPH-N**
Petitioner,	)	**13-039-PH-N**
v.	)	
	)	
SUSAN MARIE BLAIR, RPH	)	**STIPULATION AND ORDER**
Certificate of Registration No. 17494	)	
	)	
WALGREENS #11227	)	
Certificate of Registration No. PH02513-C	)	
	)	
Respondents.	)	
	)	
	)	
	/	

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Susan Marie Blair, RPh., Certificate of Registration #17494 and Walgreens Pharmacy #04854, Certificate of Registration #PH0253-C (collectively "Respondents"), by and through their counsel, William J. Stilling, of the law firm Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over these matters.

2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents on or about January 31, 2014.

3. Respondents filed a joint written Answer and Notice of Defense with the Board on February 26, 2014.

4. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Respondents admit that evidence exists, and could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, including:

a. On or about April 10, 2013, patient AJ received a prescription for zolpidem 10 mg and partial refills of that prescription on three subsequent occasions as a result of a Ms. Blair's belief that the scanned prescription on the computer screen when she checked the product for filling was a valid prescription that had been scanned on February 1, 2013. However, the earlier prescription had been superseded by a subsequent prescription for a lower dose and AJ's physician had not authorized refills for the April 10, 2013 prescription.

7. Based on Respondents' admissions and the Board's authority under NRS 639.255, cause for disciplinary action against Susan Blair and Walgreens #11227 exists under: (i) NAC 639.945(1)(d) and NRS 639.210(4) and (12); and (ii) NAC 639.945(2) respectively.

8. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

9. Based upon the Accusation and the foregoing admissions, Respondents stipulate to the following penalties, which are subject to approval and adoption by the Board:

a. Walgreens #11227 will pay a fine of $1,000.00 and an administrative fee of $500.00 as a penalty for being the owner of the business where the prescription was dispensed to AJ.

b. Susan Blair will pay a fine of $1,000.00 and an administrative fee of $500.00 as a penalty for filling the prescription for AJ not in accordance with instructions from the prescriber.

10. Walgreens #11227 will provide additional training to its pharmacists and technicians, as applicable, to ensure that they properly document and annotate prescriptions that are superseded by other prescriptions and that they properly close such prescriptions. Walgreens will provide documentation of such additional training upon request from the Nevada Board of Pharmacy.

11. Board Counsel will present this stipulation to the Board for approval at its next scheduled meeting on March 5, 2014 in Reno, Nevada. Respondents, and each of them, agree to appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding this stipulation, even if Respondents or their counsel are not present. The Board, at its sole discretion, may enter a decision and order accepting this stipulation and imposing discipline as recommended by the parties, but it is under no obligation to do so.

12. If the Board adopts the recommendations set forth above:

a. Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

b. Respondents shall pay the administrative fees agreed to herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

13. If the Board adopts the recommendations set forth above, any failure by any Respondent to satisfy those obligations may result in additional discipline, up to and including suspension or revocation of her registration/license, until all terms have been complied with.

14. If the Board adopts the recommendations set forth above, the Board and the Respondents agree to release each other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

15. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's June 2014 meeting in Reno, Nevada.

16. If the Board rejects any part, or all, of this stipulation, the terms and admissions herein may not be used or referred to in the full hearing on the merits of this matter.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this ___ day of March, 2014

Authorized Representative for
Walgreens #11227
Certificate of Registration No. PH02513-C

Susan M. Blair
Susan Blair
Certificate of Registration
No. 17494

Signed this 5th day of March, 2014

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Susan Marie Blair, RPh., Certificate of Registration #17494, and Walgreens Pharmacy #11227, Certificate of Registration #PH02513-C, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

3-5-2014
DATED

Leo Basch, Acting President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 13-039-RPH-N**
	)	**CASE NO. 13-039-PH-N**
Petitioner,	)	
v.	)	
	)	**NOTICE OF INTENDED**
SUSAN MARIE BLAIR, RPH	)	**ACTION AND ACCUSATION**
Certificate of Registration No. 17494,	)	
	)	
WALGREENS #11227	)	
Certificate of Registration No. PH02513-C,	)	
	)	
Respondents.	)	
/		

NEVADA STATE BOARD OF PHARMACY
JAN 31 2014
FILED

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Susan Marie Blair was a registered pharmacist with the Board, and respondent Walgreens Pharmacy #11227 (Walgreens) was a pharmacy registered with the Board.

II.

On or about October 15, 2012, Dr. Z saw patient AJ and prescribed thirty (30) zolpidem 10mg tablets with instructions to take one tablet at bedtime. Dr. Z authorized two refills on the prescription. Walgreens filled and dispensed the medication (Rx 257094).

III.

On February 1, 2013, Dr. Z faxed a new zolpidem 10mg prescription for AJ authorizing one refill to Walgreens (Rx 21996). That same day, Walgreens faxed a return message to Dr. Z informing her that new Federal Drug Administration (FDA) guidelines for women recommended a maximum strength of zolpidem 5mg. Dr. Z concurred and faxed a new prescription for

zolpidem 5mg, quantity thirty, authorizing one refill (Rx 278437). Walgreens subsequently closed the zolpidem 10mg prescription (Rx 21996) without filling it.

IV.

On April 7, 2013, Walgreens faxed Dr. Z's office a request to refill the zolpidem 5mg prescription. Dr. Z denied the request based on a review of AJ's prescription monitoring report which indicated an excessive amount of zolpidem fills.

V.

During the investigation, the Board Investigator reviewed AJ's prescription monitoring report. The review revealed no unauthorized or excessive zolpidem use. AJ had elected to receive fifteen tablets every two weeks versus thirty tablets once a month.

VI.

On April 10, 2013, the closed prescription from February 1, 2013 (Rx 21996 Zolpidem 10mg, quantity 30) was scanned by pharmaceutical technician MT, and issued a new prescription number (Rx 292637). The prescription was partially filled with fifteen (15) Zolpidem 10mg tablets and verified as accurate by Ms. Blair. The prescription was partially filled (15 tablets) again on May 7, 2013, June 5, 2013, and June 30, 2013. Walgreens did not obtain prescriber authorization to fill or refill the 10mg strength of zolpidem.

VII.

In a written statement, Ms. Blair indicated "that the refill authorized from 4/10/13 for 10mg zolpidem was stored rather than closed when authorization was given to change the dosage to 5mg." In a subsequent interview, Ms. Blair admitted to reopening the closed zolpidem prescription and assigning it a new prescription number (292637-11227). She also admitted to not contacting the prescriber for authorization. Ms. Blair could provide no reason for opening and dispensing the closed prescription without prescriber authorization.

FIRST CAUSE OF ACTION

VIII.

In filling an unauthorized prescription (Rx 292637) and three subsequent unauthorized refills for AJ, namely zolpidem 10mg tablets, Respondent Susan Marie Blair, violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4) and/or (11) and/or (12), or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION

IX.

As the pharmacy in which the violations alleged above occurred, Walgreens #11227 violated NAC 639.945(1)(d) and/or (i), and is statutorily responsible for respondent Blair's actions pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

THEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 31st day of January, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

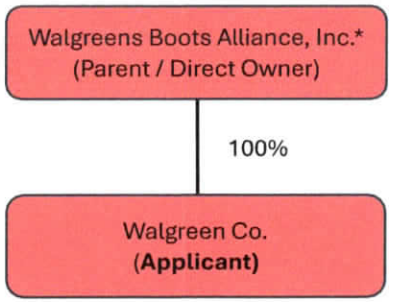
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

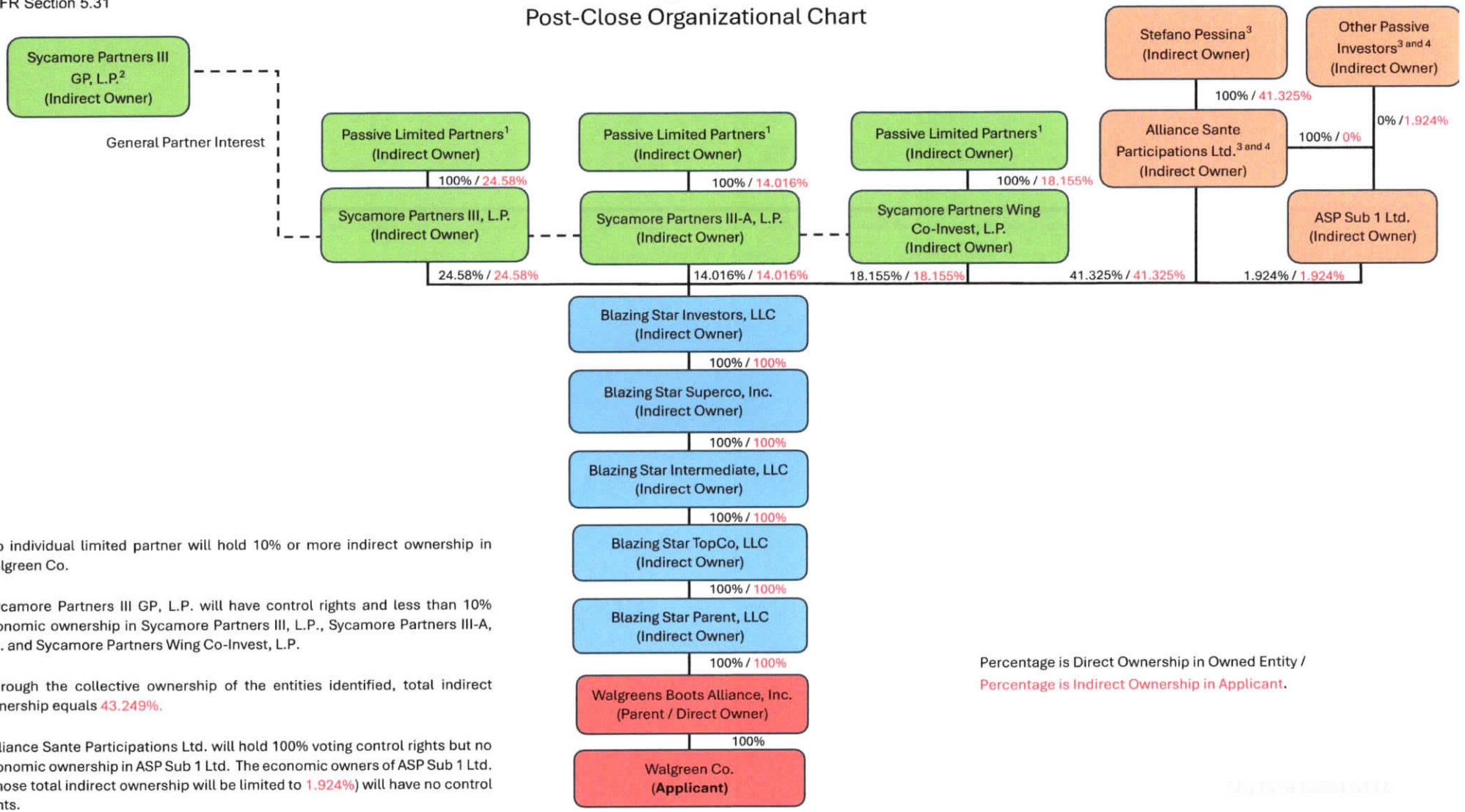
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

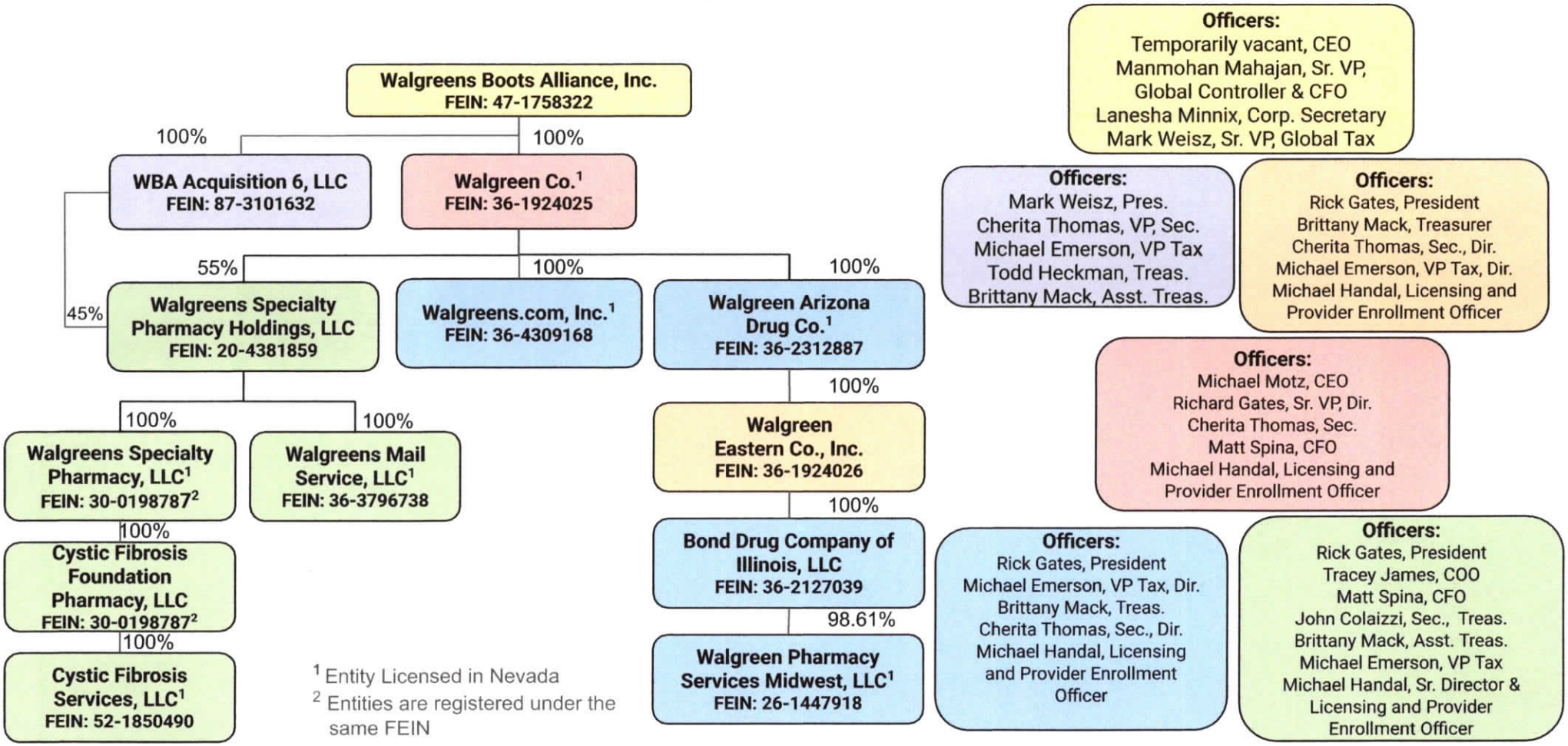
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4UUUUU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02587	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: FW1849112 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #12540

Physical Address: 9705 PYRAMID WAY

City: Sparks State: NV Zip: 89441

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (775)425-9400 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (775)425-9409 Contact Email: rxm.12540@store.walgreens.com

Website: https://www.walgreens.com

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): BEAANDREA GARCIA

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23061

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: BEAANDREA GARCIA	NV Pharmacist Registration #: 23061
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: BEAANDREA GARCIA Pharmacist Registration #: 23061

Pharmacy Name: WALGREENS #12540

Initial each statement below to indicate you have read and agree with the following:

BBG I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BBG I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BBG I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BBG I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BBG I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

08 / 06 / 2025
Date

FILED
JAN 2 5 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #12540, Pharmacy License No. PH02587,** **Respondent.**	**CASE NO. 23-408-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Walgreens #12540 ("Walgreens") because Walgreens is licensed by the Board to dispense dangerous drugs and controlled substances in Nevada. Walgreens holds pharmacy license number PH02587.

2. The Board has jurisdiction over the subject matter of this accusation because, as alleged below, Walgreens Pharmacy operated a pharmacy without having designated and/or employed a managing pharmacist to manage its pharmacy operations.

FACTUAL ALLEGATIONS

3. At all times relevant to this accusation, Walgreens operated a pharmacy at 9705 Pyramid Way in Sparks, Nevada. Between October 13, 2022, and October 3, 2023, Walgreens employed Bea Garcia, R.Ph. ("RPH Garcia"), as the managing pharmacist for its location on Pyramid Way.

4. On October 3, 2023, RPH Garcia began a period of maternity leave. Between October 3, 2023, and October 6, 2023, Chris Huynh, R.Ph. ("RPH Huynh"), temporarily assumed the duties of

managing pharmacist. Walgreens did not notify the Board that RPH Huynh had assumed these duties in RPH Garcia's absence.

5. RPH Huynh allegedly clashed with his co-employees and patients during his brief tenure as managing pharmacist. On October 6, 2023, these alleged clashes culminated in a disagreement involving RPH Huynh, Pharmacy Technician Deijunae Sandefur ("PT Sandefur"), Assistant Store Manager Ashley Miramontes ("ASM Miramontes"), and a patient who was waiting for a prescription. The patient allegedly left the pharmacy in tears.

6. Immediately after the incident described above, RPH Huynh announced that he was experiencing symptoms of COVID-19. He closed the pharmacy at approximately 3 p.m. that day and never returned to work at Walgreens.

7. In a subsequent complaint to the Board, RPH Huynh alleged that PT Sandefur and ASM Miramontes, both non-pharmacists, pressured him to fill a patient's prescription despite his professional concerns about the practitioner's dosing instructions. In a separate complaint to the Board, PT Sanderfur expressed concerns about alleged erratic behavior on the part of RPH Huynh.

8. Between October 6, 2023, and November 17, 2023, Walgreens conducted business as a pharmacy without having designated and/or employed a managing pharmacist for its pharmacy location on Pyramid Way.

9. On November 17, 2023, in response to the Board's investigation of the complaint(s) noted above, ASM Miramontes informed the Board that Tanya Saura, R.Ph. ("RPH Saura"), had agreed to serve as the managing pharmacist pending RPH Garcia's return from maternity leave in January 2024. Separately, RPH Saura indicated that she was unsure whether she had been selected for the role of managing pharmacist.

10. On or after November 17, 2023, after conferring with ASM Miramontes, RPH Saura confirmed that she had assumed the duties of managing pharmacist for Walgreens. RPH Saura stated that she had assumed the duties of managing pharmacist as of November 3, 2023.

11. Walgreens supplied no contemporaneous documentation to support RPH Saura's claim that she was designated the managing pharmacist for Walgreens effective November 3, 2023. In one conversation with Board staff, RPH Saura stated that she began her employment as a "staff pharmacist" for Walgreens on November 3, 2023.

12. As of November 30, 2023, Walgreens had not submitted a form or written communication reflecting its decision to designate RPH Saura as its managing pharmacist.

APPLICABLE LAW

13. Every pharmacy in Nevada must be licensed by the Board to dispense dangerous drugs and/or controlled substances. NRS 639.230; NRS 639.231.

14. Additionally, every pharmacy must be managed by a registered pharmacist, *approved by the Board*, who is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.220(1).

15. Every pharmacy must notify the Board *before* designating a new managing pharmacist. NRS 639.220(4). The Board supplies licensees with a form for making the appropriate notification. The form may be downloaded from the Board's web site.

16. It is unlawful for any person who is not a registered pharmacist to manage a pharmacy or dispense dangerous drugs or controlled substances. NRS 639.284; NRS 639.100(1). A "registered pharmacist" is a natural person registered by the Board to engage in the practice of pharmacy only as authorized by Nevada law. NRS 639.015; NRS 639.120; NRS 639.127; NAC 639.205–.212.

17. A "managing pharmacist" is a registered pharmacist who is responsible for managing the operation of the pharmacy. NRS 639.0087.

18. The Board may revoke or suspend the license of any pharmacy that has violated any Nevada law or regulation relating to the practice of pharmacy. NRS 639.210(12); NRS 639.230(5).

19. The Board may revoke or suspend the license of any pharmacy upon finding that the pharmacy committed unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.230(5).

20. A pharmacy commits unprofessional conduct and/or conduct contrary to the public interest when the pharmacy performs its duties as the holder of a license or registration issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

21. A pharmacy commits unprofessional conduct and/or conduct contrary to the public interest when the pharmacy and/or its employees perform any act, task or operation for which licensure, certification or registration is required without the required license, certificate, or registration. NAC 639.945(1)(k).

22. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacies, pharmacy managers, and/or pharmacists are responsible for the acts and omissions of the pharmacy employees under their supervision.

23. In addition to or in lieu of revoking or suspending a license or certificate of registration due to unprofessional conduct and/or conduct that violates Nevada law relating to the practice of pharmacy, the Board may impose an administrative fine upon the offending pharmacy. The fine may not exceed $10,000 for each offense. NRS 639.255(3).

COUNT ONE

Operating a Pharmacy Without a Managing Pharmacist

24. During the period between October 6, 2023, and November 17, 2023, Walgreens dispensed dangerous drugs and/or controlled substances to consumers in Nevada without having designated and/or employed a managing pharmacist qualified to supervise the operation of its pharmacy and/or the dispensing activities of its employees, agents, and/or representatives.

25. Walgreens' conduct as alleged above violated Nevada law relating to the practice of pharmacy, including NRS 639.100(1), NRS 639.220 and NRS 639.284.

26. Walgreens' conduct as alleged above was unprofessional and/or contrary to the public interest because Walgreens had a duty to designate a managing pharmacist to supervise its pharmacy operations and failed to do so. Having failed to designate a managing pharmacist, Walgreens performed its duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i).

27. Walgreens' conduct as alleged was unprofessional and/or contrary to the public interest because Walgreens designated a managing pharmacist to supervise pharmacy operations without having obtained the Board's prior approval to the designation as required by NRS 639.220(1). Therefore, Walgreens caused RPH Saura and/or other of its employees to perform the duties of a managing pharmacist without the proper registration. NAC 639.945(1)(k).

28. For any one or all of the reasons stated above, Walgreens is subject to discipline pursuant to NRS 639.210(4), NRS 639.210(12), NAC 639.945(1)(i) and/or NAC 639.945(1)(k).

COUNT TWO
Failure to Notify the Board of Change to Managing Pharmacist

29. During the period between October 6, 2023, and November 17, 2023, Walgreens, dispensed dangerous drugs and/or controlled substances to consumers in Nevada without having notified the Board that it had designated and/or employed a new managing pharmacist to act in the place of RPH Garcia while RPH Garcia was on maternity leave.

30. Walgreens' conduct as alleged above violated Nevada law relating to the practice of pharmacy, including NRS 639.100(1), NRS 639.220(4), and/or NRS 639.284.

31. Walgreens' conduct as alleged above was unprofessional and/or contrary to the public interest because Walgreens had a duty to notify the Board, pursuant to NRS 639.220(4), before it designated and/or employed a new managing pharmacist to act in the place of RPH Garcia while she was on maternity leave. Having failed to notify the Board of a change to its managing pharmacist, Walgreens performed its duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. NAC 639.945(1)(i)

32. For any one or all of the reasons stated above, Walgreens #12540 is subject to discipline pursuant to NRS 639.210(4), NRS 639.210(12), and/or NAC 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to the pharmacy license of Walgreens #12540.

DATED this 25th day of JANUARY 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED
APR 17 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #12540, Pharmacy License No. PH02587, Respondent.	Case No. 23-408-PH-N STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Walgreens Pharmacy ("Respondent"), Pharmacy License No. PH12540, by and through counsel William J. Stilling, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as both parties pursued settlement negotiations.

4. Respondent acknowledges that after having consulted with counsel, Respondent understands the terms of this Stipulation and Proposed Order ("Stipulation"), and Respondent has executed it knowingly and voluntarily.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives the rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in Count One and Count Two of the Accusation.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent shall pay an administrative fine of Two Thousand and 00/100 Dollars ($2000.00). This sum shall be payable by *cashier's check, certified check* or *money order* written to the "State of Nevada, Office of the Treasurer." Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 31, 2024.

B. Respondent shall pay the sum of Five Hundred and 00/100 Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check* or *money order* written to the "Nevada State Board of Pharmacy." Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before May 31, 2024

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-408-PH-N. However, any failure by Respondent to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 17, 2024, in Reno, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its attorney fails to appear for the meeting.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 15th **day of April 2024.**

WALGREENS PHARMACY #12540

By: _____
Name: John L. Colaizzi
Title: VP, Pharmacy Practice

Signed this 16th **day of April 2024.**

NEVADA STATE BOARD OF PHARMACY

_____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to form and content:

_____
Bill Stilling, Esq.
Nevada Bar No. 9915
Attorney for Respondent Walgreens Pharmacy #12540

[redacted]

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 17, 2024, in Reno, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its attorney fails to appear for the meeting.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this ____ day of April 2024.

WALGREENS PHARMACY #12540

By:_____
Name:_____
Title:_____

Signed this ____ day of April 2024.

NEVADA STATE BOARD OF PHARMACY

_____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to form and content:

William J. Stilling, Esq.
Nevada Bar No. 9915
Attorney for Respondent Walgreens Pharmacy #12540

[redacted]

As to Respondent Walgreens Pharmacy #12540, Pharmacy License No. PH02587, in Case No. 23-408-PH-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 17th day of April 2024.

Helen Park, President
Nevada State Board of Pharmacy

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

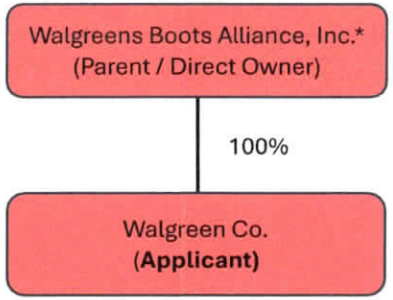
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

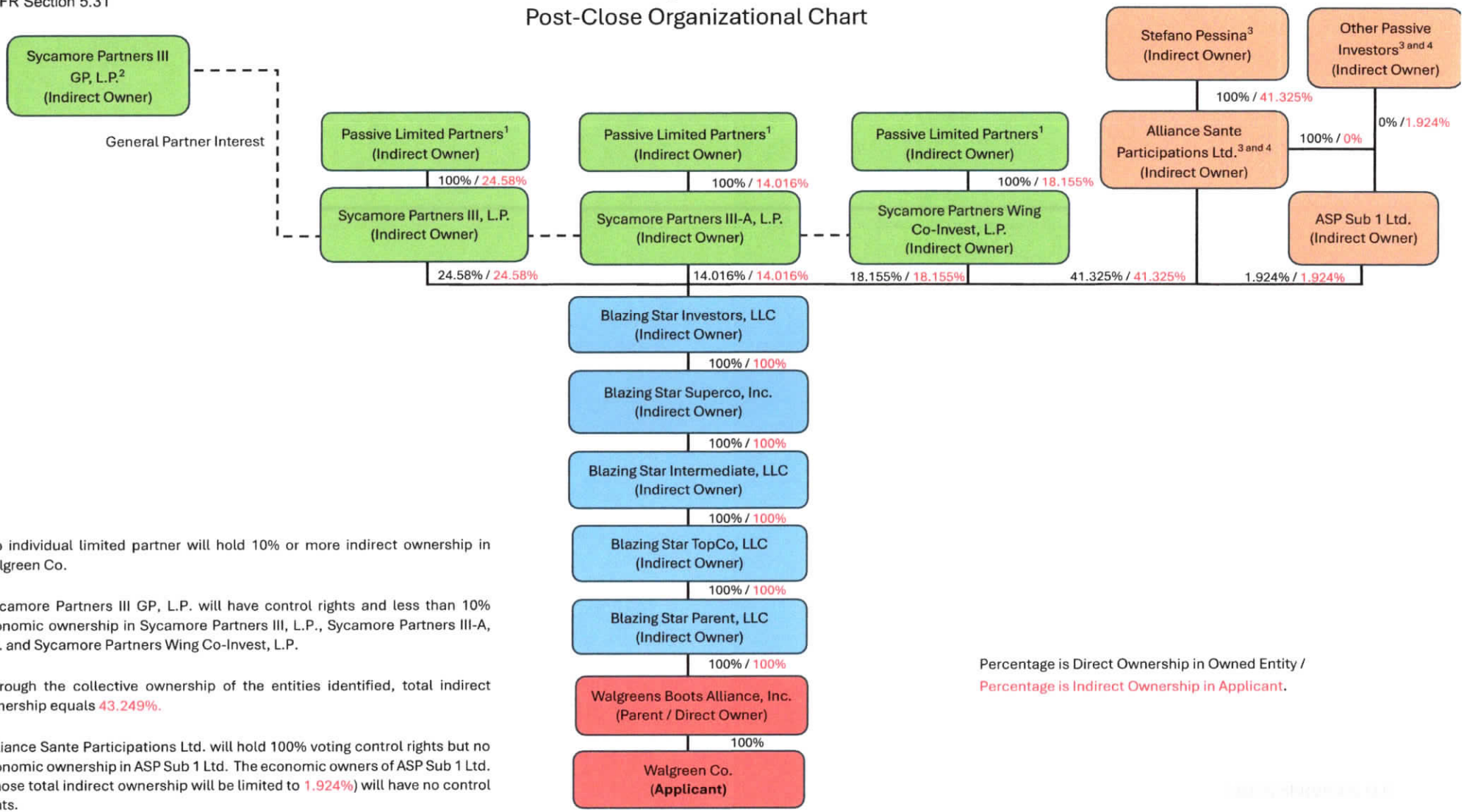
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

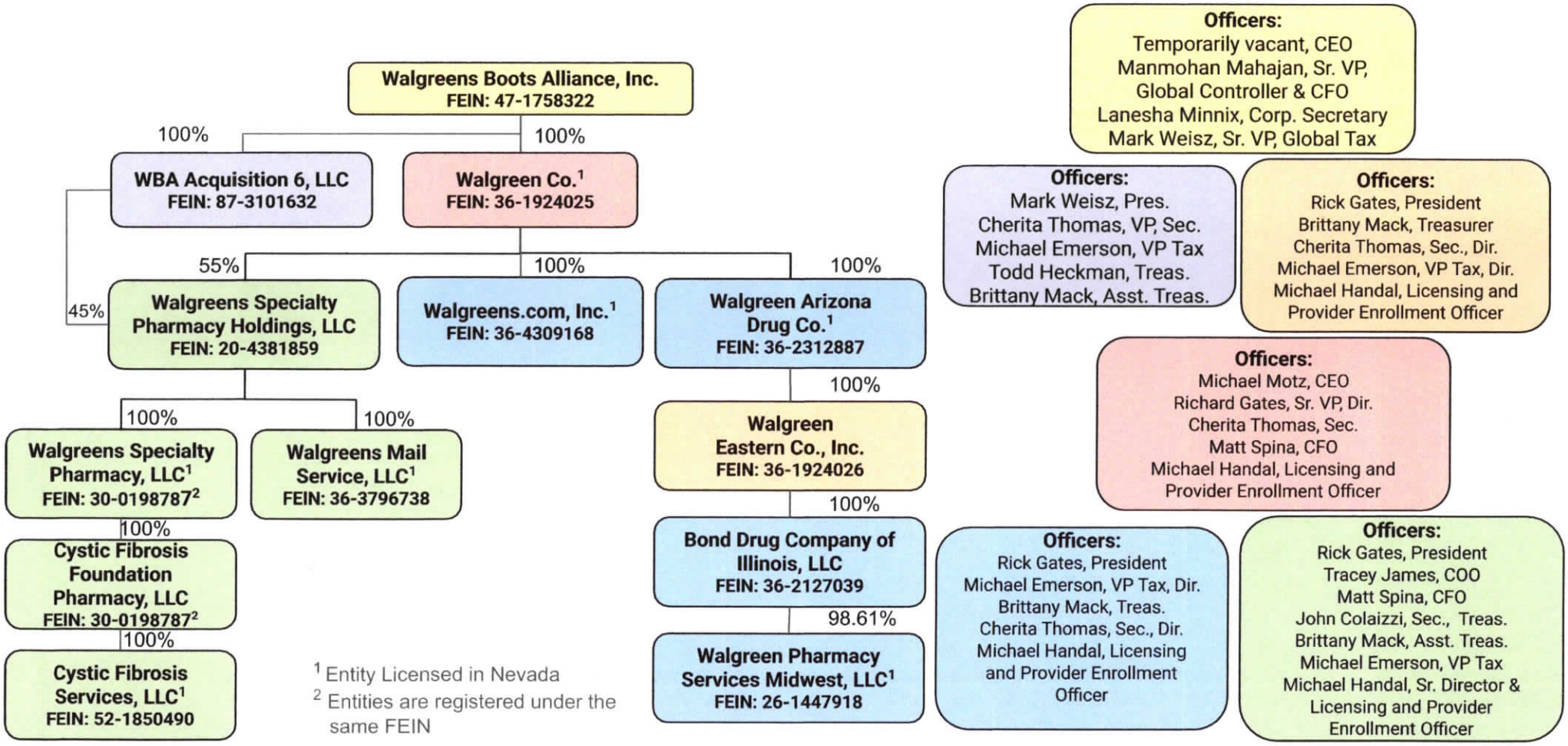
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4300

4VVVVV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Mail-Order Veterinary	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Animal Rx Pharmacy

Physical Address: 5025 State Route 267

City: Lebanon State: IN Zip: 46052

Mailing Address (if different from physical address): 5025 State Route 267

City: Lebanon State: IN Zip: 46052

Telephone: (877) 906-0622 Toll Free # (NAC 639.708, NRS 639.23286): (877) 906-0622

Fax: (855) 604-5527 Contact Email: MWILicensing@mwiah.com

Website: n/a

Nevada Business License # (if applicable) NV20051334534

Supervising/Managing Pharmacist Name (NRS 639.220): Matthew Miller

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24135

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Matthew Miller	NV Pharmacist Registration #: 24135
Name:	NV Pharmacist Registration #:
Name: Please see attached Pharmacists licensed in home state	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Idaho

Parent Company (if any): MWI Veterinary Supply Inc. (Parent Company) - Cencora, Inc. (Ultimate Parent Company)

Corporation Name: MWI Veterinary Supply Co.

Mailing Address: 3041 W. Pasadena Dr.

City: Boise State: ID Zip: 83705

Telephone: 208-955-8930 Email: MWILicensing@mwiah.com

Contact Person Name: John Chicoli

Date of SEC Registration: 08/30/2001 | SEC Registration Number: 0001140859 | Stock Exchange Symbol: COR

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Animal Rx Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), *member(s), or partner(s).*
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Steven Shell

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/07/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Steven Shell hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Animal Rx Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 17 day of October, 2025

Notary Public

JOHN CHICOLI
Notary Public, State of Texas
Comm. Expires 01-31-2027
Notary ID 131876488

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Shell

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/17/25

Date

Board Use Only	Date Received: 10/27/25	Amount: $500.00

Section 3. History of Company
Positive Response to Question 3
Signed Statement of Explanation

Esteemed Board of Pharmacy:

This letter is to notify you that MWI Veterinary Supply Co's (MWI) Wholesale business entered into the attached Stipulation and Final Agency Order with the Colorado Board of Pharmacy and entered into a settlement agreement with the Ohio Board of Pharmacy. Please find attached copies of the supporting documents.

In December 2019, the Colorado State Board of Pharmacy cited MWI Aurora, CO wholesale facility for failing to timely report a change in Designated Representative. MWI entered a Stipulation and Final Agency Order with the Colorado Board of Pharmacy in February 2020 and paid a small fine.

In July 2021, MWI enter into a Settlement Agreement with the Ohio Board of Pharmacy to resolve a complaint that alleged that MWI's Wholesale facility in Lebanon, Indiana made sales of dangerous drugs (i.e. essentially equivalent to a "prescription" or "legend" drug as defined in the statutes and regulations of other states) and controlled substances to four customers who did have active individual veterinary licenses and DEA registrations but whose facilities did not also possess an active Ohio Terminal Distributor of Dangerous Drugs (TDDD) license at the time of the sales. Per the terms of the agreement, MWI did not admit or deny the allegations in the complaint but paid a fine to resolve the matter.

Please note, the applicant applying for licensure, Animal Rx Pharmacy (Lebanon, IN), has not been the subject to any Board actions, fines, or discipline.

Sincerely,

Steven Shell
MWI Veterinary Supply Co.
President

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-8556

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE WHOLESALER REGISTRATION IN THE STATE OF COLORADO MWI VETERINARY SUPPLY CO DBA MWI ANIMAL HEALTH, REGISTRATION NO. WHI-6037,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and MWI Veterinary Supply Co dba MWI Animal Health ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-8556, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an in-state wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2017).

2. Respondent Outlet was originally registered in the State of Colorado on or about December 11, 2006, being issued registration #6037, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 15845 E. 32nd Avenue, in Aurora, Colorado.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, Respondent Outlet was 278 days late on informing the Board of the designated representative change.

6. On or about December 12, 2019, the Board initiated a complaint against Respondent Outlet because of the 278 days in delay of submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-280-303. Wholesaler license requirements.

(2)(b) An applicant for a license shall pay any fee required by the accreditation body or the board and comply with any rules promulgated by the board.

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section.

(5) The designated representative of an applicant for a wholesaler license shall:

(i) Update all of the information required in this part 3 whenever changes occur.

12-280-307. Penalty. (1) A person who engages in the wholesale distribution of prescription drugs in violation of this part 3 shall be subject to a penalty of up to fifty thousand dollars.

Pharmacy Board Rules and Regulations

15.01.11 Minimum required information for registration.

a. The following minimum information shall be required from each wholesaler as part of the registration:

(8) The name of the applicant's designated representative, who must meet the following requirements:

(a) Be at least twenty-one years of age;

(b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the recordkeeping related to prescription drugs;

(c) Be employed by the applicant in a full-time managerial position;

(d) Be actively involved in and aware of the actual daily operation of the wholesaler;

(e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;

(f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue code of 1986."

(g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or controlled substances;

(h) Not have an felony convictions pursuant to federal, state, or local law; and

(i) Undergo a background check as required by 12-280-304, C.R.S.

b. Changes in any information in section 15.01.11 shall be submitted to the Board within thirty calendar days thereof.

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

8. The Board finds and concludes, and Respondent Outlet agrees, that based upon Respondent Outlet's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

9. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Outlet shall pay a fine of one thousand dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of one thousand one hundred and fity dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

10. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in its designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

11. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other

state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

12. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or

unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent Outlet

_____ Dated: 2/11/20
Authorized Representative

Kaylynn Daggett VP Finance
Name/ Title

APPROVED AS TO FORM
FOR RESPONDENT OUTLET

_____
Jesse Menlove, General Counsel
jmenlove@mwiah.com

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this _____day of _____, 2020.

State Board of Pharmacy

BY: _____

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this _____ day of _____ 2020, addressed as follows:

MWI Veterinary Supply Co dba MWI Animal Health
15845 E 32nd Ave
Aurora, CO 80011
Email: dwright@mwiah.com

Jesse Menlove, General Counsel
jmenlove@mwiah.com

_____
Agent of the Board

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2021-0029; A-2019-0237
A-2020-0464; A-2019-0433

MWI Veterinary Supply Co. D.B.A.
MWI Animal Health
c/o Thomas Wakefield
5025 State Road 267, Suite 100
Lebanon, IN 46052

License No. 01-1569500

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and MWI Veterinary Supply Co. D.B.A. MWI Animal Health (MWI) for the purpose of resolving all issues between the parties relating to the Board investigation of sales of dangerous drugs, including controlled substances, to entities that did not possess an active Ohio TDDD license at the time of the sales. Together, the Board and MWI are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. MWI is a licensed Wholesaler Distributor of Dangerous Drug, License No. 01-1569500, which lists Thomas Wakefield, as the Responsible Person.

FACTS

1. The Board initiated an investigation of MWI Wholesaler Distributor of Dangerous Drugs License No. 01-1569500, related to MWI's sales of dangerous drugs, including controlled substances, to entities that did not possess an active Ohio TDDD license at the time of the sales.

2. On or about April 30, 2021 (A-2021-0029), March 5, 2021 (A-2019-0237), March 10, 2021 (A-2020-0464) and March 24, 2021 (A-2019-0433) the Board sent four Notice of Opportunity for Hearing Letters to MWI which outlined the allegations and provided notice of its right to a hearing in each matter, its rights in such hearing, and its right to submit contentions in writing.

3. MWI, through counsel Alex Cooper, timely requested an administrative hearing for each matter, which was subsequently scheduled for August 11, 2021.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. MWI neither admits nor denies the allegations stated in the four Notice of Opportunity for Hearing letters dated April 30, 2021, March 5, 2021, March 10, 2021, and March 24, 2021; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notices, and hereby adjudicates the same.

3. MWI agrees to pay to the Board a monetary penalty, for each matter, in the amount of $3,500.00 (A-2021-0029), $2,500.00 (A-2019-0237), $875.00 (A-2020-0464), and $300.00 (A-2019-0433). The combined total of the monetary penalty to be paid to the Board is $7,175.00. This fine will be attached to your license record and must be paid no later than 60 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. MWI agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. MWI agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by MWI of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to MWI by the Board and will NOT discharge MWI from any obligation under the terms of this Agreement.

6. MWI agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. MWI understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom MWI will operate.

9. MWI waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code in each matter and waives any right to an appeal in each matter.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Mark Shaw, on behalf of, MWI Veterinary Supply Co., Respondent	July 8, 2021 Date of Signature
Alex J. Cooper, Attorney for Respondent	July 13, 2021 Date of Signature
Rich Miller, RPh, President, State of Ohio Board of Pharmacy	7/28/2021 Date of Signature
Henry G. Appel, Ohio Assistant Attorney General	7/28/2021 Date of Signature

MWI VETERINARY SUPPLY CO.

ACTION BY UNANIMOUS CONSENT IN WRITING

OF THE BOARD OF DIRECTORS

The undersigned, constituting all of the directors of MWI Veterinary Supply Co., an Idaho corporation (the "Corporation"), by unanimous consent in writing, without the formality of convening a meeting, in accordance with Section 30-1-821 of the Idaho Business Corporation Act, do hereby, severally and collectively, consent to the adoption of the following resolutions:

RESOLVED, that the following named persons be and hereby are elected to serve in the offices set forth beside their respective names for the ensuing year or until their successors are duly elected and qualified and such officers shall constitute all of the officers of the Corporation:

Name	***Office***
Steven Shell	President
James F. Cleary	Executive Vice President and Chief Financial Officer
Elizabeth S. Campbell	Executive Vice President and Chief Legal Officer
Richard Tremonte	Executive Vice President and President, Customer Operations, Animal Health and Community & Specialty Pharmacy
Julia Loew	Senior Vice President, Commercialization Services
Mahaveer Jain	Vice President and Treasurer
Kourosh Q. Pirouz	Senior Vice President, Group General Counsel and Secretary
Robert M. Norton	Assistant Secretary
Susan L. Coldren	Assistant Secretary

FURTHER RESOLVED, that each officer of the Corporation be, and they hereby are, authorized and empowered in the name and on behalf of the Corporation to enter into, execute, deliver and accept, without limitation, any (i) instruments, (ii) agreements, (iii) real estate leases, (iv) equipment and vehicle leases, (v) bills of sale and purchase orders, (vi) service of process, complaints, claims, settlement agreements, mutual release of claims, judgments and/or related litigation filings, or (vii) any other documents and any amendments or addenda thereto, relating to the Corporation;

FURTHER RESOLVED, that any and all actions taken by any of the foregoing officers of the Corporation in connection with the transactions contemplated by the foregoing resolutions are hereby ratified, confirmed and approved in all respects; and

FURTHER RESOLVED, that this Action by Unanimous Consent in Writing may be executed in one or more counterparts, and when each director has executed at least one counterpart, the foregoing resolutions shall be deemed adopted and in full force and effect as of the date hereof.

[Signature page follows]

IN WITNESS WHEREOF, the undersigned directors of MWI Veterinary Supply Co. have signed their names as of the 30th day of September 2024.

Elizabeth S. Campbell

James F. Cleary

Constituting the entire Board of Directors

STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83702

September 15, 2025

Request Type: Certificate of Existence/Filing
Request #: 0006437942
Receipt #: 001206947

Issuance Date: 09/15/2025
Copies Requested: 0

Regarding: MWI VETERINARY SUPPLY CO.
Filing Type: General Business Corporation (D)
File # : 332318
Formation/Qualification Date: 09/23/1994
Status: Active-Good Standing
Formation Locale: IDAHO
Duration Term: Perpetual
Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

MWI VETERINARY SUPPLY CO.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 036132930

Top Four Stockholders and their Percent Ownership

Stock Holder Name	Ownership %
The Vanguard Group, Inc.	11.55%
BlackRock Institutional Trust Company, N.A.	6.21%
State Street Global Advisors (US)	4.34%
Walgreens Boots Alliance, Inc.	3.85%

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Animal RX Pharmacy
5025 State Route 267
Lebanon IN 46052
Phone: 8779060622
Owner:

LICENSE
License No: 60006243A
Profession: Pharmacy
License Type: Pharmacy

Inspection Type:	Pharmacy Inspection
Inspection Date:	3/25/2024
Result:	Pass

Remarks: Techs must be licensed in Indiana upon hire. Vet Reference's available on line and hard copy. Sections of this inspection were left blank because they do not apply to the business model of the pharmacy. Non triditional pharmacy practice, for vet oders only. No controlled drugs. Questions, please contact: Timothy Thomas IPLA Indiana Board of Pharmacy 317-753-4000 tithomas@pla.IN.gov

Checklist Results

Pharmacy General Information	
1.1 Type of Inspection	Routine (RT)
1.5 County	Boone
1.6 Telephone number	877-906-0622
1.7 District	3
1.9 Controlled Substance Registration (CSR) number	N/A
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12-31-25
1.12 DEA registration number	N/A
1.15 Qualifying pharmacist name	Matt Miller
1.15a - Is qualifying pharmacist listed on pharmacy permit?	Yes
1.15c - Qualifying Pharmacists's average weekly hours	24 - 40
1.16 Name of pharmacist-of-record at the time of inspection	Matt Miller
1.17 Name of district manager	Rakesh Akula Orlando
1.19 Size of company/number of pharmacies nationwide	Chain
1.20 Average number of prescriptions filled daily	301-400
1.21 Days and Times of operation?	m-th 8:30-5:00 Fri 8:00 -4:30
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	42.5

Absence of Pharmacist

Staff/Personnel	
3.1 How many pharmacists are employed by the pharmacy?	4
3.1a - Do all pharmacists possess a valid license?	Yes
3.1b - Are any of the licensees on probation?	No
3.1c - Are any of the licenses "Valid to Practice While Being Reviewed"?	No
3.2 How many technicians are employed by the pharmacy?	4
3.2a - Do all technicians possess a valid certification?	Yes
3.2b - Are any of the certifications on probation?	No
3.2c - Are any of the certifications "Valid to Practice While Being Reviewed"?	No
3.2d - What training does the pharmacy require of technicians?	Other Board approved program
3.2e - Are all technicians wearing a nametag stating their profession?	Yes
3.2f - Are all technicians engaging in legally permitted activities	Yes
3.3 How many interns are employed by the pharmacy?	0
3.3a - Do all interns possess a valid registration?	N/A
3.3b - Are any of the registrations on probation?	No
3.3c - Are any of the registrations "Valid to Practice While Being Reviewed"?	No
3.4 Does the pharmacy have ancillary personnel working in the licensed area?	No
3.4a - Are ancillary personnel engaging in permitted activities?	N/A
3.4b - How many ancillary personnel are working in the licensed area at the time of inspection?	0
3.5 Are all licenses and certifications properly displayed?	Yes
3.6 Are the pharmacy techncian files complete?	Yes
3.7 Is the technician ratio proper (6 to 1)?	Yes
3.8 Do technicians properly answer the telephone stating to the caller they are a technician?	Not Observed
3.9 Does staff properly make an offer for counseling?	Not Observed

Pharmacy Equipment/Security	
4.1 Is the pharmacy area properly equipped, and include the following?	Yes
4.1a - Scale (if performing non-sterile compounding)?	N/A
4.1b - proper documentation from Department of Weights and Measures	N/A
4.1c - refrigeration	Operational
4.1d - sink (proper sewage outlet)	Operational
4.1e - hot and cold water	Operational
4.1f - stationary / immobile	Yes
4.1g - well lit	Yes
4.1h - ventilated	Yes
4.1i - sanitary	Yes
4.1j - proper temperature	Yes
4.2 Does refrigerator contain only pharmaceutical products?	Yes
4.3 Is the pharmacy properly secured?	Yes
4.3a - Does the pharmacy have a motion detector?	Yes
4.3b - Does the pharmacy have an alarm?	Yes
4.3c - Does the pharmacy have a camera(s)?	Yes
4.3d - Does the pharmacy have locking doors?	Yes
4.3e - Does the pharmacy have a panic button?	Yes
4.3f - Does the pharmacy have a locking cage/gate?	No
4.4 What is the method of entry into the pharmacy?	Security Card
4.5 Is the drive thru secure?	N/A
4.6 When closed, do non-authorized personnel have access to the perscription department?	No
4.7 What are the number of entrances to the pharmacy?	3

References	
5.1 How does the pharmacy access current Indiana pharmacy law?	internet

Automated Medication Systems & Automatic Counting

AMS Automated Packaging Systems

Drug storage/labeling/destruction	
8.2 Have any drugs in active inventory exceeded expiration or beyond use dating?	No
8.3 How often does the pharmacy check for expired drugs?	Monthly
8.4 Are all drugs properly stored?	Yes
8.5 Does the pharmacy properly maintain a logbook for schedule V controlled substances dispensed without a prescription?	N/A
8.6 Does the pharmacy properly maintain a logbook for syringes dispensed without a prescription?	N/A
8.7 Is the pharmacy properly reporting all sales of pseudoephedrine products to the NPLEx tracking system?	N/A
8.7a - How are ephedrine and pseudoephedrine products stored?	N/A
8.8a - If yes, is storage and distribution in accordance with federal regulations?	N/A
8.9 Does the pharmacy have current pseudoephedrine purchasing limits posted?	N/A

Dispensing/Records Retention	
9.1 Has the data processing system been approved by the Indiana Board of Pharmacy?	Yes
9.2 What type of software application does the pharmacy use?	E Tools
9.3 Does the pharmacy scan a hard copy of prescriptions?	Yes
9.4 How does the pharmacy back up files?	Cloud / ID
9.5 Does the pharmacy have internet access?	Yes
9.6 How does the pharmacy maintain daily dispensing records?	Hard copy
9.7 Does the pharmacy retain these records for five (5) years?	Yes
9.8 Are HIPAA logs verifying all drugs dispensed that day signed by the pharmacist-in-charge?	N/A
9.9 What type of auxiliary procedure does the pharmacy have in place during system down time?	Generator
9.10 What type of filling system is used for prescriptions?	N/A
9.11 Does the pharmacy maintain digital copies of prescriptions?	Yes
9.11a - If yes, where are the records stored?	Off site server/database
9.11b - Is the data readily retrievable by the pharmacy?	Yes
9.11c - Who may access the data?	All pharmacy locations

Fax/e-prescribing/Transfers	
10.1 Is the facsimile machine in the prescription department or a nonpublic area of the pharmacy?	Yes
10.1a - Does the facsimile prescription contain all information required by law (IC 25-26-13-2)?	N/A
10.1b - Excluding Rule 31 exceptions, have schedule II controlled substances been dispensed pursuant to a faxed prescription?	N/A
10.1c - Does original presciption have "valid only if transmitted by facsimile machine" on its face?	N/A
10.1d - If the facsimile does not contain required information, has the pharmacist verified the prescription with appropriate documentation (i.e., reduced to writing)?	N/A
10.2 Do all e-presciptions contain all of the information required by law?	Yes
10.2a - Is the Electronic Data Intermediary (EDI) approved by the Board of Pharmacy?	Yes
10.2b - Does the pharmacy maintain policies and procedures to ensure security of all information?	Yes
10.2c - Does the manual address the safety of the prescription?	Yes
10.2d - Does the manual address the safety of the practitioner's identity and privacy?	Yes
10.2e - Does the manual address the safety of the patient's identity, privacy and confidentiality?	Yes
10.3 If observed, are pharmacists properly processing transfers?	Not Observed
10.3a - Is prescription pad form completed on transfer?	N/A
10.3b - On transfer out, is all required information recorded on the invalidated prescription?	N/A
10.3c - On transfer in, is all required information recorded on the transferred prescription?	N/A
10.3d - Does the pharmacy print out a "transfer in" and "transfer out" report to confirm it has been transmitted?	N/A

Remote Order Entry and Centralized Processing

Generic Substitution
Controlled Substances
DEA Forms
INSPECT
Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding
Remote Locations (Type II only)
Emergency Drug Kits/Crash Carts
Quality-Related Events/Patient Own Medications
Special Medications
Immunization Rule

Patient Confidentiality (HIPAA)	
26.1 How does the pharmacy dispose HIPAA trash?	Third party service
26.1a - Is the dumpster locked and secure?	Yes
26.1b - What is the name of off-site HIPAA vendor?	EcoShred
26.4 Does the pharmacy have policies and procedures in place to protect health information?	Yes
26.5 Has the pharmacy had a complaint filed with DHHS?	No

Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

	3/25/2024 12:46:59 PM	
Signature of Inspector	Date/Time	Signature of Owner/Representative

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006243A	12/31/2027

Animal RX Pharmacy
5025 State Route 267
Lebanon IN 46052

Mike Braun
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006243A	12/31/2027

Animal RX Pharmacy

Signature

STATE OF INDIANA

Mike Braun

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information	
Facility Name:	Animal RX Pharmacy
Address:	5025 State Route 267 Lebanon, IN 46052
Owner Name:	

License Information	
Number Issued:	60006243A
License Type:	Pharmacy - Closed Door (III)
Status:	Active
Issue date:	01/14/2011
Expiration Date:	12/31/2027
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at https://mylicense.in.gov/EVerification/Search.aspx. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at https://www.in.gov/pla/professions/.

Digitally Certified on: Thu Oct 23 02:29:10 PM EST 2025

STATE OF INDIANA

Mike Braun

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Animal RX Pharmacy

I, Lindsay M. Hyer, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Lindsay M. Hyer, Executive Director
Thu Oct 23 02:29:10 PM EST 2025

Animal Rx Pharmacy
5025 State Route 267
Lebanon, IN 46052

Employee Listing

Matthew Miller – Pharmacist in Charge – License 26026226A

Shelby Colgazier – Pharmacist – License 26028301A

Crisann Biffle – Technician – License 67022316A

Shawna Crist – Technician – License 67028568A

Reagan Cornwell – Technician – License 67033398A

Vincent Grote – Technician – License 67030780A

Cristina Bjarmartz – Technician – License 67044422A

4WWWWW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 04366	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: home infusion	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Care Fusion Rx

Physical Address: 7052 Orangewood Avenue A8

City: Garden Grove State: CA Zip: 92841

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 855-422-7379 Toll Free # (NAC 639.708, NRS 639.23286): 855-422-7379

Fax: 855-733-9898 Contact Email: contact@carefusionrx.com

Website: www.carefusionrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): James Markis, PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17396

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: James Markis, PharmD	NV Pharmacist Registration #: 17396
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Care Fusion Rx Holdings, LLC

Corporation/Organization Name: Care Fusion Rx

Mailing Address: 7052 Orangewood Avenue A8

City: Garden Grove State: CA Zip: 92841

Telephone: 855-422-7379 Email: contact@carefusionrx.com

Contact Person Name: James Markis, PharmD

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Care Fusion Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

James Markis, PharmD

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

9/18/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, James Markis hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Care Fusion Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18 day of September, 2025

Notary Public

RICHARD ALEXIS ACEVEDO
Notary Public - California
Orange County
Commission # 2461055
My Comm. Expires Aug 26, 2027

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Markis, PharmD

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/18/25

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK 5752

Responses to Section 12

Officers and Directors

- Care Fusion Rx, LLC
  - Wayne Nash, President
  - Stephen Roberts, Secretary
- Care Fusion Rx Holdings, LLC
  - Wayne Nash, President
  - Stephen Roberts, Secretary

Top four stockholders and percent ownership

- Care Fusion Rx Holdings, LLC, 100% Owner
- See also, for convenience, the post-transaction organizational structure as attached.

All stockholders who hold 10% or more of the shares

- Care Fusion Rx, Holdings, LLC

Certificate of Good Standing for Care Fusion Rx, LLC

- See attached

Designated Representative Form

- See attached

Personal History Record Application

- N/A; this form is to be completed by individual people, but Care Fusion Rx Holdings, LLC is the 100% owner of Care Fusion Rx, LLC

Sterile Compounding Questionnaire

- N/A; Care Fusion Rx, LLC does not do sterile compounding.

Copy of most recent pharmacy inspection

- See attached

Copy of license issued for Care Fusion Rx, LLC

- See attached

License Verification

- See attached

Copy of DEA Registration

- N/A as pharmacy does not handle or dispense controlled substances, but Care Fusion Rx, LLC is providing the DEA registration regardless in case helpful

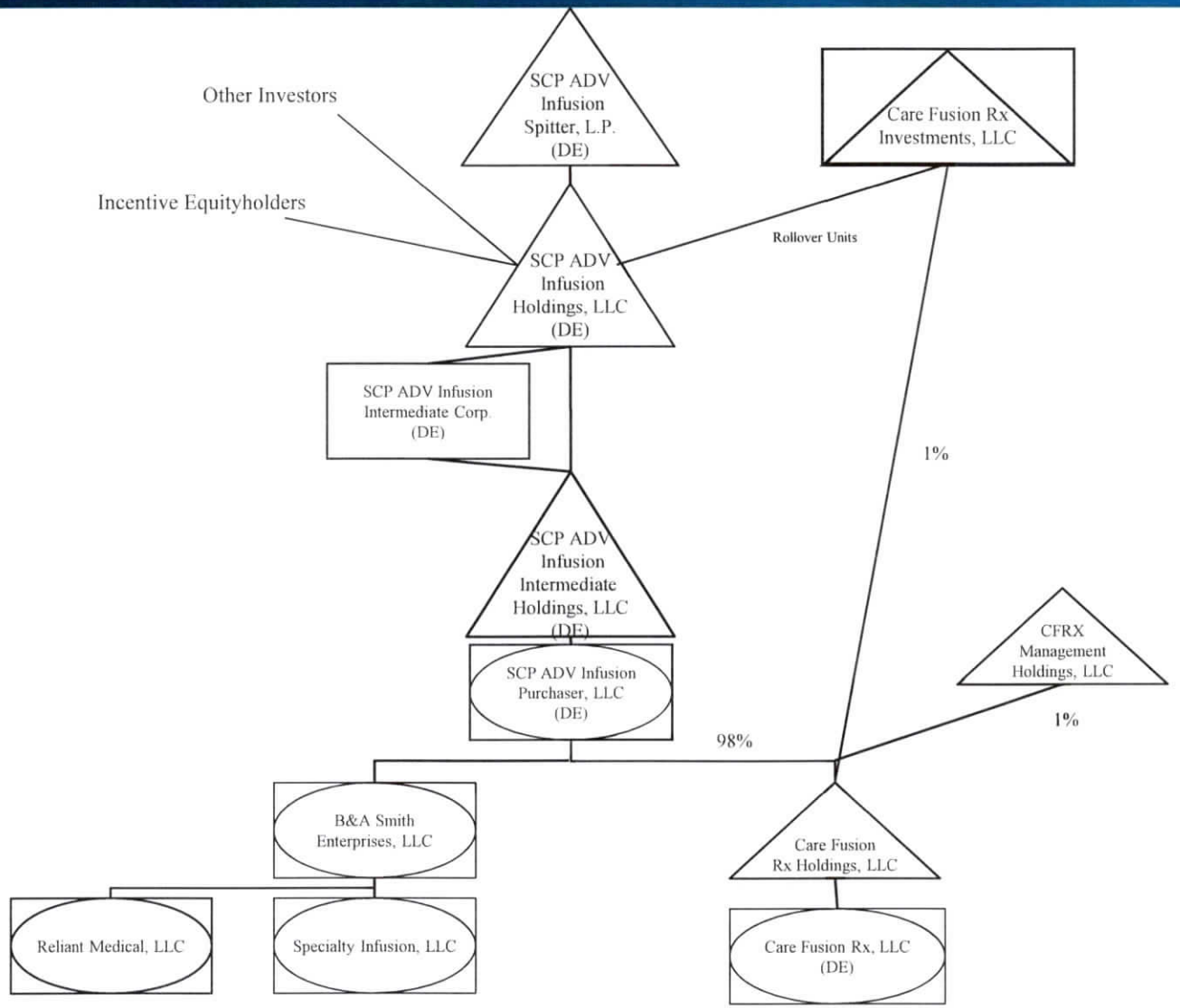
Internet Pharmacy Services Certification

- N/A; Care Fusion Rx, LLC does not provide internet pharmacy services

Transmit Controlled Substances Prescription Data

- N/A; Care Fusion Rx, LLC does not dispense or handle controlled substances.

Final Structure



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARE FUSION RX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARE FUSION RX, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7722154 8300

SR# 20254010147

Authentication: 204787069

Date: 09-18-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Care Fusion Rx

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 7052 Orangewood Avenue A8

City: Garden Grove State: CA Zip: 92841

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: (855) 422-7379 Website: www.carefusionrx.com

Licensing Company Email: contact@carefusionrx.com

Section 2: Personal Information

First: James Middle: Anthony Last: Markis

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City[redacted] State[redacted] Zip[redacted]

Telephone[redacted] Em[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern California School of Pharmacy		08/02 - 05/06	
Address	**City**	**State**	**Zip**
1985 Zonal Avenue	Los Angeles	CA	90033
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/97 - 06/01	
Address	**City**	**State**	**Zip**
405 Hilgard Avenue	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
Bachelor of Arts in Business Economics; Minor in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Chaminade College Preparatory		08/93 - 06/97	
Address	**City**	**State**	**Zip**
7500 Chaminade Avenue	West Hills	CA	91304
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
07/10 - Current				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Care Fusion Rx			02/20 - Current	
Business Address		**City**	**State**	**Zip**
7052 Orangewood Avenue A8		Garden Grove	CA	92841
Phone	**Title**		**Number of Employed Hours**	
(855) 422-7379	SVP of Pharmacy Operations		>6,000 hours	
Description of Duties				
James Markis is the current Pharmacist-in-Charge and oversees all operations at the pharmacy. This includes supervision of other pharmacists and technicians and oversight over all dispensing and record keeping activities.				

Business Name			From - To (MM/YY – MM/YY)	
>				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, James Markis, Pharm D, **certify that as the designated representative for**

Care Fusion Rx,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JM I am at least 21 years of age;
3. JM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James Markis, Pharm D

Print Name (First, Last)

JM

Original Signature (electronic, copies or stamps not accepted)

9/18/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Markis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/18/25

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, Richard Alexis Acevedo Notary Public, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/18/25

Date

Subscribed and Sworn to before me this 18 day of September 2025.

Notary Public Signature

RICHARD ALEXIS ACEVEDO
Notary Public - California
Orange County
Commission # 2461055
My Comm. Expires Aug 26, 2027

(Seal)

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 2/26/2025 Inspector: Diane Mahone

Firm: CARE FUSION RX Phone: (855) 422-7379

Address: 7052 ORANGEWOOD AVE A8 City: GARDEN GROVE Zip: 92841

Ownership: CORPORATION

Permit #: PHY57710 Permit Exp: 8/1/2025 DEA#: FC9677139 DEA Exp: 8/31/2026

Date of Self Assessment Form: 6/23/2023 Other Permit #: N/A Date of DEA Inventory: 3/27/2024

Hours M-F: 08:30am-5:00pm Hours Saturday CLOSED Hours Sunday: CLOSED

PIC **JAMES A MARKIS** RPH58534 Administrator

RPH Consultant

Staff RPH Name:	License #:
QUAN N START	RPH78541
SHEREHAN T SALIB	RPH65914
JENNIFER G GANDHI	RPH72583

Staff Name:	License #:
CECILA MARQUEZ	CLERK
CHANDA CHHIM	CLERK
DANYELE THOMAS	CLERK
GERARDO GORDO GARCIA	CLERK
KARINA ESPINOSA	TCH145619
LANA REA	CLERK
MADDIE NOPWASKEY	CLERK
MARK G VILLANUEVA	TCH111101
MAYLINA MULYO	CLERK
MICHELE ALFORD (LVN)	CLERK

Inspector Remarks:

Here today at Care Fusion Rx for a routine inspection. Closed-door pharmacy specializes in IVIG and subcutaneous immunoglobulins and dispenses an average of 70 Rx/day (estimated 90% refill; 10% new). Pharmacy is staffed typically with 3-4RPH:3TCH: 8Clerks. Assisted by PIC Markis. No sterile or non-sterile compounding, no immunizations. No controlled substances stocked. Pharmacy primarily receives orders of immunoglobulins and infusion related pre-meds (i.e. APAP, solumedrol, diphenhydramine) and all are shipped to patients. Pharmacy is licensed 11 states but ships to Utah, Oregon, Washington, Arizona, Nevada, Kansas and within California. Licenses posted and reviewed. Pharmacy conducts annual quality tests for shipping temperatures. Reviewed workflow with PIC.

The following were reviewed:

Documents

- Self-Assessment: SA-17M-13 (CCR 1715): 6/23/23
- Biennial DEA Inventory (CFR 1304.11(c)): 3/27/24 – noted no CS inventory in stock.
- CII Inventory Reconciliation (CCR 1715.65): n/a; PIC maintains quarterly print-out of any CS purchased from their wholesaler.
- DEA 222 or eDEA222 (CFR 1305.13, CFR 1305.22): ~~reviewed proper endorsement.~~ RM
- CURES (H&SC 11165.1, CCR 1715.5): RPH has access to PDMP.

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INSPECTION REPORT

- Sampling of CII/CII-CV/non-control hard copy RX CFR 1304.04(h)(2) and (h)(4): most are electronic fax orders.
- Drug delivery invoices (4059.5[a], CFR 1304.04(h)(1) and (h)(3): reviewed.
- Policy and Procedures available online- (Employee theft/impairment/diversion (B&PC 4104[a-c]); TCH job description (CCR 1793.7); Quality Assurance (BP&C 4125, CCR 1711); Interpretive Services (CCR 1707.5))
- Interpretive Services vendor: Language Line
- Last med error documented on 3/13/24.
- Original PHY/Renewal PHY permit (B&PC 4032, 4058); Notice To Consumer (B&PC 4122[a], CCR 1707.6); Point to your language (CCR 1707.6[c]): posted in public view.
- Subscriber e-mail alerts: jmarkis@carefusionrx.com

Facility

- Security/keys (CFR 1301.75, CCR 1714, B&PC 4116): reviewed.
- Pharmacy sink has hot and cold running water present (CCR 1714[c]); Refrigerator temps monitored electronically via Intellisense - logs are available for review (CCR 1714); readily accessible restroom (CCR 1714[g])

Practice & Drugs

- Pharmacy staff name tags (B&PC 680, 4115.5[e], CCR 1793.7[c]): visible and worn by licensed staff.
- Staffing ratios reviewed.
- Pharmacy Computer System is the primary source of record-keeping: CareTend
- Drug stock (B&PC 4342, CCR 1714[b], H&SC 111255/111335): sample stock observed for proper labeling/storage.
- Spot checked "will-call area", reviewed RTS meds/process, records storage in pharmacy.
- Patient Centered labeling (B&PC 4076, CCR 1707.5): reviewed a few labels; 12-point font, "Generic for" statement available on prescription labels.
- Consultations (CCR 1707.2): No opportunity to observe consultations during the inspection since it is "closed-door."
- Wholesaler(s): McKesson and direct from Takeda and Octapharma
- Reverse Distributor(s): GRx, last invoice 6/15/22
- Outdates quarantined (CCR 1714): reviewed.
- Auto-refill program: Pharmacy does not offer.
- All prescriptions are delivered via FedEx (next day) and third-party courier (same day): reviewed patient's right to consultation notice.

Discussion:
-Reviewed BPC 4076(a): English translation for directions of use is available on leaflet for prescriptions translated in Spanish or other patient's preferred language.
-Discussed placing "outdate" sign on bin storing quarantined drug inventory.
-Discussed sink dedicated for pharmaceutical purposes.

Education Topics
1. BPC 4052.04 – Pharmacist may furnish COVID-19 oral therapeutics following a positive test.

- "COVID-19 oral therapeutics" means drugs that are approved or authorized by the FDA for the treatment of COVID-19 and administered orally.
- Prior to furnishing COVID-19 oral therapeutics, a pharmacist shall utilize relevant and appropriate evidence-based clinical guidelines published by FDA in providing these patient care services.
- A pharmacist who furnishes COVID-19 oral therapeutics shall notify patient's PCP or enter appropriate information into patient record system shared with PCP, as permitted by that PCP. If the patient does not have a PCP, the pharmacist shall provide the patient with a written record of the drugs furnished and advise the patient to consult a physician of the patient's choice.

INSPECTION REPORT

- Document the kind and amounts of COVID-19 oral therapeutics furnished, as well as any information regarding testing services provided, in the patient's record in the record system maintained by the pharmacy.
- Retain records for 3 years.

2. BPC 4113 – PIC authority to make staffing decisions
   - PIC may make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely.
   - If PIC is not available, a pharmacist on duty may adjust staffing according to workload if needed.
   - PIC or pharmacist on duty shall immediately notify the store management of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. If the conditions are not resolved within 24 hours, the PIC or RPH on duty shall ensure the BOP is timely notified. Conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff include, but are not limited to:
     - Workplace safety and health hazards that present an immediate risk of death, illness or irreparable harm to patients, personnel, or pharmacy staff.
     - Sustained temperatures that could impact ambient temperature drug stability according to manufacturer data on acceptable drug storage conditions.
     - Vermin infestation that poses a risk to the safety or efficacy of medicine.
3. BPC 4113.1 – Reporting medication errors within 14 days from discovery.
   - Applies to "community pharmacies" – *i.e.,* any pharmacy that dispenses medication to an outpatient (but not including facilities of CDCR).
   - Per the BOP's AB 1286 Implementation Statement, the reporting of medication errors under BPC 4113.1 will not be required until the BOP approves an entity to receive the reports.
4. BPC 4113.6 – Chain community pharmacy subject to BPC 4113.5 must be staffed at all times with at least one clerk or pharmacy technician fully dedicated to performing pharmacy-related services. The BOP will not take action against a pharmacy for violation of this staffing requirement if any of the following conditions apply:
   - RPH on duty waives the requirement in writing during specified hours based on workload need.
   - The pharmacy is open beyond normal business hours (*i.e.,* before 8am, after 7pm). During the hours before 8am and after 7pm, the staffing requirement shall not apply.
   - The pharmacy's prescription volume per day on average is less than 75 prescriptions per day based on the average daily prescription volume for the past calendar year. However, if the pharmacist is also expected to provide additional pharmacy services (such as immunizations or CLIA-waived tests) this exception does not apply.

   When staffing of pharmacist hours within a chain community pharmacy does not overlap sufficiently, scheduled closures for lunch time for all pharmacy staff shall be established and publicly posted, and included on the outgoing telephone message.
5. BPC 4115 – Pharmacy technician may, under the direct supervision and control of a pharmacy, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are CLIA waived, receive prescription transfers, and accept clarification on prescriptions under certain specified conditions.
6. BPC 4231 – CE required for pharmacists to renew their pharmacist license must now include at least one hour of participation in a cultural competency course which meets specified requirements.

DISCLAIMER:
Any issues referenced/discussed in this report are not intended to be an all-inclusive list of issues that may exist at your facility. Your facility is responsible for investigating and determining the causes of any issues and items to be corrected and for preventing their recurrence. Further review of items provided at inspection, may result in further communication after this report.

Licensee Remarks:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) J.M

Pharmacist (print) James Markis, PharmD

Inspector (sign) _____

Inspector (print) D. McHone

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California State
Board of Pharmacy

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
www.pharmacy.ca.gov

DIANE MAHONE, PharmD
Inspector

(562) 619-8563
(562) 573-4190 FAX
diane.mahone@dca.ca.gov

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

License No: PHY 57710
Receipt No. 51570473

Valid Until: 8/1/2026

CARE FUSION RX
7052 ORANGEWOOD AVE A8
GARDEN GROVE, CA 92841

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

CALIC100.RENWALR.06092025.9599.SEQID13999

CARE FUSION RX
7052 ORANGEWOOD AVE A8
GARDEN GROVE, CA 92841 13999

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

4356

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57710

NAME: CARE FUSION RX

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

7052 ORANGEWOOD AVE A8
GARDEN GROVE CA 92841
ORANGE COUNTY

ISSUANCE DATE

AUGUST 11, 2020

EXPIRATION DATE

AUGUST 1, 2026

CURRENT DATE / TIME

SEPTEMBER 18, 2025
6:3:9 AM

LICENSE RELATIONSHIPS

NAME: MARKIS, JAMES ANTHONY

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 58534 **PRIMARY STATUS:** CLEAR

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC9677139	08-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-05-2023

CARE FUSION RX
7052 ORANGEWOOD AVE # A8
GARDEN GROVE, CA 928411419

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC9677139	08-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-05-2023

CARE FUSION RX
7052 ORANGEWOOD AVE # A8
GARDEN GROVE, CA 928411419

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

September 16, 2025

VIA OVERNIGHT DELIVERY AND EMAIL

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
Email: msedar@pharmacy.nv.gov; pharmacy@pharmacy.nv.gov

RE: TIME SENSITIVE – Notification of Change in Indirect Ownership Care Fusion Rx, LLC License # PH04366

To Whom It May Concern:

We are writing to notify you of an indirect change in ownership for Care Fusion Rx, LLC dba Care Fusion Rx ("Care Fusion", EIN: 84-3896416), which maintains a Pharmacy License (PH04366, the "License") issued by the Nevada State Board of Pharmacy (the "Department" or "you").

Care Fusion is wholly owned by Care Fusion Rx Holdings, LLC ("Holdings"), which is substantially owned by Care Fusion Rx Investments, LLC ("Investments"). Holdings and Investments are parties to a Purchase Agreement under which Investments will sell 98% of Holdings to SCP ADV Infusion Purchaser, LLC ("Purchaser"). An organizational chart of the pre- and post-Closing structures is attached as Exhibit A to this letter for convenience. The transaction is anticipated to close on or about October 1, 2025 ("Transaction").

The current Care Fusion team of pharmacists and other employees will continue to provide patient care from the same facility following the closing of the Transaction. Neither the NPI, name nor the EIN for Care Fusion will change as a result of the Transaction. Further, Holdings will continue to be the direct owner of Care Fusion.

While the Transaction will not result in any material changes to the day-to-day operations of the pharmacy, we understand it is the Board's position that even indirect ownership changes require a new application. As such, we have begun the application process and plan to submit all application materials in advance of October 20, 2025 for inclusion in the December 3-4, 2025 Board meeting for approval. It is our further understanding that Care Fusion will be able to continue operations under the current license until the new license is approved.

If for any reason the Purchase Agreement is terminated prior to closing, Care Fusion will notify the Department promptly. We are happy to answer any questions that

you have regarding the Transaction. Please feel free to contact me at jmarkis@carefusionrx.com for additional information.

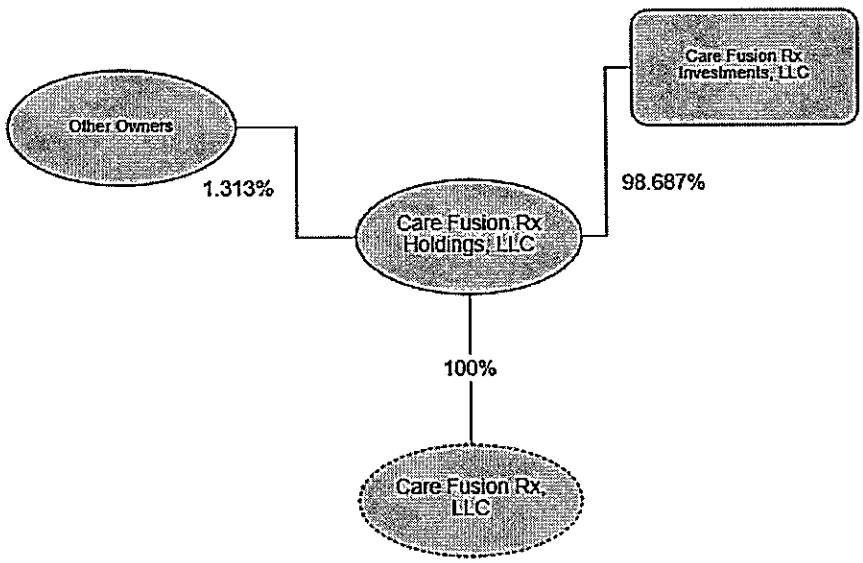
Thank you for your prompt attention to this matter.

CARE FUSION RX, LLC

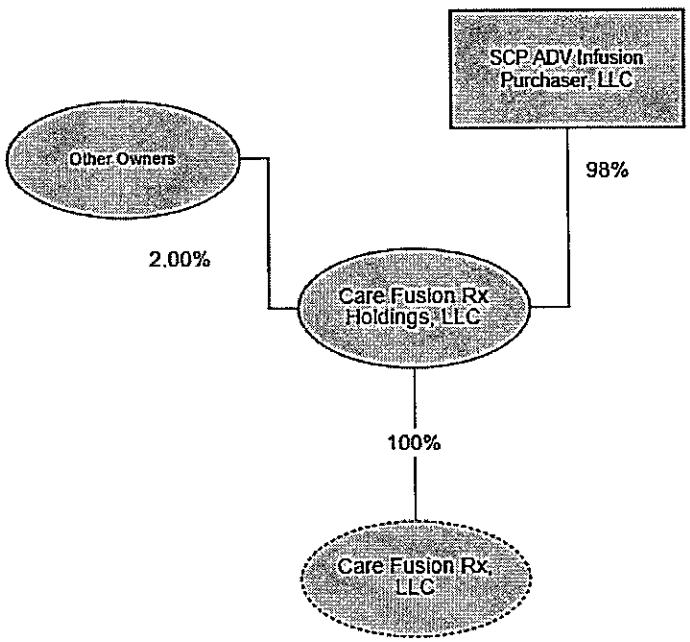
By: _____
Name: James Markis
Its: Pharmacist in Charge

Exhibit A

Pre-Closing Structure



Post-Closing Structure



4XXXXX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: FillPoint Health LLC

Physical Address: 6175 Shamrock Ct., Suite S

City: Dublin State: Ohio Zip: 43016

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 833-462-5469 Toll Free # (NAC 639.708, NRS 639.23286): 833-462-5469

Fax: 833-765-9701 Contact Email: licensure@fillpointhealth.com

Website: www.fillpointhealth.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Marc Nitzschke

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24576

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Marc Nitzschke	NV Pharmacist Registration #: 24576
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%: ~~KS~~
Name:	Credentials:	%: ~~KS~~
Name:	Credentials:	%: ~~KS~~
Name:	Credentials:	%
Name:	Credentials:	%

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation N/A

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☒ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): FillPoint Health LLC

Corporation/Organization Name: FillPoint Health LLC

Mailing Address: 6175 Shamrock Ct., Suite S

City: ~~Lexington~~ DUBLIN State: ~~KY~~ OH Zip: ~~40536~~ 43016

Telephone: 833-462-5469 Email: licensure@fillpointhealth.com

Contact Person Name: Karla Simpson

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership N/A

Partnership Name: _____

Mailing Address: _____

City: Conway State: AR Zip: 72032

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner N/A

Owner's Name: _____

Business Name: FillPoint Health

Business Address: 6175 Shamrock Ct Suite S

City: Kenneth City State: FL Zip: 33709

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Pharmacy Officer (title) for FillPoint Health LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Karla Simpson

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/6/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Karla Simpson hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Pharmacy Officer (title) for FillPoint Health LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 6th day of October, 2025

Notary Public

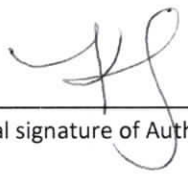
NOTARY PUBLIC STATE OF OHIO

CRISTIN CRANE
Notary Public, State of Ohio
My Commission Expires
August 28, 2028

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karla Simpson

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

10/6/2025

Date

Board Use Only	Date Received: 10/13/25	Amount: $500 CK 3997382

FillPoint Health

Owner & Officers List

FillPoint Health LLC is owned 100% by Lyceum Health Inc.

Lyceum Health Inc.
6175 Shamrock Ct.
Suite T Dublin, OH 43016

Officers: Karla Simpson, Director, 0% ownership.
6175 Shamrock Ct., Suite S, Dublin, OH 43016

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FILLPOINT HEALTH LLC, a Delaware Limited Liability Company, Registration Number 5289346, was registered in the State of Ohio on September 20, 2024, is currently authorized to transact business in this state.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of May, A.D. 2025.

Ohio Secretary of State

Validation Number: 202512704044

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler FillPoint Health

Pharmacy/Wholesaler License # (if applicable) (Pending Application)

Physical Address 6175 Shamrock Ct., Suite S

City Dublin State Ohio Zip 43016

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 833-462-5469 Website www.fillpointhealth.com

Licensing Company Email licensure@fillpointhealth.com

Section 2: Personal Information

First Karla Middle _____ Last Simpson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UK College of Pharmacy		2006-2010	
Address	**City**	**State**	**Zip**
789 S Limestone	Lexington	KY	40536
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of Central AR		1999-2002	
Address	**City**	**State**	**Zip**
201 Commerce Dr	Conway	AR	72032
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Dixie Hollins High School		1994-1998	
Address	**City**	**State**	**Zip**
4940 62nd St. N	Kenneth City	FL	33709
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
2011-present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
FillPoint Health			08/25-present	
Business Address		**City**	**State**	**Zip**
6175 Shamrock Ct Suite S		Dublin	OH	40316
Phone	**Title**		**Number of Employed Hours**	
833-462-5469	Chief Pharmacy Officer		320	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Blue Sky Specialty Pharmacy			01/22-8/25	
Business Address		**City**	**State**	**Zip**
1501 Belle Isle Ave Suite 150		Mount Pleasant	SC	29464
Phone	**Title**		**Number of Employed Hours**	
843-352-7662	Chief Compliance Officer		6900	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Karla Simpson, **certify that as the designated representative for**

FillPoint Health LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KS I am at least 21 years of age;
3. KS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Karla Simpson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karla Simpson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Franklin

I, Karla Simpson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/6/2025

Date

Subscribed and Sworn to before me this 6th day of 2025.

Notary Public Signature

NOTARY PUBLIC STATE OF OHIO

CRISTIN CRANE
Notary Public, State of Ohio
My Commission Expires
August 28, 2028

(Seal)

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 0232000503

Fillpoint Health Llc

6175 Shamrock Ct Ste S
Dublin, OH 43016-1224
Franklin County

Terminal - Pharmacy - Category 3

Outpatient Pharmacy Guide (Updated 8/4/25)

October 3, 2025

License 0232000503 - Fillpoint Health Llc

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Alex Seminara
Start 10/3/2025 9:30 AM
End 10/3/2025 10:52 AM

Organization

Name
Fillpoint Health Llc

License Type
Terminal - Pharmacy - Category 3

Category

License Number
0232000503

Business Type
SP - Specialty Pharmacy

DEA Number
FF5035399

Responsible Person
Marc Richard Nitzschke, PHARMD

Hours of Operation

Contact

Address
6175 Shamrock Ct Ste S
Dublin, OH 43016-1224
Franklin County

Primary Number
(614) 205-6460

Fax Number

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Marc Richard Nitzschke, PHARMD		Pharmacist	[redacted]	[redacted]	[redacted]

1) *Initial Inspection Information

1) Personnel conducting inspection

Observation
Compliance Specialist Alex Seminara, PharmD, MBA, BCPS
alex.seminara@pharmacy.ohio.gov
614-306-0616

2) Were multiple inspection guides used during this inspection?

No

3) Facility Description

Observation
Pharmacy - Category 3 - Specialty Pharmacy. This is a closed door pharmacy and prescriptions are shipped directly to patients.

4) *Does the TDDD have a valid registration issued by the Drug Enforcement Administration?

Yes

Observation
FF5035399

5) Is the Responsible Person present during the inspection?

Yes

6) Does the TDDD distribute dangerous drugs outside of Ohio?

Yes

Observation
Discussed: Pharmacy is licensed in the following states - AZ, CO, DE, FL, HI, ID, IA, KS, KY, MI, MS, MO, NE, ND, HW, OH, OR, SD, TN, TX, WV, WY

7) Does the TDDD ensure all individuals are acting within their scope of practice?

Yes

10.1) Responsible Person - Terminal Distributor (OAC 4729:5-2-01)

1) *PHARMACY: Is a Pharmacist the Responsible Person for a TDDD licensed as a pharmacy?

Yes

Observation
The responsible person shall be responsible for the practice of the profession of pharmacy, including, but not limited to, the supervision and control of dangerous drugs as required in division (B) of section 4729.55 of the Revised Code, adequate safeguards as required in division (C) of section 4729.55 of the Revised Code, security and control of dangerous drugs and maintaining all drug records otherwise required. The person to whom the terminal distributor of dangerous drugs license has been issued and all pharmacists on duty are responsible for compliance with all state and federal laws, regulations, and rules governing the distribution of drugs and the practice of pharmacy.

14) REMINDER: All licensed health professionals and Responsible Person

Observation
The responsible person to whom the terminal distributor of dangerous drugs license has been issued and all licensed health professionals on duty are responsible for compliance with all state and federal laws, regulations, and rules governing the distribution of dangerous drugs.

The responsible person is responsible for ensuring the terminal distributor of dangerous drugs requirements are met, including, but not limited to, the supervision and control of dangerous drugs as required in division (B) of section 4729.55 of the Revised Code, adequate safeguards as required in division (C) of section 4729.55 of the Revised Code, security and control of dangerous drugs and maintaining all drug records otherwise required.

11.1) Disposal of controlled substances (OAC 4729:5-3-01)

1) Does the facility dispose of controlled substances?

Does not have controlled substances on site

8) REMINDER: Facility is required to dispose of controlled substance dangerous drugs in accordance with 21 C.F.R. 1317.

Observation
Facility is required to dispose of controlled substance dangerous drugs in accordance with 21 C.F.R. 1317.

The method of destruction must render the controlled substances to a state of non-retrievable. Records of controlled substance destruction that are required pursuant to 21 C.F.R. 1304 (9/25/2023) shall be maintained for a minimum of three years and made readily retrievable.

Non-retrievable means, for the purpose of destruction, the condition or state to which a controlled substance shall be rendered following a process that permanently alters that controlled substance's physical or chemical condition or state through irreversible means and thereby renders the controlled substance unavailable and unusable for all practical purposes. The process to achieve a non-retrievable condition or state may be unique to a substance's chemical or physical properties. A controlled substance is considered "non-retrievable" when it cannot be transformed to a physical or chemical condition or state as a controlled substance or controlled substance analogue. The purpose of destruction is to render the controlled substance(s) to a non-retrievable state and thus prevent diversion of any such substance to illicit purposes.

11.2) *Report theft/significant loss: dangerous drug, controlled substance, drug document(OAC 4729:5-3-02)

1) *REMINDER: Theft or significant loss of dangerous drugs and drug documents

Observation
A terminal distributor of dangerous drugs shall notify the following upon discovery of the theft or significant loss of any dangerous drug or controlled substance, including drugs in transit that were either shipped from or to the licensed location: (1) The state board of pharmacy, by telephone or other method determined by the board, immediately upon discovery of the theft or significant loss; (2) If a controlled substance, the drug enforcement administration (DEA) pursuant to 21 C.F.R. 1301.76 (9/9/2014); (3) Law enforcement authorities pursuant to section 2921.22 of the Revised Code.

A terminal distributor of dangerous drugs shall, immediately upon discovery, notify the state board of pharmacy, in a manner determined by the board, and law enforcement authorities of any theft or loss of uncompleted prescription blank(s) used for writing a prescription, written prescription order(s) not yet dispensed and original prescription order(s) that have been dispensed.

A terminal distributor of dangerous drugs shall, immediately upon discovery, notify the state board of pharmacy, in a manner determined by the board, law enforcement authorities and the drug enforcement administration (DEA) pursuant to 21 C.F.R. 1305.16 (9/9/2014) of the theft or loss of any DEA form 222.

For more information on reporting, visit: www.pharmacy.ohio.gov/theft

2) *Has the TDDD experienced any theft or significant loss of any dangerous drugs in the past 24 months?

No

11.4) Verification of licensure prior to sale or purchase (OAC 4729:5-3-04)

1) What drug distributors does the TDDD purchase from?

Observation
Cardinal Health - Wheeling

2) PURCHASE: Has the TDDD completed an annual query of the board's online roster prior to purchase of dangerous drugs at wholesale?

Yes

Observation
Observed: eLicense query conducted May 2025

11.5) Confidentiality of patient records (OAC 4729:5-3-05)

1) Have records been divulged to anyone not permitted by rule?

No

11.6) Storage of adulterated drugs (OAC 4729:5-3-06)

1) Does the facility have expired/adulterated drugs on site?

No

Reminder: All adulterated drugs are to be segregated from active stock and stored no longer than one year from adulteration or expiration

2) *Are adulterated drugs stored in a separate and secure area?

Yes: Stored no longer than a year from date of expiration or adulteration

11.7) Controlled substances inventory requirements (OAC 4729:5-3-07)

1) Are controlled substance inventory records maintained as required by rule?

Yes: Initial inventory completed

Yes: Annual inventory is completed

Observation
Discussed: Last CS inventory was conducted March 2025

13.1) Definitions – outpatient pharmacies (OAC 4729:5-5-01)

1) Is the TDDD an outpatient pharmacy or does the TDDD dispense outpatient prescriptions?

Yes: Dispenses Outpatient Prescriptions

13.2.1) Minimum Standards (OAC 4729:5-5-02)

1) Does the TDDD ensure sufficient personnel are scheduled to work at all times?

Yes

2) Does the TDDD provide sufficient tools and equipment in updated and good repair?

Yes

3) Does the TDDD provide pharmacy personnel access to the required references?

Yes: Internet access to the board's website, Ohio laws and administrative codes, code of laws of the United State of America, and code of federal regulations

Yes: Access to hard copy or internet access to appropriate pharmacy reference materials

Yes: Access of telephone number of a poison control center

4) Does the TDDD ensure pharmacy personnel are sufficiently trained to safely and adequately perform their assigned duties?

Yes

5) Does the TDDD maintain a stock of drugs sufficient to compound and prepare the types of prescriptions offered?

Yes

6) Does the TDDD maintain stock of prescription containers necessary to dispense drugs in accordance with federal and state laws?

Yes

7) *Does the TDDD ensure all areas where drugs and devices are stored and prepared are dry, well-lit, well-ventilated, and maintained in a clean, sanitary, and orderly condition?

Yes

8) *Are hours of operation of the pharmacy department posted?

Not Applicable: Closed-door pharmacy

9) *Are all employees of the pharmacy identified by a name tag?

Yes: Name tag includes job title

10) Does the TDDD maintain the current contact information to the security system vendor?

Yes

11) Does the TDDD provide sufficient time for pharmacists to complete professional duties and responsibilities?

Yes

13.3) *Filing and storage of prescriptions (OAC 4729:5-5-03)

1) *Are prescriptions maintained in three separate prescription files?

Yes

5) *Are all prescription records uniformly maintained for a period of three years?

Yes

13.4) *Record keeping (OAC 4729:5-5-04)

1) *DISPENSING PROCESS: Is there positive identification for the dispensing process of a prescription, as required by rule?

Yes

Observation
Discussed: CareTend is the dispensing software

7) *PRINTOUTS: Do hard copy printouts meet the requirements of the rule? Warning

Yes: Includes date of dispensing
Yes: Includes prescription number
Yes: Includes patient name
Yes: Includes name, strength, and quantity of drug dispensed
Yes: Includes identification of the pharmacy
Yes: Includes identification of controlled substances
Yes: Printout is verified, dated, and signed by each individual responsible for specific activities

Observation
Unable to observe on report: identification of pharmacist or pharmacy personnel responsible for data entry, PV1, and prospective DUR.

Corrective Action
Please configure End of Day report to include the above information

13.6) Labeling of drugs dispensed on prescription (OAC 4729:5-5-06)

1) Does the label affixed to the drug dispensed contain the required information?

Yes: Meets requirement of rule

13.7) Patient profiles (OAC 4729:5-5-07)

1) PATIENT: Do patient profile systems maintain the required patient information?

Yes: Meets requirement of the rule

2) DRUGS: Do the patient profiles systems maintain the required patient drug therapy record?

Yes: Meets requirement of the rule

3) Is a reasonable effort made to obtain a patient's medical history necessary to conduct a prospective drug utilization review?

Yes

13.8) *Prospective drug utilization review (OAC 4729:5-5-08)

1) Do pharmacists review the patient profile prior to dispensing a prescription?

Yes: Pharmacist completes DUR

2) Do pharmacists take appropriate steps when potential problems are identified during prospective drug utilization review?

Yes: Consults with the prescriber
Yes: Counsels the patient
Yes: Utilizes drug information references

4) *OARRS: Do any of the pharmacists use delegates to request OARRS reports?

No

13.9) Patient counseling (OAC 4729:5-5-09)

1) Is counseling verbally offered for all prescriptions?

If patient/caregiver not present, offer is made by telephone or in writing

13.10) *Manner of processing a prescription (OAC 4729:5-5-10)

7) ELECTRONIC: Does the computer system receive an ICD-10-CM medical diagnosis code for electronic controlled substance prescriptions?

Yes

8) Are prescriptions dispensed for the first time within six months from the date of issuance?

Yes

13) REMINDER: Valid Prescription and Corresponding Responsibility

Observation
A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of the prescriber's professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

13.11) Prescription copy (OAC 4729:5-5-11)

1) Does the outpatient pharmacy send or receive copies of prescriptions?

Yes

Yes: Only Pharmacists transfer controlled substance prescriptions

2) Is the copy transferred an exact duplicate of the original prescription and contain all the required information?

Yes: Exact duplicate

13.13) Serial numbering of prescriptions (OAC 4729:5-5-13)

1) Is there a serial number on the original prescription?

Yes

2) Is there a complete account of all numbers used in the serial numbering system?

Yes

13.14) Prescription pick-up station (OAC 4729:5-5-14)

1) PHARMACY: Does the pharmacy act as a "pick-up" station or intermediary for the purpose of having prescriptions filled?

No

13.15) Manner of issuance of a prescription (OAC 4729:5-5-15)

1) Do outpatient prescriptions issued by a prescriber meet the requirements?

Yes

5) QUANTITY: Does the pharmacist dispense the quantity of drug indicated on the prescription?

Yes

7) Is the patient or patient's caregiver able to fill the prescription at the pharmacy of their choice?

Yes

8) OUT OF STATE PRESCRIBERS: Does the Pharmacist dispense prescriptions from a prescriber practicing outside of Ohio?

Yes: The prescriber who issued the prescription would be entitled to issue prescriptions under Ohio law and the state where the prescription was issued

Yes: Prescription is for a legitimate medical purpose

Yes: Prescription is transmitted in accordance to OAC 4729:5-3-11 Transmission of outpatient prescriptions.

9) REMINDER: Valid Prescription and ICD-10/CDT Codes/Intended Day Supply

Observation
A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of the prescriber's professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

Failure of a controlled substance and gabapentin prescription to contain an ICD-10-CM/CDT Code or intended day supply does not render the prescription, if dispensed in good faith, to be invalid. These requirements do not apply to prescriptions issued by veterinarians.

13.16) Pharmacist modifications to a prescription (OAC 4729:5-5-16)

4) Are all prescription modifications documented and communicated to the patient or patient's caregiver?

Yes

13.17) Drugs repackaged or relabeled by a pharmacy

1) Does the pharmacy repackage dangerous drugs?

No

13.18) Dispensing customized patient medication packages by an outpatient pharmacy (OAC 4729:5-5-18)

1) Does the pharmacy dispense customized patient medication packages?

No

13.19) Central Fill Pharmacies (OAC 4729:5-5-19)

1) Does the pharmacy operate as a central fill pharmacy or originating pharmacy?

No

13.20) Remote Outpatient Prescription Processing (OAC 4729:5-5-20)

1) Does the TDDD have a role in remote outpatient prescription processing?

No

13.22) *Return to stock in an outpatient pharmacy (OAC 4729:5-5-22)

1) Does the pharmacy return dispensed drugs to stock (RTS)?

No

13.23) *Security, control and storage of dangerous drugs in an outpatient pharmacy (OAC 4729:5-5-23)

1) *Does a pharmacist provide adequate supervision of the pharmacy and records?

Yes

2) Is the pharmacy separated from the merchandising or public areas?

Not Applicable: Not open to the public

3) Is a pharmacist physically present at the pharmacy?

Yes: Responsible for security of pharmacy

Yes: Supervises pharmacy personnel

4) *DELIVERIES: Are dangerous drugs and hypodermics immediately secured upon delivery?

Yes: Secured in the pharmacy

5) Is a pharmacist present at all times non-pharmacy personnel enters the pharmacy?

Yes

6) *SCHEDULE II DRUGS: Are all schedule II controlled substances stored in a securely locked, substantially constructed cabinet or safe?

Not Applicable

7) *How is the pharmacy secured when a pharmacist cannot be present?

An alarm system approved by the board

8) ALARM SYSTEM: Does the alarm system and testing meet the requirements of the rule?

Yes: It is monitored by a central station for control and can detect unauthorized access to the pharmacy

Yes: The alarm system is tested on a biannual basis.

Yes: Testing records are maintained for three years

9) Are items requiring pharmacist supervision stored outside of the pharmacy?

No

10) *KEYS/CODES: Does only pharmacists have access to keys or other methods of gaining access to the pharmacy?

Yes

11) RECORDS: Are records relating to the distribution of dangerous drugs only maintained in the pharmacy?

Yes

12) Are any items, products, records, or equipment that must be accessible to anyone other than a pharmacist stored in the pharmacy?

No

13) Does only a pharmacist have access to designated area(s)?

Yes

14) PHARMACY CLOSED: Are items requiring supervision or sale by a pharmacist sold, given away, or disposed of when the pharmacy is closed?

No

15) *DROP-BOX: Are prescription orders deposited into a secured area within the building?

No

17) *DRIVE-THRU: Does the pharmacy provide services by means of a drive-thru facility?

No: No drive-thru facilities

18) *REFRIGERATORS/FREEZERS: Do refrigerators and/or freezers used for storage of drugs and devices comply with the requirements of the rule?

Yes: Temperature monitoring system capable of detecting and alerting staff of an excursion are maintained

Yes: There is a policy and procedure to respond to any out of range temperature readings or excursions

Yes: There is a policy no food or beverage is to be stored with the drugs

Observation

Observed: SensorPush sensors in place.

19) MULTI-DOSE VIALS: Are multi-dose vials properly labeled?

Not Applicable: Does not have multi-dose vials

13.24) *Drug inventory records and other record keeping provisions (OAC 4729:5-5-24)

1) *RECEIPT: Do records of receipt contain the required information?

Yes: Contains name, strength, dosage form, and quantity of dangerous drug received

Yes: Contains name and address of seller

Yes: Contains name and address of recipient

Yes: Contains date of receipt

2) TEMPERATURE MONITORING: Do records of temperature control monitoring include the required information?

Yes: Temperature Monitoring System maintains a report with date and time of observation and temperature recorded

Yes: Temperature Monitoring System alerts of temperature excursions maintains report that includes the date, time, temperature recorded, and length of each excursion

8) *RECORDS: Are all records readily retrievable and kept on-site for at least three years?

Yes

9) *RECORDS: Are all records maintained under appropriate supervision and control to restrict unauthorized access?

Yes

10) *RECORDS: Do all computerized records contain daily back-up functionality to protect against record loss?

Yes

11) CONTROLLED SUBSTANCE INVENTORY: Is a controlled substance inventory completed within 13 months of the previous inventory and upon adding a scheduled drug?

Yes

28) Resources/CE Opportunities

2) Steps For Detecting Counterfeit Drugs

Observation

Steps For Detecting Counterfeit Drugs

-- Inspect Packaging: Look for inconsistencies in packaging, such as misspellings, Fonts, or incorrect logos. Genuine drugs typically have well designed, high-quality packaging.

-- Verify labels: Ensure that the drug's label, including the name, manufacturer, and expiration dates match the official information from the manufacturer.

-- Inspect Physical Appearance: Compare the drug's appearance to a known genuine product. Compare size, shape, and color. Counterfeit drugs often will have noticeable differences.

-- Authentication: Some drugs may come with security features like holograms, QR codes, or barcodes that could be used to verify the validity of the drug.

-- Conduct Chemical testing: Laboratory tests can identify discrepancies in the composition of the drug compared to a genuine product.

-- Purchase from reliable sources: Always buy medications from licensed and trusted distributors. Avoid buying from unverified online sources. Be wary of deeply discounted products as this could be a ruse to sell counterfeit products.

-- Consult a healthcare professional: If you have doubts about the validity of a drug, consult with a pharmacist, healthcare provider, or contact the manufacturer.

If you believe that you were sold or dispensed counterfeit prescription medications, please take the following steps:

-- Do not use or distribute the suspected medications.

-- Segregate the drugs from any active drug stock.

-- Do not dispose of the drugs as they may be needed for further testing or verification.

-- Contact a pharmacist, healthcare professional or, contact the Ohio Board of Pharmacy at 614-466-4143, or File a complaint on our online portal https://www.pharmacy.ohio.gov/Forms/Complaint

29) Substance Abuse and Mental Health Resources for Healthcare Professionals

1) Substance Abuse and Mental Health Resources for Healthcare Professionals

Observation
The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient. These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Board of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (The resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.
Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.
Treatment Bridge 1-877-275-6364, for addiction and mental health services.
National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

30) Inspection Affirmation

1) Inspection Affirmation

Observation
*This document only addresses compliance with the rules or laws specifically identified above.

As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:
(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or
(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to WRITTENRESPONSE@PHARMACY.OHIO.GOV or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

Warning

Reviewed by Marc Richard Nitzschke, PHARMD



(signature)

Ohio Board of Pharmacy

VERIFICATION OF LICENSURE

BUSINESS NAME:	FillPoint Health LLC
DBA	FillPoint Health
LOCATION:	6175 Shamrock Ct Ste S Dublin, OH 43016-1224
LICENSE NUMBER:	0232000503
TYPE OF LICENSE:	Terminal - Pharmacy - Category 3
ORIGINAL LICENSURE DATE:	October 17, 2024
EXPIRATION DATE:	March 31, 2027
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	10/8/2025

Grant Miller
Licensing Administrator
Ohio Board of Pharmacy

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Ohio Board of Pharmacy

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2027.

FillPoint Health LLC

FillPoint Health

6175 Shamrock Ct Ste S

Dublin, OH 43016-1224

License Number: 0232000503

License Type: Terminal - Pharmacy - Category 3

Sub-Category: II – Independent Community Retail (1 Outlet)

Expiration Date: March 31, 2027

Responsible Person – Print, sign, and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
MARC RICHARD NITZSCHKE, RPH	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request in eLicense Ohio - elicense.ohio.gov.

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF5035399	09-30-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-17-2025

FILLPOINT HEALTH LLC
6175 SHAMROCK CT STE S
DUBLIN, OH 430161224

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF5035399	09-30-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-17-2025

FILLPOINT HEALTH LLC
6175 SHAMROCK CT STE S
DUBLIN, OH 430161224

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4YYYYY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 04666	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Advanced Medical, LLC dba Health Care Medical Infusion Specialties

Physical Address: 625 S Pear Orchard Road, Suite A

City: Ridgeland State: MS Zip: 39157

Mailing Address (if different from physical address): n/a - same as physical address

City: _____ State: _____ Zip: _____

Telephone: 769-233-8484 Toll Free # (NAC 639.708, NRS 639.23286): 844-766-0464

Fax: 769-233-8051 Contact Email: pharmacy@hcmedinfusion.biz

Website: healthcaremedicalinfusion.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Christy Neely, PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24403

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Christy Neely	NV Pharmacist Registration #: 24403
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Mississippi

Parent Company (if any): Access Infusion Care, Inc.

Corporation/Organization Name: Advanced Medical, LLC dba Health Care Medical Infusion Specialties

Mailing Address: 625 S PEAR ORCHARD ROAD,SUITE A

City: RIDGELAND State: MS Zip: 39157

Telephone: 769-233-8484 Email: pharmacy@hcmedinfusion.biz

Contact Person Name: Christy Neely

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President and CEO (title) for Advanced Medical, LLC dba Health Care Medical Infusion Specialties (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Bruce Kutinsky

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/25/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christy Neely, PharmD hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge (title) for Advanced Medical, LLC dba Health Care Medical Infusion Specialties (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 26 day of August, 20 25

Notary Public

STATE OF MISSISSIPPI
KRISTEL YOUNG WALKER
NOTARY PUBLIC
Madison County
Commission Expires
April 10, 2026
COMMISSION NUMBER 314456

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bruce Kutinsky

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

8/25/25

Date

Board Use Only	Date Received: 8/29/25	Amount: $500 ck 851555

Name	Title	Address
Bruce Kutinsky	President and CEO	[redacted]
Duane Portwood	CFO and Treasurer	
Greg Kaniecki	Secretary	
Kristel Walker	VP and GM	

Michael Watson
SECRETARY OF STATE

This is not an official certificate of good standing.

Name History

Name	Name Type
Advanced Medical, Inc.	Legal
Health Care Medical Infusion Specialties	Fictitious Name

Business Information

Business Type:	Profit Corporation
Business ID:	874596
Status:	Good Standing
Effective Date:	06/30/2005
State of Incorporation:	Mississippi
Principal Office Address:	625 S Pear Orchard Rd, Suite A Ridgeland, MS 39157

Registered Agent

Name

Tolley, Preston
153 Calumet Dr
Madison, MS 39110

Officers & Directors

Name	Title
Tolley, Preston 111 Sugar Maple Lane Madison, MS 39110	Incorporator
Tolley, Valerie 111 Sugar Maple Lane Madison, MS 39110	Incorporator
Waites, Mike 165 Old Augustaville Prattville, AL 36067	Incorporator
Preston Tolley 625 S Pear Orchard Road, Ste A Ridgeland, MS 39157	Director, President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Advanced Medical, LLC dba Health Care Medical Infusion Specialties

Pharmacy/Wholesaler License # (if applicable): _____

Physical Address: 625 S Pear Orchard Road, Suite A

City: Ridgeland State: MS Zip: 39157

Mailing Address (if different from physical address): n/a - same as physical address

City: _____ State: _____ Zip: _____

Telephone: 769-233-8484 Website: _____

Licensing Company Email: pharmacy@hcmedinfusion.biz

Section 2: Personal Information

First: Christy Middle: _____ Last: Neely

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Mississippi		01/97-05/02	
Address	**City**	**State**	**Zip**
PO Box 1848	University	MS	38655
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Florence High School		08/92-05/96	
Address	**City**	**State**	**Zip**
232 Hwy 469 N	Florence	MS	39073
Diploma/Degree obtained, if any			
HS Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/24-08/25	[redacted]			
05/10-05/24				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Advanced Medical			02/24-08/25	
Business Address		**City**	**State**	**Zip**
625 S Pear Orchard Rd Ste A		Ridgeland	MS	39157
Phone	**Title**		**Number of Employed Hours**	
769-233-8484	Director of Clinical Pharmacy		2900	
Description of Duties				
Pharmacist in Charge of home infusion pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Health Care Medical			05/17-02/24	
Business Address		**City**	**State**	**Zip**
625 S Pear Orchard Rd		Ridgeland	MS	39157
Phone	**Title**		**Number of Employed Hours**	
769-233-8484	Director of Clinical Pharmacy		12,000	
Description of Duties				
Pharmacist in Charge of home infusion pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Christy Neely, PharmD, **certify that as the designated representative for**

Advanced Medical, LLC dba Health Care Medical Infusion Specialties,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Christy Neely, PharmD
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/25/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christy Neely, PharmD

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 8/25/25

Please have this section completed in the presence of a Notary Public.

State of Mississippi, ss. County of Madison

I, Christy Neely, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 8/25/25

Subscribed and Sworn to before me this 25 day of August 2025

Notary Public Signature

STATE OF MISSISSIPPI
KRISTEL YOUNG WALKER
NOTARY PUBLIC
Madison County
Commission Expires
April 10, 2026
(Seal)
COMMISSION NUMBER 314456

Mississippi Board of Pharmacy

Inspection Details

Name
Advanced Medical, Inc.

DBA
Health Care Medical Infusion Specialties

Address
625 S Pear Orchard Rd
Ste A
Ridgeland, MS 39157
Madison

Permit #
18519 [2.0]

CS #
CS-19854 - 05/09/2024 (Open)

Compounding #

Pharmacist In Charge
Christy L. Neely

DEA #:

DEA Expiration:

Inspection Date
02/11/2025

Inspection User
Ramsey, James

Assigned To

Comments

None

Community

	Answer	Question
1)	Satisfactory	Pharmacist on duty.
2)	Satisfactory	Pharmacy clean and orderly.
3)	Satisfactory	Prescriptions being properly filed. (Article XIII) (Any RX not maintained in a paper file must be printed and provided to an agent immediately)
4)	Satisfactory	Outdated drugs in stock.
5)	Not Applicable	Handling of outdated CS.
6)	Not Applicable	Adequate security of CS.
7)	Satisfactory	CS inventoried properly.
8)	Not Applicable	Ordering/Receiving CII drugs.
9)	Not Applicable	CS prescriptions filled properly.
10)	Not Applicable	Dates on CS Prescriptions.
11)	Not Applicable	Addresses on CS Prescriptions.
12)	Not Applicable	Initials on CS Prescriptions.
13)	Not Applicable	DEA number on CS prescriptions.
14)	Satisfactory	Pharmacy only utilizes suppliers permitted by the Board.
15)	Satisfactory	Pharmacy only utilizes Reverse Distributors permitted by the Board.
		Comments: Inmar
16)	Not Applicable	Does the pharmacy provide medications to other pharmacies, physicians or facilities (such as an IEMK)? (Review invoices)
17)	Not Applicable	CS Invoice filed/retrievable.

Community

	Answer	Question
18)	Satisfactory	CS hard copy printout.
19)	Satisfactory	Patient counseling.
20)	Not Applicable	Schedule V OTC sales.
21)	Satisfactory	Dispensed Rx labeling.
22)	Satisfactory	Technician compliance. (Ratio 3:1, Training/Certification)
23)	Not Applicable	Sterile compounding.
		Comments: See separate inspection
24)	Not Applicable	Non-Sterile compounding.

Person Providing Information

Full Name:
Christy Neely

Signature:



MISSISSIPPI
Board of Pharmacy

Permit #
18519 / 2.0

Pharmacy
Specialty Community - Combination

Advanced Medical, Inc.
DBA Health Care Medical Infusion Specialties

625 S Pear Orchard Rd Ste A
Ridgeland, MS 39157
Madison

Permit Holder:
Christy L. Neely

This permit is not transferable or assignable.

Issued: 02/17/2023
Renewed: 02/14/2024
Expires: 12/31/2025

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

MISSISSIPPI BOARD OF PHARMACY

LICENSE VERIFICATION

The Mississippi Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

Health Care Medical Infusion Specialties

Pharmacy

Permit Status:	Active	**Issued Date:**	02/17/2023	**Discipline on File:**	No
Permit #:	18519	**Effective Date:**	02/14/2024	**Discipline Status:**	No Discipline
Classification:	Specialty Community - Combination	**Expire Date:**	12/31/2025	**Address:**	625 S Pear Orchard Rd Ste A Ridgeland, MS 39157

Controlled Substance Registration

Status:	Active	**Issued Date:**	03/14/2023
Number:	CS-19854	**Effective Date:**	12/23/2024
		Expire Date:	12/31/2025

Compounding Certificate

Status:	Active	**Issued Date:**	08/23/2023
Number:	CC-18440	**Effective Date:**	08/23/2023
		Expire Date:	12/31/2025

Public Records

No disciplinary documents were found!

Information loaded from this database is current as of 8/11/2025 12:14:16 PM

4ZZZZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: MedOptions RX

Physical Address: 450 E. Devon Ave Suite 170

City: Itasca State: IL Zip: 60143

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 833-400-0465 Toll Free # (NAC 639.708, NRS 639.23286): 833-400-0465

Fax: _____ Contact Email: jennifer.otto@medoptionsrx.com

Website: www.medoptionsrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jennifer Otto

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24809

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Ashar Hasan

Business Name: MedOptions Rx

Business Address: 450 E. Devon Ave Suite 170

City: Itasca State: IL Zip: 60143

Telephone: 917-647-1311 Email: ashar.hasan@medmonk.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Pharmacy Officer (title) for MedOptions RX (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Jennifer Otto

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/24/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jennifer Otto hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Pharmacy Officer (title) for MedOptions RX (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23rd day of July, 2025

Notary Public

OFFICIAL SEAL
NADINE M POLK
Notary Public, State of Illinois
Commission No. 1010838
My Commission Expires May 23, 2029

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Otto

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7/25/2025

Date

Board Use Only	Date Received: 7/31/25	Amount: $300-CC

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDOPTIONS RX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDOPTIONS RX, LLC" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202988974

Date: 02-21-25

7250137 8300

SR# 20250648184

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MedOptions RX

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 450 E. Devon Ave Suite 170

City Itasca State IL Zip 60143

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jennifer Middle Ann Last Otto

Alias(es, nicknames, name changes, etc.) Jennifer Ondrus

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Providence Catholic		8/1981-6/1985	
Address	**City**	**State**	**Zip**
1800 West Lincoln Hwy.	New Lenox	IL	60451
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Purdue Univeristy School Pharmacy		8/1985-5/1990	
Address	**City**	**State**	**Zip**
525 stadium mall Dr.	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
BS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2005-5/2024	[redacted]			
5/2024-present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
MedOptions RX			5/1/2025-present	
Business Address		**City**	**State**	**Zip**
450 E. Devon Suite 170		Itasca	IL	60143
Phone	**Title**		**Number of Employed Hours**	
708-220-5792	Chief Pharmacy Officer		400	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
PromptCare Home Infusion			5/2019-5/2025	
Business Address		**City**	**State**	**Zip**
41 Spring St. Suite 103B		New Providence	NJ	07974
Phone	**Title**		**Number of Employed Hours**	
708-220-5792	Pharmacy Director		12,000	
Description of Duties				
Dispensing Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/9/2000	2/6/2001	TX	Colleyville	Tarrant

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
L-00-023	Texas Board Pharmacy

Reason/Charge
Did not have CE certificates to produce upon audit

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
	no lawsuite

Name of Business/Industry/Entity

Provide explanation below:

Could not provide CE certificated upon audit in 2000. Licensed fined. Matter resolved 2/6/2001. Documentation attached

Original Signature (electronic, copies or stamps not accepted)

7/25/2025
Date

I, Jennifer Otto, **certify that as the designated representative for**

MedOptions RX,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. y I am at least 21 years of age;
3. y I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. y I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. y I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. y I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. y I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jennifer Otto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/25/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Otto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/25/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of DuPage

I, Jennifer A Otto, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/25/2025

Date

Subscribed and Sworn to before me this 25th day of July 2025.

Notary Public Signature

OFFICIAL SEAL
NADINE M POLK
Notary Public, State of Illinois
Commission No. 1010838
My Commission Expires May 23, 2029

(Seal)

COPY

AGREED BOARD ORDER #L-00-023

RE: IN THE MATTER OF
JENNIFER ANN ONDRUS
(PHARMACIST LICENSE #32024)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacist license number 32024 issued to Jennifer Ann Ondrus, [redacted] Date of Birth: [redacted]

By letter dated November 9, 2000, the Texas State Board of Pharmacy gave preliminary notice to Jennifer Ann Ondrus of its intent to take disciplinary action with respect to pharmacist license number 32024 held by Jennifer Ann Ondrus as a result of information received by the Board which produced evidence indicating that Jennifer Ann Ondrus may have violated:

> Section 24A(a) and (e); and Section 26(a)(1), (2), (5), (8), (12), and (13) of the Texas Pharmacy Act, TEX. REV. CIV. STAT. ANN. Art. 4542a-1 (Vernon Supp. 1997); and
>
> Section 281.24(a)(6) and (21); Section 281.24(c); Section 295.8(a)(1) and (2); and Section 295.8(f)(1) and (2)(A) of the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (1997).

COUNTS

(1) On or about November 30, 1997, Jennifer Ann Ondrus was required to obtain twelve (12) hours of continuing education for the period of December 1, 1996, to November 30, 1997. On a Texas State Board of Pharmacy continuing education audit for this period, Ms. Ondrus did not provide proof of any hours of continuing education through program certificates. This resulted in a shortage of twelve (12) hours for license renewal.

(2) On or about October 17, 1997, Jennifer Ann Ondrus submitted a fraudulent pharmacist license application. On the renewal application, Ms. Ondrus falsely indicated that she had completed twelve (12) hours of continuing education programs between December 1, 1996, to November 30, 1997, when, as described in Count (1) above, Ms. Ondrus did not provide proof of any hours of continuing education certificates for the renewal period.

(3) On or about November 30, 1998, Jennifer Ann Ondrus was required to obtain twelve (12) hours of continuing education for the period of December 1, 1997, to November 30, 1998. On a Texas State Board of Pharmacy continuing education audit for this period, Ms. Ondrus did not provide proof of any hours of continuing education through program certificates. This resulted in a shortage of twelve (12) hours for license renewal.

(4) On or about January 19, 1999, Jennifer Ann Ondrus submitted a fraudulent pharmacist license application. On the renewal application, Ms. Ondrus falsely indicated that she had completed thirteen (13) hours of continuing education programs between December 1, 1997, to November 30, 1998, when, as described in Count (3) above, Ms. Ondrus did not provide proof of any hours of continuing education certificates for the renewal period.

(5) On or about November 30, 1999, Jennifer Ann Ondrus was required to obtain twelve (12) hours of continuing education for the period of December 1, 1998, to November 30, 1999. On a Texas State Board of Pharmacy continuing education audit for this period, Ms. Ondrus did not provide proof of any hours of continuing education through program certificates. This resulted in a shortage of twelve (12) hours for license renewal.

(6) On or about October 18, 1999, Jennifer Ann Ondrus submitted a fraudulent pharmacist license application. On the renewal application, Ms. Ondrus falsely indicated that she had completed fifteen (15) hours of continuing education programs between December 1, 1998, to November 30, 1999, when, as described in Count (5) above, Ms. Ondrus did not provide proof of any hours of continuing education certificates for the renewal period.

By letter dated November 9, 2000, Jennifer Ann Ondrus was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By her signature on this Order, Jennifer Ann Ondrus neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and waives her right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Jennifer Ann Ondrus understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Jennifer Ann Ondrus agrees to the entry of an Order disposing of the need for further disciplinary action in this matter and further agrees that pharmacist license number 32024 held by Jennifer Ann Ondrus shall pay an administrative penalty of six hundred dollars ($600.00) for Counts (1) through (6) previously set out in this Order. This administrative penalty is due sixty (60) days after the entry of this Order.

It was further agreed that Jennifer Ann Ondrus obtain forty-eight (48) hours of continuing education, which shall be in addition to the hours of continuing education required for relicensure, and submit proof of completion of the total number of continuing education hours to the Texas State Board of Pharmacy, Enforcement Division, within one (1) year of the entry of this Order. All continuing education must be in compliance with the continuing education requirements set forth in Section 295.8 of the Texas Pharmacy Rules.

It was further agreed that Jennifer Ann Ondrus shall abide by and obey the terms of this Order, all Federal laws and laws of the State of Texas with respect to pharmacy, controlled substances, dangerous drugs, and all rules and regulations adopted pursuant to the above-mentioned statutes.

It was finally agreed that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacist license held by Jennifer Ann Ondrus.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that pharmacist license number 32024 held by Jennifer Ann Ondrus shall pay an administrative penalty of six hundred dollars ($600.00) for Counts (1) through (6) previously set out in this Order. This administrative penalty is due sixty (60) days after the entry of this Order.

It is further ORDERED that Jennifer Ann Ondrus obtain forty-eight (48) hours of continuing education, which shall be in addition to the hours of continuing education required for relicensure, and submit proof of completion of the total number of continuing education hours to the Texas State Board of Pharmacy, Enforcement Division, within one (1) year of the entry of this Order. All continuing education must be in compliance with the continuing education requirements set forth in Section 295.8 of the Texas Pharmacy Rules.

It is further ORDERED that Jennifer Ann Ondrus shall abide by and obey the terms of this Order, all Federal laws and laws of the State of Texas with respect to pharmacy, controlled substances, dangerous drugs, and all rules and regulations adopted pursuant to the above-mentioned statutes.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacist license held by Jennifer Ann Ondrus.

And it is so ORDERED.

SIGNED AND ENTERED ON THIS 6th day of February, 2001.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Jennifer Ann Ondrus, R.Ph.

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

s:\ja\pnl2\ondrus.abo

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site MedOptions RX

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 450 E. Devon Ave. Suite 170

City Itasca State IL Zip 60143

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Ashar Middle _____ Last Hasan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] Stat[redacted] Z[redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
Adam Jee Science College	Karachi Pakistan				8/1985 - 5/1987	High School diploma
Drake University School Pharmacy	Cline 106 2507 University Ave	Des Moines	IA	50311	8/1992 - 5/1996	B.S. Pharmacy

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2012 - present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Medmonk Inc.			From - To (MM/YY – MM/YY): 6/2012 - present	
Business Address: 450 E. Devon Suite 175	City: Itasca		State: IL	Zip: 60143
Phone: 917-647-1311	Title: CEO			
Description of Duties: Chief executive officer Pharmacy operations				

Business Name: Envoy Mobile			From - To (MM/YY – MM/YY): 6/2012 - 6/2016	
Business Address: 410 Townsand Street 4th Floor	City: San Francisco		State: CA	Zip: 94107
Phone: 917-647-1311	Title: CEO			
Description of Duties: Chief Executive officer Pharmacy operations				

Business Name: Premier Specialty Infusion			From - To (MM/YY – MM/YY): 6/2017 - 6/2020	
Business Address: 2901 Hassell Rd. Suite 1525	City: Hoffman Estates		State: IL	Zip: 60169
Phone: 917-647-1311	Title: CEO			
Description of Duties: Chief Executive Officer Pharmacist				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:			
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		n/a
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ashar Hasan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/24/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of DuPage

I, Ashar Hasan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-24-2025

Date

Subscribed and Sworn to before me this 24th day of July 2025.

Nadine Polk

Notary Public Signature

OFFICIAL SEAL
NADINE M POLK
Notary Public, State of Illinois
Commission No. 1010838
My Commission Expires May 23, 2029

(Seal)

Date of Inspection 07/16/2025 License No. 054.023189 CS License No. 320.014515 Virtual Inspection: YES ☐ NO ☒	**Initial Community Pharmacy Inspection** Illinois Division of Professional Regulation 320 W Washington St. Springfield IL 62786 9511 West Harrison Suite 300 St. Des Plaines IL 60016	IDFPR

Pharmacy Name	Type(s) of Operation
Medoptions Rx LLC	Community
Responsible Person / PIC	**RPh Lic # and Exp Date**
Jennifer Ondrus-Otto	051.291032 & 3-31-2026

Address		
450 E Devon Ave Ste 170		
City	**Zip Code**	**Phone Number**
Itasca	60143	(833)400-0465

Purpose for the Inspection

☒ New Pharmacy ☐ Change in Address ☐ Ownership Change ☐ Operations Change

Observations

Compliant	Deficient	N/A	
☒	☐	☐	Name Adequately Reflected on Signage
☒	☐	☐	Hours of Operation Posted
☒	☐	☐	Patient Counseling Sign Properly Displayed
☒	☐	☐	Storage location for Bags, Coats, Etc.
☒	☐	☐	Sufficient Lighting
☒	☐	☐	Pharmacy Temperature Controlled
☒	☐	☐	Proper References Available
☐	☐	☒	Proper Compounding Supplies
☐	☐	☒	Scale or Balance
☒	☐	☐	Adequate Storage for Cold Chain Product
☒	☐	☐	Temperature Monitoring Devices in Refrigerator Freezer
☒	☐	☐	Sink Within the Pharmacy
☒	☐	☐	Hot and Cold Water form Sink
☒	☐	☐	Proper Drainage from Sink
☒	☐	☐	License Prescription Area Contiguous
☒	☐	☐	Pharmacy can Produce a Complete RX Label

☒	☐	☐	Alarm Communicates via Cellular
☒	☐	☐	Adequate Door Contacts
☒	☐	☐	Adequate Motion Sensors
☒	☐	☐	Glass Break Sensors
☒	☐	☐	Video Surveillance
☒	☐	☐	Perimeter of the Pharmacy Secure
☒	☐	☐	Adequate CII Storage Security

COMMENTS

R/I performed an onsite inspection for NEW pharmacy. Pharmacy is located within a corporate building on the first floor. When visiting, enter through the main entrance then head towards the right side of the building until you reach suite 175. Two entry points into the pharmacy. Doors are keycard activated. Once the pharmacy is closed the pharmacy staff will ensure to deadbolt both doors to the pharmacy. Pharmacy holds an office area (suite 175) for unlicensed employees working on billing, accounting. etc.

Specialty Pharmacy (suite 170) will work with manufacturers to provide patients with medications that are free trial and compassionate care. The PIC plans to expand the business to patients within the community at a later time.

F&C and Lexicomp.

Tempstick for ambient temp and refrigerator temp.

Pharmacy is obtaining a controlled substance license yet will not handle CS drug products initially. PIC Otto is aware of controlled substance inventory requirements.

Signatures

#871	Jennifer Otto
Drug Compliance Investigator	Pharmacy Representative
07/16/2025	07/16/2025
Date	Date

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.023189
051.291032

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2026

LICENSED PHARMACY

COMMUNITY

MEDOPTIONS RX LLC
JENNIFER ONDRUS-OTTO
450 E DEVON AVE STE 170
ITASCA, IL 60143-1266

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

The official status of this license can be verified at IDFPR.Illinois.gov

20345975

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4914509

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
Medoptions Rx LLC	Itasca, IL 60143	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054023189	LICENSED PHARMACY	ACTIVE	07/16/2025	07/16/2025	03/31/2026	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
32*****15	LICENSED CONTROLLED PHARMACY SUBSTANCE (Schedules II III IV V)	ACTIVE	07/16/2025	07/16/2025	03/31/2026	N

Generated on: 7/17/2025 2:21:26 PM

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH04680	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FW8792889 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Premise Health Wellness Center

Physical Address: 5410 Maryland Way #100RX

City: Brentwood State: TN Zip: 37027

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 615-238-0335 Toll Free # (NAC 639.708, NRS 639.23286): 844-407-7557

Fax: 615-238-0336 Contact Email: taxlicenserenewals@walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) NV19951143510

Supervising/Managing Pharmacist Name (NRS 639.220): Benjamin Rapp

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22245

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Benjamin Rapp	NV Pharmacist Registration #: 22245
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: 2/15/1909

Parent Company (if any): Walgreens Boots Alliance, Inc.

Corporation/Organization Name: Walgreen Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500 CK JP03-3000111129

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006784
EXPIRATION DATE: 09/30/2025

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
PHARMACY
PREMISE HEALTH WELLNESS CENTER

COMMISSIONER OF HEALTH

WALGREENS #21278
P O BOX 901
DEERFIELD IL 60015-0901

13594225
56392

State of Tennessee Department of Health

BOARD OF PHARMACY
PHARMACY
PREMISE HEALTH WELLNESS CENTER
5410 MARYLAND WAY STE. 100RX
BRENTWOOD TN 37027

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006784
EXPIRATION DATE: 09/30/2025

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Rothaus, Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER, DEPARTMENT OF HEALTH

Last Updated: 8/29/2025

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

Health Care Facilities

Licensed Facilities

Current Listings

Type = Pharmacy
County = All
Results = 1

Click here to return to the search page

1

Premise Health Wellness Center
5410 Maryland Way Ste. 100RX
Brentwood, TN 37027
615-238-0335

Qualifications
Controlled Subs

Pharmacist: RAPP, BENJAMIN HUGH

Facility License Number: 00006784
Status: Licensed
Date of Original Licensure: 09/25/2019
Date of Expiration: 09/30/2025
No Disciplinary Actions

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW8792889	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREEN CO.
DBA PREMISE HEALTH WELLNESS CENTER
5410 MARYLAND WAY STE 100RX
BRENTWOOD, TN 370275064

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW8792889	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREEN CO.
DBA PREMISE HEALTH WELLNESS CENTER
5410 MARYLAND WAY STE 100RX
BRENTWOOD, TN 370275064

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
COMMUNITY INSPECTION
COMPLIANCE INSPECTION

PHARMACY: Premise Health Wellness	
STREET: 5410 Maryland Way, Ste 100RX	
CITY: Brentwood	ZIP: 37027
DATE OPENED: —	TELEPHONE NO.: (615) 238-0335
LICENSE NO.: 6784	EXPIRY DATE: 9/30/25
DEA NO.: FN8792889	EXPIRY DATE: 5/31/25
PHARMACIST IN CHARGE/Duty: Benjamin Kapp	LIC NO.: 23937 / EXPIRY DATE: 6/30/25

Inspected by: Rita Golden — Date: 2/22/24

This Inspection Satisfactory: Yes ☒ No ☐

☐ Opening ☐ Relocation ☐ New Ownership ☐ Follow-up ☐ Counseling Compliance ☒ Periodic ☐ Remodeling

Compliance Yes	Compliance No	PERSONNEL
✓		1. Appropriate identification/Name Tags
✓		2. D. Ph./Tech ration 1:1
✓		3. Personnel/apparel clean
✓		4. Tech registry & Affidavit

Compliance Yes	Compliance No	PHYSICAL REQUIREMENTS
✓		5. Certificates Displayed
✓		6. RX Dept. – Sufficient Space/Counseling
✓		7. Fully enclosed when applicable
✓		8. Key Lockable/Key Control

Compliance Yes	Compliance No	DRUGS AND EQUIPMENT
✓		9. Dispensing area clean, orderly, well lighted
✓		10. Sink, hot and cold water
✓		11. Refrigeration
✓		12. References, periodicals
✓		13. Vials and closures (child-proof)
✓		14. Shelves and drug stock clean
✓		15. Drugs in-date
na		16. Labels correct on repackaging
✓		17. Legend drugs stored in RX Dept.
✓		18. Syringes/insulin, restricted products non-accessible

Pharmacy Hours: M-F 8-5

Compliance Yes	Compliance No	
✓		19. RXs numerically filed
✓		☐ All C's together ☒ C-11's separate ☐ Multiple file method
✓		20. Patients identifiable
✓		21. Prescribers identifiable
✓		22. New verbal RXs initialed by appropriate personnel
✓		23. Date of original dispensing
✓		24. Initials of dispensing D.Ph.
✓		25. Quantity dispensed indicated
na		26. Appropriate Emergency C-11 RXs
✓		27. Computer labels applied appropriately to RXs
✓		28. Pharmacist Signature Log
na		29. Daily Print Out

Compliance Yes	Compliance No	DRUG PRODUCT SUBSTITUTION
✓		30. Authorization documented on Rx
✓		31. Manufacturer indicated on Rx or System
✓		32. Approved products used.

Compliance Yes	Compliance No	PATIENT COUNSELING
✓		33. Patient profiles
✓		34. Drug Utilization Review
✓		35. Patient Counseling

Compliance Yes	Compliance No	CONTROLLED SUBSTANCE RECORDS
✓		36. Readily retrievable
✓		37. All C-11 records separate
✓		38. DEA Form 222 Copy 3 on hand & completed
na		39. Drug Receipt date on invoices
		40. Record of drug transfers
✓		41. ☒ Schedule V sales record book ☒ Methamphetamine Sales Log
✓		42. Last DEA Inventory (date) 8/7/23
✓		42. Last Theft/loss report (date) NONE
✓		43. Access to Control Substance Monitoring Database

ITEMS TO BE CORRECTED: **RESPONSE REQUIRED** YES ☐ NO ☒

Immediately							
Needs Improvement							
Within 30 Days							

Remarks or Recommendations: _____

I Benjamin Kapp hereby acknowledge and understand all notations made on this report; and confirm that
Pharmacist Signature
I will notify the Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies. (If noted.)

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

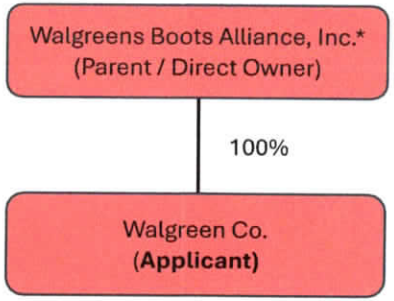
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

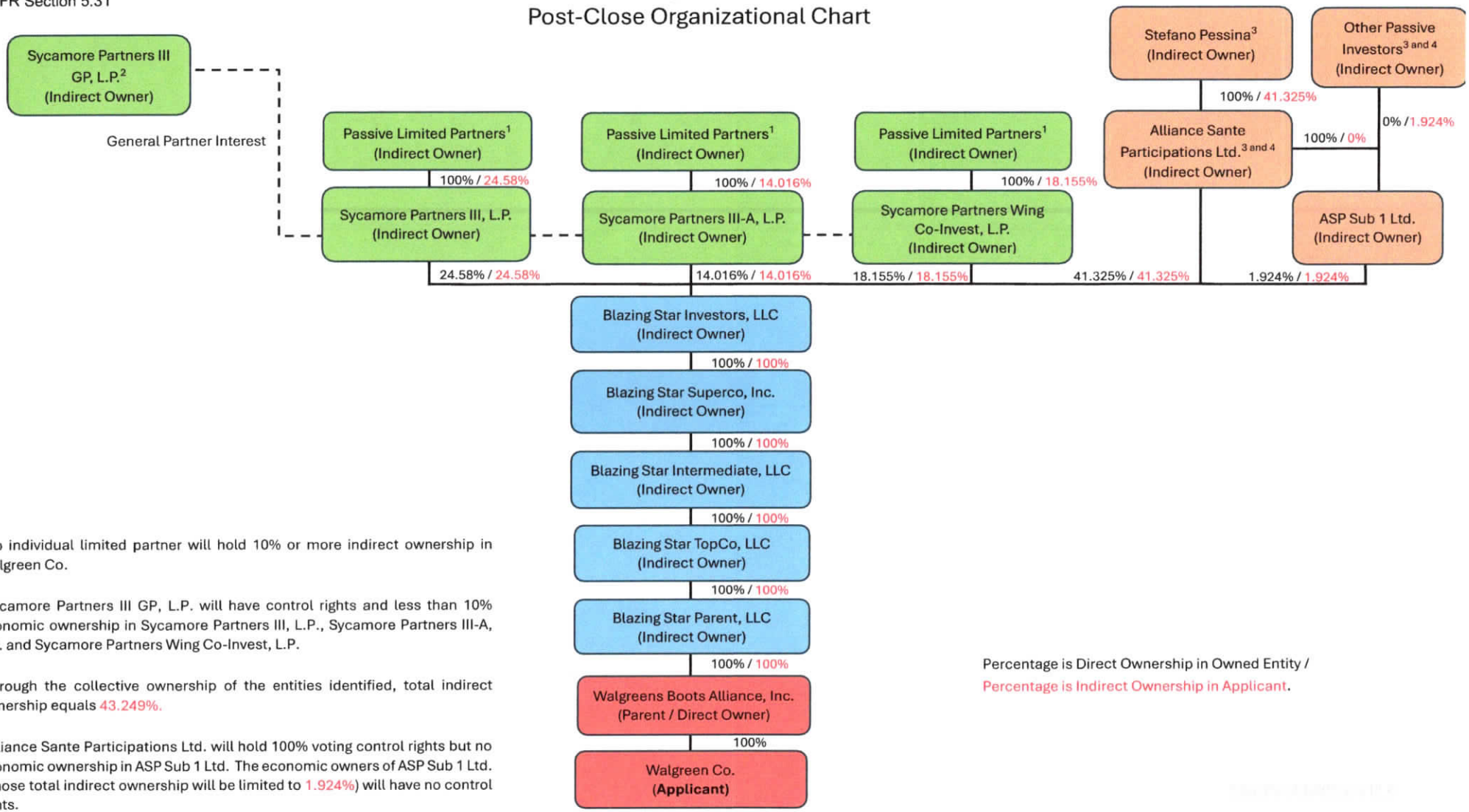
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

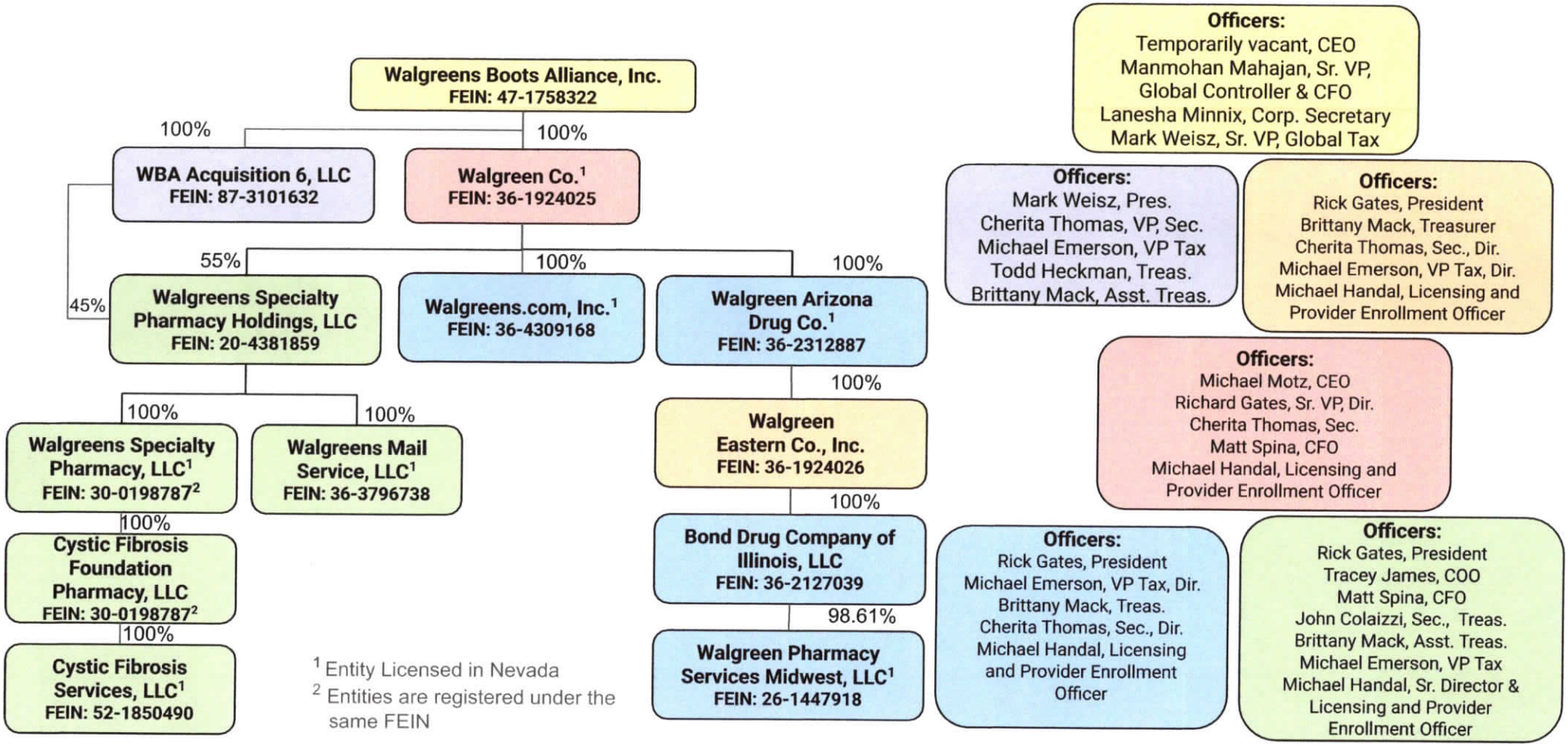
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

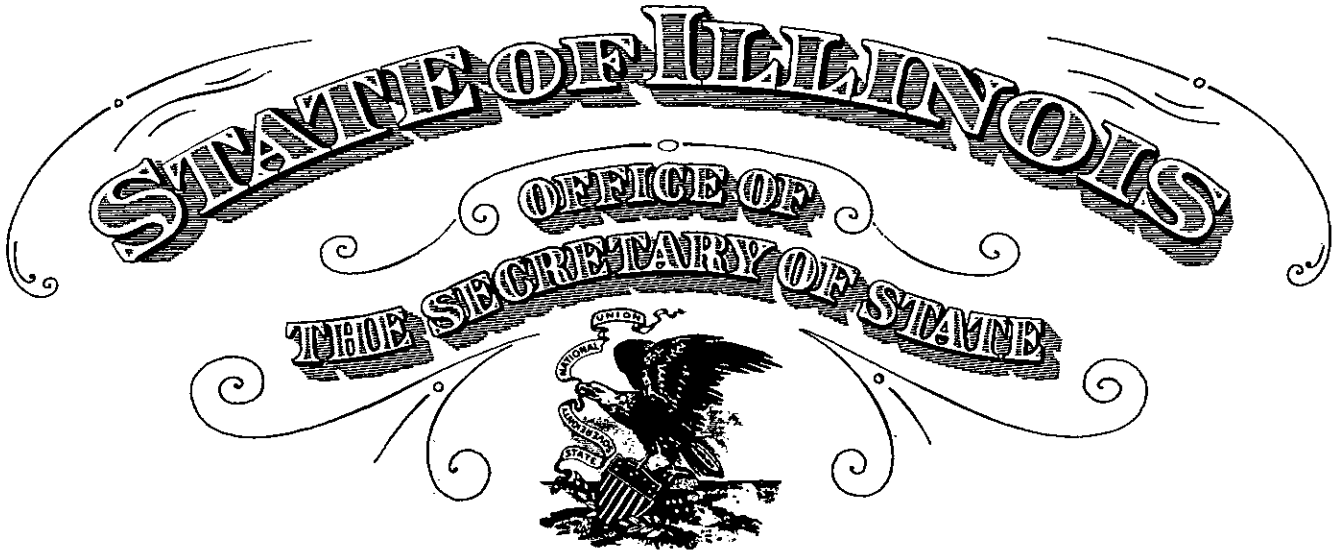
[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

4BBBBBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Mail Order Pharmacy	☐ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FP2706464 ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Priority Care Rx, LLC

Physical Address: 1340 DeKalb Street

City: Norristown State: PA Zip: 19401

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 215-999-4411 Toll Free # (NAC 639.708, NRS 639.23286): 888-534-8009

Fax: N/A Contact Email: info@prioritycarerxpharmacy.com

Website: https://www.prioritycarerxpharmacy.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Alexander Giang

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): RP444110

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Christine Nguyen	NV Pharmacist Registration #: 24844
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Please see attached.	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania

Parent Company (if any): N/A

Corporation/Organization Name: Priority Care Rx, LLC

Mailing Address: 1340 DeKalb Street

City: Norristown State: PA Zip: 19401

Telephone: 215-999-4411 Email: info@prioritycarerxpharmacy.com

Contact Person Name: Brett Keenan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☒ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Priority Care Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Brett Keenan

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/14/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Brett Keenan hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Priority Care Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Brett Keenan

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 14 day of July, 2025

Notary Public

Commonwealth of Pennsylvania - Notary Seal
RUSSELL JAMES WATERMAN - Notary Public
Bucks County
My Commission Expires June 26, 2027
Commission Number 1352626

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brett Keenan

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

7/14/25

Date

Board Use Only	Date Received: 7/23/25	Amount: $500 cc

Name	Percent of Ownership
Advanced Medical Management, LLC	51%
Brian M. Bayzick	8.167%
Jennifer A. Epstein	8.167%
Brian G. Epstein	8.167%
Brett J. Keenan	8.167%
Bradley J. Ferrara	8.167%

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	Priority Care Rx, LLC		
Request Type:	Subsistence Certificate	**Issuance Date:**	May 15, 2025
Request No.:	056686930	**File No.:**	0006899633
Receipt No.:	001687164		
Filing Type:	Domestic Limited Liability Company		
Filing Subtype:	Limited Liability Company		
Initial Filing Date:	June 04, 2019		
Status:	Active		

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Priority Care Rx, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Priority Care Rx

Pharmacy/Wholesaler License # (if applicable): PP482941 (Pennsylvania); Nevada license pending

Physical Address: 1340 Dekalb St, Ste 6A

City: Norristown State: PA Zip: 19401

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 215-999-4411 Website: prioritycarerxpharmacy.com

Licensing Company Email: info@prioritycarerxpharmacy.com

Section 2: Personal Information

First: Alexander Middle: N/A Last: Giang

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Temple University School of Pharmacy		08/05-05/09	
Address	**City**	**State**	**Zip**
3307 N Broad St	Philadelphia	PA	19140
Diploma/Degree obtained, if any			
Doctorate of Pharmacy (Pharm D.)			
School Name		**From - To (MM/YY – MM/YY)**	
Temple University		08/03-05/05	
Address	**City**	**State**	**Zip**
3307 N Broad St	Philadelphia	PA	19140
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
Central High School		09/99-06/03	
Address	**City**	**State**	**Zip**
1700 Olney Ave	Philadelphia	PA	19141
Diploma/Degree obtained, if any			
High school diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/19-present	[redacted]			
01/16-01/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Priority Care Rx			04/21-present
Business Address	**City**	**State**	**Zip**
1340 Dekalb St Suite 6A	Norristown	PA	19401
Phone	**Title**	**Number of Employed Hours**	
215-999-4411	Pharmacy Manager	7,400	

Description of Duties

Verify and dispense appropriate prescriptions, ensures compliance with all federal, state, and local regulations, keeps accurate records of all prescriptions dispensed, and oversees pharmacy inventory.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Alexander Giang, **certify that as the designated representative for**

Priority Care Rx,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AG I am at least 21 years of age;
3. AG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alexander Giang

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/02/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander Giang

Print Name (First, Last)

x _____ 6/2/2025

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Philadelphia

I, Alexander Giang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

x _____ 6/2/2025

Original Signature **Date**

Subscribed and Sworn to before me this 2nd day of ~~May~~ JR June

x _____

Notary Public Signature

(Seal)

Commonwealth of Pennsylvania - Notary Seal
Jayden Robinson, Notary Public
Montgomery County
My Commission Expires May 1, 2029
Commission Number 1458510

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

PRIORITY CARE RX

1340 DEKALB ST STE 6A
NORRISTOWN, Pennsylvania, 19401

Phone: 215-999-4411
Owner: PRIORITY CARE RX

LICENSE

License No: PP482941
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 06/28/2024
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

ROBERT MONTGOMERY	6/28/2024 12:53:08 PM	Alexander Giang - RP444110
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

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1340 DEKALB ST STE 6A
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Phone: 215-999-4411
Owner: PRIORITY CARE RX

LICENSE

License No: PP482941
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 06/28/2024
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

23 0055001

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

License Type
Pharmacy

PRIORITY CARE RX
ALEXANDER GIANG
1340 DEKALB ST STE 6A
NORRISTOWN, PA 19401

License Status
Active

Initial License Date
01/09/2020

Expiration Date
08/31/2025

License Number
PP482941

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.S. 4911



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

06/11/2025

License Information

PRIORITY CARE RX

1340 DEKALB ST STE 6A
NORRISTOWN, Pennsylvania 19401

Board/Commission:	State Board of Pharmacy	Status Effective Date:	03/31/2021
LicenseType:	Pharmacy	Issue Date:	01/09/2020
Specialty Type:		Expiration Date:	08/31/2025
License Number:	PP482941	Last Renewal:	07/11/2023
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
ALEXANDER GIANG	Pharmacist Manager	Pharmacist	RP444110	Active	05/16/2023	09/30/2026

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP2706464	03-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-18-2023

PRIORITYCARE RX
1340 DEKALB ST
STE 6A
NORRISTOWN, PA 19401

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

4CCCCCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH 02845	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Specialty Pharmacy	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Specialty Pharmacy Management, LLC d/b/a Reliance Rx

Physical Address: 15 Earhart Dr., Suite 101

City: Amherst State: NY Zip: 14221

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 716-929-1000 Toll Free # (NAC 639.708, NRS 639.23286): 1-800-809-4763

Fax: 716-532-7360 Contact Email: compliance-contracting@reliancerxsp.com

Website: https://www.reliancerxsp.com/

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Thomas Steele

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21161 (NV)

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Thomas Steele	NV Pharmacist Registration #: 21161
Name: Connie Liu	NV Pharmacist Registration #: 21161
Name: Alyssa Pellittieri	NV Pharmacist Registration #: 64537
Name: Patrick Asamoah	NV Pharmacist Registration #: 24710
Name: Ashley Yaminski	NV Pharmacist Registration #: 24641
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any): Independent Health Solutions Inc

Corporation/Organization Name: Specialty Pharmacy Management, LLC d/b/a Reliance Rx

Mailing Address: 15 Earhart Drive, Suite 101

City: Amherst State: NY Zip: 14221

Telephone: 716-929-1000 Email: compliance-contracting@reliancerxsp.com

Contact Person Name: Tina Benninghoff

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility. MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Reliance Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Amy Nash

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/9/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Amy Nash hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Reliance Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Amy Nash
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9 day of October, 20 25

Emily Paige
Notary Public

Emily Paige
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02PA0014560
Qualified in Genesee County
Commission Expires 10/21/2027

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy Nash

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Amy Z

Original signature of Authorized Person (copies or stamps not accepted)

10/9/25

Date

Board Use Only	Date Received: 10/13/25	Amount: $500.00

List of Officers and Owners of Reliance Rx.

NAME	TITLE	ADDRESS
Independent Health Solutions Inc.	Owner 100%	[redacted]
Amy Nash	President	
Timothy Carroll	Vice President Business Development &Analytics	
Katie Scibilia	VP Operations, Quality & Clinical	
Alan Zdon	VP-Finance Operations, Sales & Strategic Initiatives	
Thomas Steele	PIC	
Nicole Gabor	Director of Operations and Quality	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	SPECIALTY PHARMACY MANAGEMENT, LLC
DOS ID Number:	3925062
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	03/17/2010
Statement Status:	Current
Statement Due Date:	03/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	03/17/2010
Entity Name:	SPECIALTY PHARMACY MANAGEMENT, LLC

Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	06/22/2010

Document Type:	BIENNIAL STATEMENT
Date of Filing:	05/04/2012
Effective Date:	03/01/2012

Document Type:	BIENNIAL STATEMENT
Date of Filing:	03/13/2014
Effective Date:	03/01/2014

Document Type:	CERTIFICATE OF CHANGE (BY AGENT)
Date of Filing:	05/02/2016

Document Type:	BIENNIAL STATEMENT
Date of Filing:	12/05/2018
Effective Date:	03/01/2018

Document Type:	BIENNIAL STATEMENT
Date of Filing:	03/06/2020
Effective Date:	03/01/2020

Document Type:	BIENNIAL STATEMENT
Date of Filing:	03/01/2022

Document Type:	BIENNIAL STATEMENT
Date of Filing:	03/14/2024

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 08, 2025 at 11:56 A.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100008912571 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Specialty Pharmacy Management, LLC d/b/a Reliance Rx

Pharmacy/Wholesaler License # (if applicable): 030138 (NY)

Physical Address: 15 Earhart Drive, Suite 101

City: Amherst State: NY Zip: 14221

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email:

Section 2: Personal Information

First: Thomas Middle: Hugh Last: Steele

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
North West Pennsylvania Collegiate Academy		09/05-05/09	
Address	**City**	**State**	**Zip**
2825 State Street	Erie	P.A.	16508
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University at Buffalo		09/09-05/15	
Address	**City**	**State**	**Zip**
12 Capen Hall	Buffalo	N.Y.	14260
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
University at Buffalo		01/20-05/23	
Address	**City**	**State**	**Zip**
12 Capen Hall	Buffalo	N.Y.	14260
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
08/17-CURRENT				
From - To (MM/YY – MM/YY)				
0/15-08/17				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Specialty Pharmacy Management, LLC d/b/a Reliance Rx			04/12-present	
Business Address		**City**	**State**	**Zip**
15 Earhart Drive, Suite 101		Amherst	N.Y	14221
Phone	**Title**		**Number of Employed Hours**	
(716)929-1000	Pharmacist in Charge-Clinical Programs Manager/SP		15,000	
Description of Duties				
Dispensing, counseling, documentation of dispenses and patient records, record review, patient assessment, supervision of pharmacy activities and associates.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Thomas Steele, **certify that as the designated representative for**

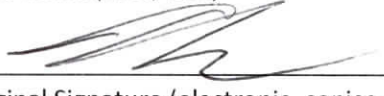
Specialty Pharmacy Management LLC d/b/a Reliance Rx,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TS I am at least 21 years of age;
3. TS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thomas Steele

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10/9/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Steele

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/9/25

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Erie

I, Thomas Steele, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/9/25

Date

Subscribed and Sworn to before me this 9 day of October.

Emily Paige

Notary Public Signature

EMILY PAIGE
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in Genesee County
02PA0014560
MY COMMISSION EXPIRES 10/21/2027

(Seal)

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	824443		**Inspection Information**
Legal Business Name:	Specialty Pharmacy Management LLC	**Conference Call Date:**	6/3/2024
Doing Business As (DBA):	Reliance Rx	**Start Time: 24-hour format (13:00)**	13:15
Address:	15 Earhart Dr Ste 101	**End Time: 24-hour format (13:00)**	13:45
City:	Amherst	**Onsite Inspection Date(s):**	6/4/2024
State:	New York	**Start Time(s): 24-hour format (13:00)**	9:30
Zip Code:	14221	**End Time(s): 24-hour format (13:00)**	12:30
Telephone number:	716-929-1000	**Inspector Name(s):**	Peter Ragosta, RPh
Toll free number:	800-809-4763	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	716-532-7360	**Observer Name/Affiliation (if applicable):**	NA
Website:	www.reliancerxsp.com	**Observer Name/Affiliation (if applicable):**	NA

Focused Information

The following, if any, are specific Section(s) and/or Question(s) to which the facility may want to consider further response. The facility is encouraged to read the inspection report in its entirety and carefully. As this Focused Information section is not all inclusive, there may be Section(s) and/or Question(s) not noted below to which the facility may want to consider further response.

General Pharmacy- 47.05, 47.10, 57.00

Additional information on NABP's Inspection website.

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Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			x
Monday	8:00	19:00	
Tuesday	8:00	19:00	
Wednesday	8:00	19:00	
Thursday	8:00	19:00	
Friday	7:00	17:00	
Saturday			x

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Thomas Steele	thomas.steele@reliancerxsp.com	1113752
Nonsterile Designated person(s)	NA	NA	NA
Sterile Designated person(s)	NA	NA	NA
Hazardous Designated person(s)	NA	NA	NA

Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Chloe Nickel	Pharmacist	y
2	Thomas Steele	PIC	y
3	Connie Liu	Pharmacist	y
4	Edward Surowiec III	Pharmacist	y
5	Alyssa Pellittieri	Pharmacist	y
6	Nate Varnum	Pharmacist	y
7	Jocelyn Collura	Pharmacist	y
8	Stefani Papazaharias	Pharmacist	y
9	Crysania Linderman	Technician	NA
10	Thomas Mann	Technician	NA

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. 2 technicians, 1 pharmacy intern, 2 registered nurses, President, 3 VPs, 1 procurement specialist, 1 compliance/regulatory manager, 7 patient care specialists, 1 QA coordinator, 6 billing specialists, 1 intake coordinator, 2 operations managers, 1 sales/marketing/communications coordinator, 1 adherence advocate, 1 training manager, 5 delivery drivers, 1 logistics supervisor, 1 executive assistant, 2 regional account executives, 1 financial operations representative, 1 340B supervisor, 3 accountants, 1 accreditation/audit/contracts administrator, 2 account administrators.

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Business Licensure Information for State of Residence and Federal

(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
New York State Board of Pharmacy	Specialty Pharmacy Management	Pharmacy	030138 exp. 7/31/2025
Drug Enforcement Administration	Specialty Pharmacy Management	DEA (Facility)	FS2807088 exp. 2/28/2026
New York State Board of Pharmacy	Specialty Pharmacy Management	Wholesale Distributor	033186 exp. 10/31/2026

Inspector Notes: The public can pick-up prescriptions at the pharmacy (10-15 prescriptions per week); the majority of prescriptions are shipped via FedEx and their own local courier (employees) for in-state shipping (50% Fedex/50% local courier). The pharmacy also holds a WD license for purposes of providing non-patient specific specialty drugs to medical practices only; per PIC this is a low volume activity within the limits of NY state law. There is no Reli-On insulin on the premises. There was no evidence that any marketplace platforms to purchase overstock drugs are utilized. The pharmacy white bags prescriptions to physician offices and only commercially manufactured RTU products that require no manipulation other than simple reconstitution; the following biologicals are white bagged: Ocrevus, Entivio, Gammunex, and Gammagard. The pharmacy also white bags blister-packed medications for a prison contract. List states in which Non-Resident licenses are held: The pharmacy is licensed in 48 non-resident states (technically not licensed in MA but they are allowed to ship per MA law).

Documents collected as part of the inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description
DOC01_GEN47.10	WD invoice (inbound), transaction documents, WD invoice (outbound)
DOC02_GEN69.00	Sample/test prescription label

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	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Central Fill/Processing/Shared Services	
Open to the Public	x	Nuclear Pharmacy	
Closed Door		Specialty Pharmacy	x
Drive-through window		White bagging/ clear bagging	x
Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	x	Outsourcing Facility	
Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	x	FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler)	
Local Delivery (if out of state describe in note)	x	Wholesale Distributor	x
Veterinary Pharmacy (occasionally dispenses prescriptions for animals)		Provide prescription drugs for "Office Use" (eg distributes)	x
Institutional (hospital or correctional facility)		Handles Medical Marijuana	
Long-Term Care (nursing home, residential care)		Nonsterile Compounding	
Investigational Drugs, Clinical Trials/Research		Nonsterile Hazardous Drug Compounding	
Telepharmacy		Sterile Compounding	
Internet Pharmacy		Sterile Hazardous Drug Compounding	

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)		CSPs with controlled substance(s)	
CNSPs with vitamins or nutritional supplements		CSPs with vitamins or nutritional supplements (includes total parenteral nutrition)	
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement; and state if patient specific or distributed		CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement; and state if patient specific or distributed	
Patient specific (compounded preparation labeled for an individually identified patient):		**Patient specific** (compounded preparation labeled for an individually identified patient):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
Distributed (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):		**Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous		Category 1 CSPs	
Nonaqueous		Category 2 CSPs	
Specific types:		Category 3 CSPs	
Solid oral preparations		Types of CSPs:	
Liquid oral preparations		Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations		Immediate Use	
Vaginal preparations		Proprietary bag and vial systems	
Topical preparations:		Blood-derived or other biological material (eg autologous serum)	
Nasal and sinus preparations:		Sterile injections/ sterile infusions	
Other (please list):		Ophthalmic dosage forms	
		Baths and soaks for live organs and tissues	
		Implants/ Pellets	
		Other (please list):	

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Facility Size in Square Feet *(can be approximated)* and Number of PECs		Personnel	
Total Pharmacy size:	5938	Total Pharmacists:	12
Nonsterile Compounding Room size:	NA	Number of Compounding Pharmacists:	0
Nonsterile Compounding powder hoods number:	NA	Total Student Interns:	2
Nonsterile Hazardous Drugs (HD) Compounding Room size:	NA	Total Technicians:	6
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	NA	Number of Compounding Technicians:	0
Sterile Compounding Ante Room size:	NA	Of technicians, how many are nationally certified?	0
Sterile Compounding Clean/Buffer Room size:	NA	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number LAFW hoods/areas:	NA	Total Other Unlicensed Personnel:	45
Sterile Compounding Number BSC hoods:	NA	Ratio #Technician(s) : #Pharmacist(s) present at time of inspection:	4 technicians to 8 pharmacists
Sterile Compounding Number CAI/CACI hoods:	NA	If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs:	NA
Negative Pressure Sterile HD Room size:	NA		
Sterile HD Compounding Number of BSC hoods:	NA		
Sterile HD Compounding Number of CACI hoods:	NA		

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	NA
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	NA

	Volume Dispensed		Volume Distributed
Total Prescriptions Dispensed/day:	350	Total Orders Distributed/day:	3 per month
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	25%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)	2	0	month
Alaska (AK)	1	0	month
Arizona (AZ)	5	0	month
Arkansas (AR)	1	0	month
California (CA)	8	0	month
Colorado (CO)	6	0	month
Connecticut (CT)	4	0	month
Delaware (DE)	26	0	month
District of Columbia (DC)	1	0	month
Florida (FL)	92	0	month
Georgia (GA)	16	0	month
Hawaii (HI)	1	0	month
Idaho (ID)	4	0	month
Illinois (IL)	10	0	month
Indiana (IN)	9	0	month
Iowa (IA)	4	0	month
Kansas (KS)	3	0	month
Kentucky (KY)	15	0	month
Louisiana (LA)	3	0	month
Maine (ME)	0	0	month
Maryland (MD)	47	0	month
Massachusetts (MA)	3	0	month
Michigan (MI)	4	0	month
Minnesota (MN)	1	0	month
Mississippi (MS)	1	0	month
Missouri (MO)	56	0	month
Montana (MT)	9	0	month

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States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):

Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)	1	0	month
Nevada (NV)	7	0	month
New Hampshire (NH)	1	0	month
New Jersey (NJ)	27	0	month
New Mexico (NM)	0	0	month
New York (NY)	6207	3	month
North Carolina (NC)	17	0	month
North Dakota (ND)	1	0	month
Ohio (OH)	15	0	month
Oklahoma (OK)	1	0	month
Oregon (OR)	1	0	month
Pennsylvania (PA)	277	0	month
Rhode Island (RI)	1	0	month
South Carolina (SC)	10	0	month
South Dakota (SD)	10	0	month
Tennessee (TN)	2	0	month
Texas (TX)	35	0	month
Utah (UT)	17	0	month
Vermont (VT)	2	0	month
Virginia (VA)	17	0	month
Washington (WA)	1	0	month
West Virginia (WV)	6	0	month
Wisconsin (WI)	5	0	month
Wyoming (WY)	5	0	month
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx
e-Profile ID: 824443
Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 plus hours per week.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	Via a secure portal patients can order refills, get shipping information, and update their information.
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Password protected portal where patient can order refills.
8.00	Are photographs allowed during the inspection (**no PHI**)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Interview PIC only.

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Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx
e-Profile ID: 824443
Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
	Types of Practice Additional Questions If any part of a question is no, enter "No" and explain the observation.		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	20% in New York State and 30% in all other states.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	Yes	3 products per month are sold to medical practices in New York State only.
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	Yes	Medical practices only and not pharmacies.
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	Yes	Less than .01% to medical practices only. This percentage is based on number of prescription drug products.
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	Zero, to other states.

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Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx
e-Profile ID: 824443
Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc.) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	9/28/2018. New York BOP has not been to the pharmacy since 2018.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	Yes	For resident state only.
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	Yes	PMP reporting waivers for states that allow it and zero submissions per individual state law.
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc.)? *If yes, note the agency and additional item.*	No	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx
e-Profile ID: 824443
Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	URAC 6/30/2022; ACHC 10/18/2021; Joint Commission 3/19/2024.
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc.? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	10 years or as adjusted by prescription plans or state laws. Stored on-site.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	10 years or as adjusted by prescription plans or state laws. Stored on-site.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Hard copy and electronic.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic only.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Hard copy and electronic.

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		Observation	Notes
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	SOP that corporate compliance department provides most stringent laws of all states. The corporate compliance department also monitors compliance with all state laws. PIC is responsible for adherence to these laws and reviews audits provided from corporate.
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Documented and monitored by printing out verifications from the state boards and monitor it based on an excel spreadsheet. This is monitored monthly for all licensees.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	PIC checks all licenses for their status on a monthly basis.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	1 technician to 2 pharmacists.
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	24/7 security company that monitors doors, windows, refrigerators, freezers, and movement of employees. Cameras, sensors, and video are also in place.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No controlled substances are stocked.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Security company is contacted and all physical locks are implemented. Staff remains in place until the pharmacy is secure.

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		Observation	Notes
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc.), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction on site.
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Stericycle and would return to ABC if they purchased from ABC.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Stericycle
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Private cubicle in reception area.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Hard wired devices (Security Integrations) in all refrigerators/freezers and room areas have wireless probes (Dickson One) for room temperature monitoring 24/7. Room temperature is 22 degrees C.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Hard wired devices (Security Integrations) in all refrigerators/freezers and room areas have wireless probes (Dickson One) for temperature monitoring 24/7. PIC, on-call RPh, and VP of Clinical and Quality receive texts and emails for all excursions.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	

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		Observation	Notes
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Hard wired devices (Security Integrations) in all refrigerators/freezers and room areas have wireless probes (Dickson One) for temperature monitoring 24/7. PIC, on-call RPh, and VP of Clinical and Quality receive texts and emails for all excursions. Range is 2-8 degrees C and records are maintained in perpetuity.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	3.4 degrees C.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	Just ice-packs but the temperature is monitored.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Generator is in place as well as extra refrigerators and freezers in case of malfunction.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Vendor for HVAC is through the property managers of the building.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc.)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	

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		Observation	Notes
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Corporate procurement team makes these decisions and reviews all contracts.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	ABC, KeySource, McKesson (for plasma/biologics), ASD Healthcare.
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	It is not a hard requirement but preferred due to avoiding the position of not being able to procure a drug for patient care.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	Yes	Not the preferred practice and would do so only if there was a drug shortage to procure for patient care. This would only be done upon verification of the drug's pedigree.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Compliance team would check licenses if they purchased drug under these circumstances.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	Compliance team would check licenses if they purchased drug under these circumstances.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Per SOP they would quarantine product in buckets that are labeled for both refrigerated and room temperature products. Contact either the manufacturer or the WD to inquire.

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		Observation	Notes
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Unknown	Would only get this if the WD did not purchase directly from the manufacturer, which is the preferred path. See DOC01_GEN47.10.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	Would use CSOS if they ordered.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	

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		Observation	Notes
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory system tracks products in addition to weekly physical inventories.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Law enforcement and BOP would be notified.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	No	No inventory was completed. No controlled substances were stocked.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	

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		Observation	Notes
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Pull outdates monthly and do not dispense OTCs.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	Yes	Blister pack for a prison contract and is not a normal part of the business model. BUD is 6 months or sooner if manufacturer date is less than 6 months.
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	

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		Observation	Notes
	Prescription Processing If any part of a question is no, enter "No" and explain the observation.		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Technicians and patient care specialists. It is updated with every patient encounter or the patient can do it themselves by using the secure portal.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	SOP states that a fraudulent prescription would be reported to a supervisor and further reported to the respective state board.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	All prescriptions are based on referrals from medical providers and institutions. Patient care management team interacts with these providers on a daily basis. Anything outside of this level of familiarity would prompt the pharmacy to question the existence of a legitimate patient/provider relationship.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	System is compliant although no controlled substances are stocked or dispensed.
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacists verify this information.

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		Observation	Notes
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	DUR is done prior to filling the prescription, at electronic verification of prescription, and during counseling of the patient.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	As required per individual state and is transmitted electronically.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	N/A	Would only access if they dispense a controlled substance.
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Pharmacist only.

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		Observation	Notes
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Medispan
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacist checks twice. Once at data entry and lastly via barcode scanning to ensure products match.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Per state and federal laws (see DOC02_GEN69.00).
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	CPR +
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding, Sterile Compounding Inspections, and Hazardous Drug Compounding are based on USP Chapters <795>, <797>, and <800>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx
e-Profile ID: 824443
Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc.? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	Proactively
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	Proactively

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Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx

e-Profile ID: 824443

Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	Proactively
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc.? Describe how.*	Yes	An information sheet with a toll-free number is placed in the delivery package with the medication and describes how patients can call for counseling on their medications.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc.? Describe how.*	Yes	An information sheet with a toll-free number is placed in the delivery package with the medication and describes how patients can call for counseling on their medications.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc.)? *Describe how.*	Yes	Placed in the delivery package with the medication.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc.)? *Describe how.*	Yes	Placed in the delivery package with the medication.

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Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx
e-Profile ID: 824443
Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	Yes	Ambrisentan, Bosentan, Siliq, and Tyruko.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	At pick-up on an electronic POS pin pad.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Voice message directs patients who need to speak with a pharmacist 24/7. The toll-free number is included with all medications dispensed.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx
e-Profile ID: 824443
Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
	Quality Assurance/Quality Improvement Program If any part of a question is no, enter "No" and explain the observation.		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Overseen by the PIC who reports to a corporate subcommittee.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Electronic only.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Electronically documented.

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Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx
e-Profile ID: 824443
Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc.).*	Yes	Corporate subcommittee establishes the root cause analysis in collaboration with the PIC or other individuals depending on what phase the QRE occurred.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	

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Facility Name: Specialty Pharmacy Management LLC dba Reliance Rx

e-Profile ID: 824443

Inspection Date: 06/03/2024 - 06/04/2024

		Observation	Notes
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Keep all QREs internally unless it is necessary or required to be reported to the BOP or an accredited body.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc.?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc.) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	Both to patients and providers on an annual basis.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

Pharmacy Name:	Specialty Pharmacy Management, LLC d/b/a Reliance Rx
Pharmacy Address:	15 Earthart Drive, Suite 101 Amherst, New York 14221
NABP Business e-Profile ID:	5800796
VPP Inspection Date(s):	6/4/2024
Sharing Acknowledgment:	Yes — By typing "Yes" you acknowledge that all response documentation will be made available to the Boards of Pharmacy and state regulators upon their request

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	18	47.05	The answer should state (No). We have not done so and would do so only if there was a drug shortage to procure for patient care. This would only be done upon verification of the drug's pedigree.	n/a	N	n/a
Clarification or Further Explanation	19	47.10	Yes - See attached sample	n/a	Y	T3 Data Example from Keysource and T3 Invoice Example from Hercules
Clarification or Further Explanation	20	57.00	Reliance Rx does not stock or dispense controlled substances. Since Reliance Rx is licensed in all 50 states and DC, attestations of not dispensing controls are done on renewals, as well as applicable zero reports/waivers are completed.	N/A	N	N/A

This VPP inspection response and documentation has been provided directly by the pharmacy in response to its VPP inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Hercules
your ethical wholesaler

GATEKEEPER® COMPLIANCE PROGRAM

DSCSA Track & Trace Data

Pedigree / T3 ID: VA3011-15141-2014293091

Hercules Pharmaceuticals, Inc. LAST SOLD the following product to Reliance Rx

Transaction Information (TI)

Product Name:	Abiraterone Acetate	**Dosage Form:**	Oral ; Tablet
National Drug Code (NDC):	60505-4327-1		
Strength:	250mg	**Container Size:**	120 Tablet In 1 Bottle
Expiration Date:	2025-12-31		
Number of Containers:	4	**Lot Number:**	VA3011

Transaction History (TH)

Hercules Pharmaceuticals, Inc. (ADR) SOLD TO Reliance Rx — **Date of Transaction: 2024-06-19**

Seller/Shipper:
HERCULES PHARMACEUTICALS, INC.
27 SEAVIEW BOULEVARD
PORT WASHINGTON NY 11050
UNITED STATES
STATE LICENSE NO.: 32787
INVOICE NO.: 2014293091
DATE OF SHIPMENT: 2024-06-19

Buyer/Receiver:
RELIANCE RX SPECIALTY PHARMACY
RELIANCE RX SPECIALTY PHARMACY
15 EARHART DRIVE SUITE 101
AMHERST NY 14221
UNITED STATES
STATE LICENSE NO.: 030138
PURCHASE ORDER: 560263

Apotex Corporation SOLD TO Hercules Pharmaceuticals, Inc. — **Transaction Date: 2024-06-10**

HERCULESRX IS AN AUTHORIZED DISTRIBUTOR OF RECORD OF Apotex Corporation

THIS WHOLESALE DISTRIBUTOR PURCHASED THE SPECIFIC UNIT OF THE PRESCRIPTION DRUG DIRECTLY FROM THE MANUFACTURER

SELLER/ SHIPPER
Apotex Corporation
2156 Airwest Boulevard
Plainfield IN 46168
State License: 025806
SHIP DATE: 2024-06-12

BUYER
Hercules Pharmaceuticals, Inc.
27 Seaview Boulevard
Port Washington NY 11050
United States

RECEIVER
Hercules Pharmaceuticals, Inc.
27 Seaview Boulevard
Port Washington NY 11050
United States
STATE LICENSE NO.:032787
PURCHASE ORDER: 24hrx8128
RECEIVED DATE: 2024-06-14

Transaction Statement (TS)

Hercules Pharmaceuticals is authorized, licensed, and registered as required by state law, the Prescription Drug Marketing Act ("PDMA"), and the Drug Supply Chain Security Act ("DSCSA"), to receive and distribute this product, which it received from a person that is also authorized as required by the DSCSA, and from whom it received, as required, transaction information and a transaction statement describing this product. Hercules Pharmaceuticals maintains systems and processes to comply with verification requirements under the DSCSA. At no time has Hercules Pharmaceuticals knowingly (i) shipped a suspect or illegitimate product, (ii) provided false transaction information, or (iii) altered transaction history relating to this product.

Certified By:  **Print Name and Title:** Christine Stone, Compliance **Date:** 2024-06-19

KeySource Acquisition, LLC. Drug Tracing

KeySource

Seller:

KeySource Acquisition, LLC
7800 Palace Dr Suite 200
Cincinnati, OH 45249

Sold To:

Specialty Pharmacy
Management,
Dba Reliance Rx
Amherst, NY 14221

Date:	6/19/2024	Invoice:	2645468	PO:	

Seller has complied with each applicable subsection of FDCA Sec. 581(27)(A)–(G).

Name	Strength	Form	Item	NDC	Size	Qty
Tadalafil 20mg Tabs (Adcirca)	20 mg	Tablets	*132419	43598-0578-60	60	2
Vendor:	Dr.Reddy's Laboratories, Inc. 107 College Road East Princeton, NJ 08540					

Name	Strength	Form	Item	NDC	Size	Qty
Hydroxyurea 500mg Caps	500 mg	Capsules	*118900	49884-0724-01	100	1
Vendor:	Endo Usa Inc 1400 Atwater Drive Malvern, PA 19355					

Name	Strength	Form	Item	NDC	Size	Qty
Tacrolimus 0.5mg Caps	0.5 mg	Capsules	*114266	00781-2102-01	100	3
Vendor:	Sandoz, Inc 100 College Road West Princeton, NJ 08540					

Name	Strength	Form	Item	NDC	Size	Qty
Mycophenolate Mof 500mg Tabs	500 mg	Tablets	*114300	16729-0019-01	100	2
Vendor:	Accord Healthcare Inc. 1009 Slater Road, Suite 210-B Durham, NC 27703					

Name	Strength	Form	Item	NDC	Size	Qty
Emtricitabine/Teno 200/300mg	200 mg / 300 mg	Tablets	*135568	42385-0953-30	30	1
Pirfenidone 801mg Tabs	801 mg	Tablets	*136679	42385-0926-90	3x30	1
Vendor:	LAURUS GENERICS INC 400 CONNELL DRIVE SUITE 5200 BERKELEY HEIGHTS, NJ 07922					

* Product was purchased directly from the manufacturer, manufacturer's exclusive distributor or repackager who purchased directly from a manufacturer

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2025-28

SUPERVISING PHARMACIST
THOMAS STEELE

THIS IS TO CERTIFY

SPECIALTY PHARMACY MANAGEMENT LLC
15 EARHART DR.
SUITE 101
AMHERST, NY 14221

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF AUGUST, 2025.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF JULY, 2028.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
030138

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

SPECIALTY PHARMACY MANAGEMENT LLC

GENERAL INFO | ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	SPECIALTY PHARMACY MANAGEMENT LLC
Trade Name	RELIANCE RX
Street Address	15 EARHART DR. SUITE 101 AMHERST NY 14221
Registration No	030138
Date First Registered	August 19, 2010
Registration Begins	August 01, 2025
Registered Through	July 31, 2028
Supervisor	060742 - STEELE THOMAS HUGH
Establishment Status	Active
Successor	NONE

September 19, 2025 07:18 AM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=030138&professionCode=020

SPECIALTY PHARMACY MANAGEMENT LLC

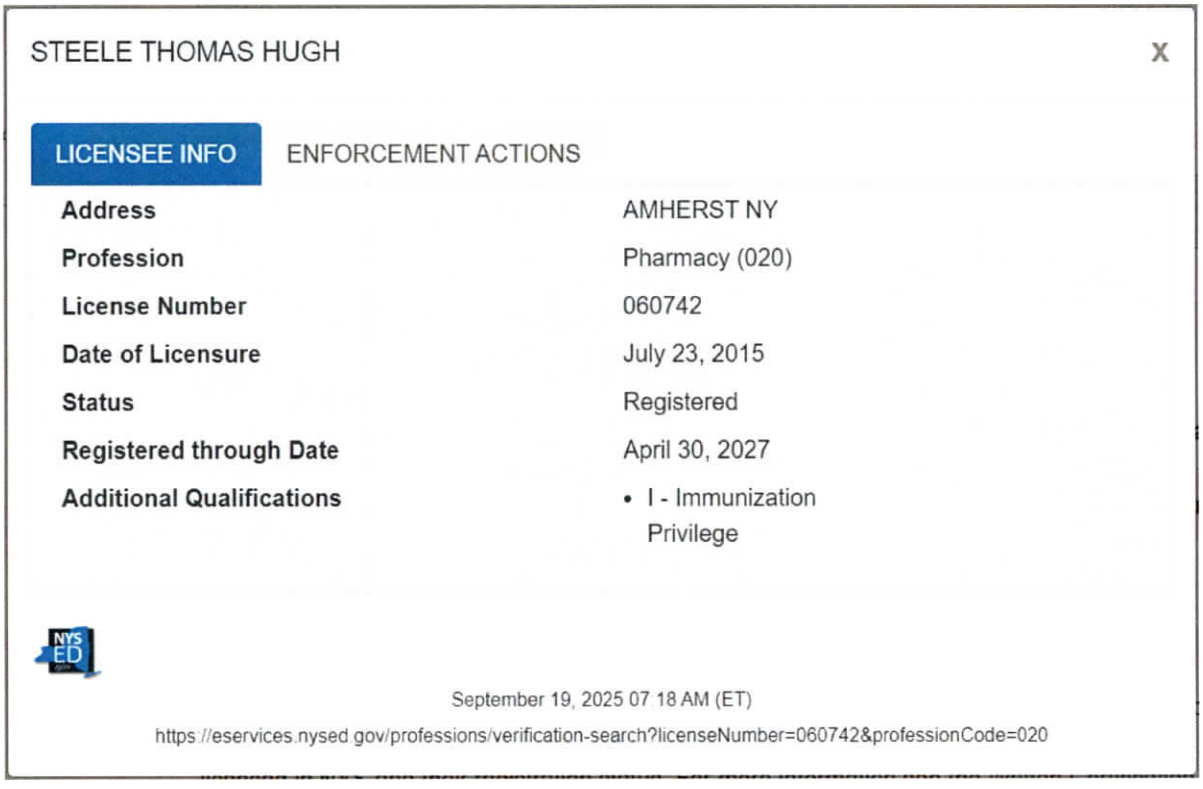
GENERAL INFO | ENFORCEMENT ACTIONS

Registration No: 030138

No Enforcement Actions Found

September 19, 2025 07:18 AM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=030138&professionCode=020



STEELE THOMAS HUGH

LICENSEE INFO | ENFORCEMENT ACTIONS

Address	AMHERST NY
Profession	Pharmacy (020)
License Number	060742
Date of Licensure	July 23, 2015
Status	Registered
Registered through Date	April 30, 2027
Additional Qualifications	• I - Immunization Privilege

September 19, 2025 07:18 AM (ET)

https://eservices.nysed.gov/professions/verification-search?licenseNumber=060742&professionCode=020



STEELE THOMAS HUGH

LICENSEE INFO | ENFORCEMENT ACTIONS

Profession:	Pharmacy (020)
License Number:	060742

No Enforcement Actions Found

September 19, 2025 07:18 AM (ET)

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS2807088	02-28-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-11-2023

SPECIALTY PHARMACY MANAGEMENT, LLC
15 EARHART DR STE 101
AMHERST, NY 142217079

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS2807088	02-28-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-11-2023

SPECIALTY PHARMACY MANAGEMENT, LLC
15 EARHART DR STE 101
AMHERST, NY 142217079

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Form DEA-223 (9/2016)

4DDDDDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☑ Retail/Community	☐ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☑ Non-sterile Compounding
			☐ Sterile Compounding
			☑ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: RESTORATIVE COMPOUNDING PHARMACY AND WELLNESS LLC

Physical Address: 4450 Dixie Hwy, Ste A Waterford, MI 48329

City: Waterford State: MI Zip: 48329

Mailing Address (if different from physical address): SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: 248-266-5276 Toll Free # (NAC 639.708, NRS 639.23286): 866-692-0122

Fax: 248-621-9444 Contact Email: info@restorativecompounding.com

Website: www.restorativecompounding.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): RICK SHAMOON

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24852

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: N/A	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Rick Shamoon

Business Name: Opulent Health Holdings LLC

Business Address: 30 N Gould St, Ste R

City: Sheridan State: WY Zip: 82801

Telephone: 248-410-6981 Email: info@restorativecompounding.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Rick Shamoun (title) for Restorative Compounding Pharmacy and Wellness LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Rick Shamoun

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/15/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding.

Affidavit for Pharmacy License

I, Rue Shamoon hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the ~~Rue~~ CEO/PIC (title) for Restorative Compounding Pharmacy and Wellness LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SHERRYL C CALCATERRA
Notary Public - State of Michigan
County of Oakland
My Commission Expires Sep 21, 2027
Acting in the County of Oakland

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of August, 20 25

Sherryl C. Calcaterra

Notary Public

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RICK SHAMOON

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/15/25

Date

Board Use Only	Date Received: 9/22/25	Amount: #5004 2018949614

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to certify:

Entity Name: RESTORATIVE COMPOUNDING PHARMACY AND WELLNESS LLC
Entity ID#: 803021308
Entity Type: Domestic Limited Liability Company
Initial Filing Date: 04/19/2023
Delayed Effective Date:
Formation Jurisdiction: Michigan
Act Formed Under: 023-1993 Michigan Limited Liability Company Act

That the above referenced entity was validly organized and is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued in conformity with the Act it is formed under to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau
TUEBOR
CIRCUMSPICE

In testimony whereof, I have hereunto set my hand, in the City of Lansing, on July 22, 2025.

Linda Clegg

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 16014
Verify this certificate at: www.michigan.gov/corpverifycertificate

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Restorative Compounding Pharmacy and Wellness LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4450 Dixie Hwy, Ste A

City: Waterford State: MI Zip: 48329

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 248-266-5276 Website: www.restorativecompounding.com

Licensing Company Email: info@restorativecompounding.com

Section 2: Personal Information

First: Rick Middle: Joseph Last: Shamoon

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brother Rice Catholic High School		07/08-07/12	
Address	**City**	**State**	**Zip**
7101 Lahser Rd	Bloomfield Hills	MI	48301
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Oakland University		11/12-11/16	
Address	**City**	**State**	**Zip**
201 Meadow Brook Rd	Rochester	MI	48309
Diploma/Degree obtained, if any: Bachelors in Health Sciences			

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		11/16-11/20	
Address	**City**	**State**	**Zip**
259 Mack Ave	Detroit	MI	48201
Diploma/Degree obtained, if any: PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/01-01/20	[redacted]			
01/20-Now				

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Restorative Compounding Pharmacy and Wellness LLC			04/23-Present	
Business Address		**City**	**State**	**Zip**
4450 Dixie Hwy, Ste A		Waterford	MI	48329
Phone	**Title**		**Number of Employed Hours**	
248-266-5276	CEO/PIC		5500	
Description of Duties				
Oversee functions of pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
ClarkstonRx LLC			01/20-04/23	
Business Address		**City**	**State**	**Zip**
5838 S Main St		Clarkston	MI	48346
Phone	**Title**		**Number of Employed Hours**	
248-621-9444	PIC		6864	
Description of Duties				
Oversee function of pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Rick Shamoon, **certify that as the designated representative for**

Restorative Compounding Pharmacy and Wellness LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RS I am at least 21 years of age;
3. RS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rick Shamoon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/15/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rick Shamoon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/15/25

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, Rick Shamoon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/16/25

Date

Subscribed and Sworn to before me this 16th day of August 2025

Sherryl C. Calcaterra

Notary Public Signature

SHERRYL C CALCATERRA
Notary Public - State of Michigan
County of Oakland
My Commission Expires Sep 21, 2027
Acting in the County of Oakland

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Restorative Compounding Pharmacy and Wellness LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4450 Dixie Hwy, Ste A

City: Waterford State: MI Zip: 48329

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 248-266-5276 Website: www.restorativecompounding.com

Licensing Company Email: info@restorativecompounding.com

Section 2: Personal Information

First: Rick Middle: Joseph Last: Shamoon

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brother Rice Catholic High School		07/08-07/12	
Address	**City**	**State**	**Zip**
7101 Lahser Rd	Bloomfield Hills	MI	48301
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Oakland University		11/12-11/16	
Address	**City**	**State**	**Zip**
201 Meadow Brook Rd	Rochester	MI	48309
Diploma/Degree obtained, if any: Bachelors in Health Sciences			

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		11/16-11/20	
Address	**City**	**State**	**Zip**
259 Mack Ave	Detroit	MI	48201
Diploma/Degree obtained, if any: PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/01-01/20	[redacted]			
01/20-Now				

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Restorative Compounding Pharmacy and Wellness LLC			04/23-Present	
Business Address	**City**	**State**	**Zip**	
4450 Dixie Hwy, Ste A	Waterford	MI	48329	
Phone	**Title**			
248-266-5276	CEO/PIC			
Description of Duties				
Oversee functions of pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
ClarkstonRx LLC			01/20-04/23	
Business Address	**City**	**State**	**Zip**	
5838 S Main St	Clarkston	MI	48346	
Phone	**Title**			
248-621-9444	PIC			
Description of Duties				
Oversee functions of pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shamoon, Rick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/19/25 es
~~08/15/25~~

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Genesee

I, Rick Shamoon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/19/25

Date

Subscribed and Sworn to before me this 19th day of August, 2025

Notary Public Signature

JESSE KOTALIK
Notary Public - State of Michigan
County of Genesee
My Commission Expires Nov 25, 2030
Acting in the County of Oakland

(Seal)

Bureau of Professional Licensing

Inspection History

License & Contact Information

License Holder: RESTORATIVE COMPOUNDING PHARMACY AND WELLNESS, LLC
License Type: Pharmacy Application
License #: 5301013160APP23
License Status: License Issued
Site Address: 4450 Dixie Hwy, Ste A, Waterford, MI 48329
Contact Name / Type: RICK SHAMOON
Contact Phone / Email: (248) 410 6981

List of All Inspections To-Date

Date	Inspection Type	Result	Inspector
11/29/2023	Pharmacy Application Inspection	Pass	Susan Mangan

Inspection & Checklist Details

11/29/2023 Pharmacy Application Inspection - PASS

Date	Inspection Type	Result	Inspector
11/29/2023	Pharmacy Application Inspection	Pass	Susan Mangan

Overall Inspection Comment: Onsite application inspection!

Non sterile compounding pharmacy. No compounding sterile compounds and/.or hazardous compounds.
503A

CHECKLIST NAME: General Pharmacy App Insp

Checklist Item	Status
General Pharmacy Information **Is the current PIC the same individual listed on the pharmacy license in MiPlus:** Yes **Nonsterile Compounding:** ☒	Yes
Does the pharmacy have adequate security for the building the pharmacy is located within?	Yes
Does the pharmacy have adequate security for controlled substances?	Yes
Does the pharmacy have a adequate recording keeping system to comply with 338.480a?	Yes
Does the pharmacy have a sink with hot and cold running water?	Yes
Does the pharmacy have a refrigerator?	Yes
Does the pharmacy have or have access to the current Michigan Public Health Code and the Michigan Board of Pharmacy Administrative Rules?	Yes
Does the pharmacy have at least 2 current printed or online pharmacy references?	Yes
Does the pharmacy have adequate equipment to dispense prescriptions?	Yes
Does the Pharmacy have a minimum 150 sq feet?	Yes
Does the Pharmacy have floor to ceiling partitions?	Yes
Does the pharmacy have at least 10 sq feet of free working counter space?	Yes
Does the pharmacy have space behind the counter to allow free movement?	Yes
Does the pharmacy have the necessary shelves, cabinets, and drawers?	Yes
Does the pharmacy have clean and sanitary surroundings, is well-lighted, and is well-ventilated?	Yes
Has the PIC changed from the PIC on the application; Is the pharmacy aware that the department must be notified of PIC change within 30 days by filing an ?Application for Miscellaneous Pharmacy Change??	Yes
Will a pharmacist be present at all times?	Yes

5301013160APP23

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

RESTORATIVE COMPOUNDING PHARMACY
AND WELLNESS LLC
4450 DIXIE HWY, STE A
WATERFORD, MI 48329

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

RESTORATIVE COMPOUNDING PHARMACY AND
WELLNESS LLC
4450 DIXIE HWY, STE A
WATERFORD, MI 48329

LICENSE NO.
5301013160

EXPIRATION DATE
11/29/2025

233331011114

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

VERIFICATION OF LICENSURE

MICHIGAN BOARD OF PHARMACY

VERIFICATION OF LICENSURE AS OF 07/26/2025

NAME: **Restorative Compounding Pharmacy and Wellness LLC**

ADDRESS:
4450 Dixie Hwy, Ste A
Waterford, MI 48329

STATUS: Active

LICENSE TYPE: Pharmacy License

LICENSE NUMBER: 5301013160

ORIGINAL DATE: 11/29/2023
EXPIRATION DATE: 11/29/2025
SPECIALTY:
None

EXAM DATE	EXAM TYPE	EXAM RESULTS
	None	

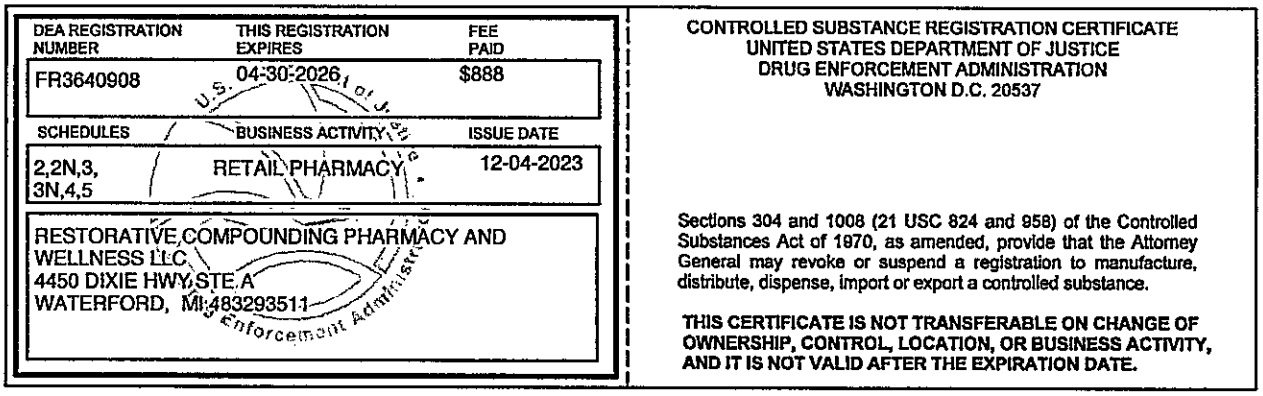
OPEN FORMAL COMPLAINTS

No

DISCIPLINARY ACTION	START DATE	END DATE
None		

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR3640908	04-30-2026	$888

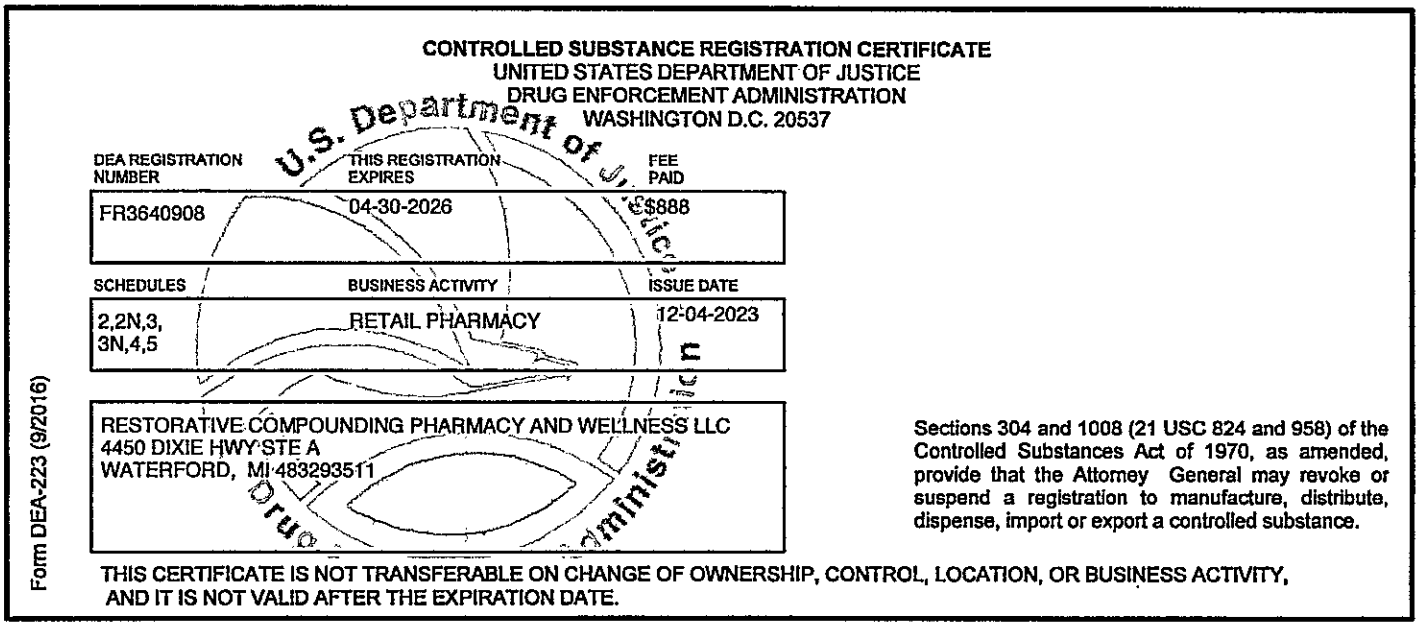
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-04-2023

RESTORATIVE COMPOUNDING PHARMACY AND WELLNESS LLC
4450 DIXIE HWY STE A
WATERFORD, MI 483293511

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR3640908	04-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-04-2023

RESTORATIVE COMPOUNDING PHARMACY AND WELLNESS LLC
4450 DIXIE HWY STE A
WATERFORD, MI 483293511

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Form DEA-223 (9/2016)

4EEEEEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Special Closed Door Pharmacy. Rx Plus Pharmacy only services Adventist Health System Sunbelt Healthcare employee/dependents enrolled in.medical/prescription benefit. Rx Plus will only ship to the members residing in Nevado due to remote work agreement.	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: AHSSHC dba Rx Plus Pharmacy

Physical Address: 5050 Wesley Road, Suite 110

City: Apopka State: FL Zip: 32712

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 866-943-4535 Toll Free # (NAC 639.708, NRS 639.23286): 866-943-4535

Fax: 407-805-8545 Contact Email: rxplus.pharmacy@adventhealth.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Dana Weatherby

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Trenia Yielding	NV Pharmacist Registration #: 14427
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): N/A

Corporation/Organization Name: Adventist Health System Sunbelt HealthCare Corp (AHSSHC)

Mailing Address: 900 Hope Way

City: Altamonte Springs State: FL Zip: 32714

Telephone: 407-357-1000 Email: _____

Contact Person Name: Dana Weatherby

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Ex. Director (title) for AHSSHC dba Rx Plus Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

TRENIA YIELDING
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

9/18/25
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Trenia Yielding hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Executive Director (title) for Rx Plus Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18th day of September, 2025

Notary Public

Notary Public State of Florida
Dana L Weatherby
My Commission
HH 191945
Exp. 2/21/2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRENA YIELDING

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/18/25

Date

Board Use Only	Date Received: 9/22/25	Amount: $500 CK 20641641

Rx Plus Pharmacy				
Owner	**Address**	**Ownership %**	**Phone**	
Adventist Health System Sunbelt Healthcare Corp.	900 Hope Way Altamonte Springs, FL 32714	100%	407-357-1000	
**Adventist Health System Sunbelt Healthcare Corp is a non-profit 501(c)(3) charitable organization that is not owned by any other entity, person or business				
Principal Officers	**Title**	**Work Address**	**Address of Residence**	**Ownership %**
Trenia Yielding	Executive Director, PharmD	5050 Wesley Road, Suite 110 Apopka, FL 32712	[redacted]	0%
Samir Saleh	Executive Director, PharmD	5051 Wesley Road, Suite 110 Apopka, FL 32712		0%
Diane Tingler	Director of Operations	5050 Wesley Road, Suite 110 Apopka, FL 32712		0%
Brian Marlow	Vice President, Ambulatory Pharmacy Strategy, PharmD	5050 Wesley Road, Suite 110 Apopka, FL 32712		0%

State of Florida
Department of State

I certify from the records of this office that ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION is a corporation organized under the laws of the State of Florida, filed on September 17, 1981.

The document number of this corporation is 760086.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on April 22, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourth day of September, 2025

Secretary of State

Tracking Number: 6289818825CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AHSSH dba Rx Plus Pharmacy

Pharmacy/Wholesaler License # (if applicable) FL# PH22100

Physical Address 5050 Wesley Rd. Ste. 110

City Apopka State FL Zip 32712

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 866-943-4535 Website _____

Licensing Company Email rxplus.pharmacy@adventhealth.com

Section 2: Personal Information

First Dana Middle Leigh Last Weatherby

Alias(es, nicknames, name changes, etc.) maiden name: Morgan

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida College of Pharmacy		08/2008 - 05/2012	
Address	City	State	Zip
1225 Center Dr.	Gainesville	FL	32610
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
Seminole Community College		08/2006 - 05/2008	
Address	City	State	Zip
100 Weldon Blvd	Sanford	FL	32773
Diploma/Degree obtained, if any			
Completed prerequisites			

School Name		From - To (MM/YY – MM/YY)	
Tallahassee Community College		01/1995 - 05/1998	
Address	City	State	Zip
444 Appleyard Dr.	Tallahassee	FL	32304
Diploma/Degree obtained, if any			
A.A.			

School Name		From - To (MM/YY – MM/YY)	
Lincoln High School		08/1990 - 06/1994	
Address	City	State	Zip
3838 Trojan Trl	Tallahassee	FL	32311
Diploma/Degree obtained, if any			
high school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/99 - curre	[redacted]			
08/18 - 07/99				
11/05 - 08/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
AHSSHC dba Rx Plus + Expedion Rx Pharmacies			09/14-current
Business Address	**City**	**State**	**Zip**
5050 Wesley Rd. Ste 110+120	Apopka	FL	32712
Phone	**Title**	**Number of Employed Hours**	
866-943-4535	Sr. Manager Operational Excellence	Full time 40 hrs/wk for 11 years = 22,800	
Description of Duties			
Manage pharmacy operations, clinical oversight of technicians and staff pharmacists; ensure regulatory compliance			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Dana Weatherby, **certify that as the designated representative for** AHSSHC dba Rx Plus Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DW I am at least 21 years of age;
3. DW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dana Weatherby
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/18/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dana Weatherby
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/18/25
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Dana Weatherby, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/18/25
Date

Subscribed and Sworn to before me this 18th day of September 2025.

John Paul Xavier Carlisle
Notary Public Signature

JOHN PAUL XAVIER CARLISLE
Commission # HH 473970
Expires April 15, 2028
(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV406 - Special Closed System Pharmacy

File # 14515
Insp # 196513

NAME	PERMIT NUMBER	DATE OF INSPECTION	
AHSSHC	22100	08/07/2025	
DOING BUSINESS AS			
RX PLUS PHARMACY			
STREET ADDRESS		**TELEPHONE #**	**EXT**
5050 Wesley Road Suite 110		866-943-4535	
CITY	**COUNTY**	**STATE/ZIP**	
APOPKA	ORANGE	FL/32712	

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours 8-8
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday N
Sunday N	

Registered Pharmacist / Intern / Tech

License # 33741	Licensee Name Trenia Yielding
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FA2903020	

License Relations

Pharmacy Tech Training to Pharmacy

AHSSHC	License # 103

RX DPT MGR/COR/POR

YIELDING, TRENIA A	License # 33741

INV 406 - Special Closed System Pharmacy

Special - Closed System Pharmacy Requirements

Pharmacists, interns, and technicians properly identified and licensed in the State of Florida. [465.013, F.S.] [64B16-26.400, F.A.C.] [64B16-26.2032(4)(6), F.A.C.] [64B16-27.410, F.A.C.] [465.014(1), F.S.] [64B16-27.100, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Written offer to counsel when appropriate. [64B16-27.820, F.A.C.]	Yes
Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Pharmacy has a working sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events [64B 16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.]	Yes
Medication is properly labeled for dispensing to patient, return to stock, or manufacturer containers. [64B16-28.108, F.A.C.]	Yes
Customized medication packages are labeled properly and assigned a beyond use date of not more than 120 days from the date of preparation, but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6), F.A.C.]	Yes

INV406 - Special Closed System Pharmacy

Insp # 196513 AHSSHC File # 14515

Prepackaged medication labels include, lot number, drug name, strength, dosage form, manufacturer name, and expiration date not more than 1 year from date of prepackaging or the manufacturers expiration date; and records of prepacking are maintained. [64B16-28.108 (3), F.A.C.] [64B16-28.120, F.A.C.]	N/A
Outdated pharmaceuticals removed from active stock. [64B16-28.110, F.A.C.]	Yes
Pharmacy maintains patient profiles with allergy information and medications dispensed. [64B16-27.800, F.A.C.] [64B16-28.140, F.A.C.]	Yes
Certified daily log OR printout maintained as required by section. [64B16-28.140(3)(c) or (e), F.A.C.]	Yes
Provides 24-hour emergency and on-call service. [64B16-28.830(3), F.A.C.]	Yes
Dispensing only to individuals in nursing homes, jails, ALFs, and ICFs, or other custodial care facilities. [64B16-28.830, F.A.C.]	Yes
Returned/unused medications are correctly labeled and do not include compounded or controlled substance medications. [64B16-28.830(2), F.A.C.] [64B16-28.118, F.A.C.] [64B16-28.120(3), F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.]	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Controlled Substances

Controlled substance inventory taken on biennial basis and available for inspection. [893.07(1)(a), F.S.] *Inventory 5/16/2025. Pharmacy closes to conduct inventory.*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR 1305.22(g)]	Yes
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(b), F.S.] [465.018(7), F.S.] [21CFR 1306.22] [21CFR 1304.04] [64B16-28.140, F.A.C.]	Yes
Pharmacy is reporting to PDMP within 24 hours of dispensing controlled substance. [893.055, F.S.]	Yes
Record of theft or significant loss of all controlled substances is being maintained and is being reported to the sheriff and the board within 24 hours of discovery. [893.07(5), F.S.] [465.015, F.S.]	N/A

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C.]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Remarks:

Inspection reviewed with pharmacist.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

BLAKE, ELLEN

Date:8/7/2025

Representative:

Dana Weatherby

Date:8/7/2025

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
NOVEMBER 23, 2024	**PH 22100**	**144928**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Closed System

EXPIRATION DATE: **FEBRUARY 28, 2027**

AHSSHC
RX Plus Pharmacy
5050 WESLEY ROAD SUITE 110
APOPKA, FL - 32712

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
NOVEMBER 23, 2024	**PH 22100**	**144928**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

AHSSHC
RX Plus Pharmacy

Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

Department of Health

AHSSHC

RX Plus Pharmacy

License Number: PH22100

Data As Of 9/16/2025

Profession	Pharmacy
License	PH22100
License Status	Clear/
Qualifications	Special Closed System
License Expiration Date	2/28/2027
License Original Issue Date	06/27/2006
Address of Record	5050 Wesley Road Suite 110 APOPKA, FL 32712
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
YIELDING, TRENIA A	RX DPT MGR/COR/POR	PHARMACIST	33741	11/01/2007

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2903020	06-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	HOSPITAL/CLINIC	05-18-2023

AHSSHC
RX PLUS PHARMACY
5050 WESLEY RD STE 110
APOPKA, FL 327125908

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2903020	06-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	HOSPITAL/CLINIC	05-18-2023

AHSSHC
RX PLUS PHARMACY
5050 WESLEY RD STE 110
APOPKA, FL 327125908

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Form DEA-223 (9/2016)

4FFFFFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FS1274581 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) – non-profit corp.
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: St. Luke's Specialty Pharmacy

Physical Address: 11801 W. Executive Dr

City: Boise State: ID Zip: 83713

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 208-205-7779 Toll Free # (NAC 639.708, NRS 639.23286): 833-605-6600

Fax: 208-205-7780 Contact Email: specialtypharmacy@slhs.org

Website: https://stlukesonline.org/en/get-care/locations/pharmacies/st-lukes-specialty-pharmacy-boise

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Andrei Rudyi, PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24410

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Andrei Rudyi, PharmD	NV Pharmacist Registration #: 24410
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Idaho

Parent Company (if any): _____

Corporation/Organization Name: St. Luke's Regional Medical Center, LTD.

Mailing Address: 190 E. Bannock

City: Boise State: ID Zip: 83712

Telephone: 208-493-2307 Email: kurtiske@slhs.org

Contact Person Name: Kelley Curtis, Chief Pharmacy Officer & VP Pharmacy

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Non-profit organization.

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Letter of Authorization to Appear on Behalf of Corporation

9/24/2025

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Authorization for Designated Representative to Appear on Behalf of St. Luke's Regional Medical Center, LTD. pertaining to St. Luke's Specialty Pharmacy

To Whom It May Concern:

This letter certifies that **St. Luke's Regional Medical Center, LTD.**, a non-profit corporation organized under the laws of **Idaho**, authorizes **Andrei Rudyi, PharmD** to appear and act on behalf of the corporation in connection with the application, proceeding, or matter relating to licensing and operation of **St. Luke's Specialty Pharmacy**.

- **Representative name:** Andrei Rudyi, PharmD
- **Representative title or relationship to corporation:** St. Luke's Specialty Pharmacy Manager
- **Scope of authority:** Answer questions and submit documents pertaining to the operation and licensing of St. Luke's Specialty Pharmacy in the State of Nevada

This authorization is granted effective as of **9/24/2025** and remains in effect until **"revoked in writing by the corporation"**.

I, the undersigned, am an officer of **St. Luke's Regional Medical Center, LTD.** and have authority to sign this letter on behalf of the corporation.

Signed this 24th day of September, 2025.



Kelley Curtis, BS, PharmD, MBA, CPEL
Chief Pharmacy Officer & VP Pharmacy & Lab COE

208-493-2307
curtiske@slhs.org

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the pharmacy manager (title) for St. Luke's Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Andrei Rudyi, Pharm D

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

9/24/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Andrei Rudyi, PharmD hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the pharmacy manager (title) for St. Luke's Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23rd day of September, 2025

Notary Public

Commission Expires
1-28-2028

BETTY J MILLS
NOTARY
PUBLIC
Comm. No. 20220435
STATE OF IDAHO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kelley Curtis, BS, PharmD, MBA, CPEL

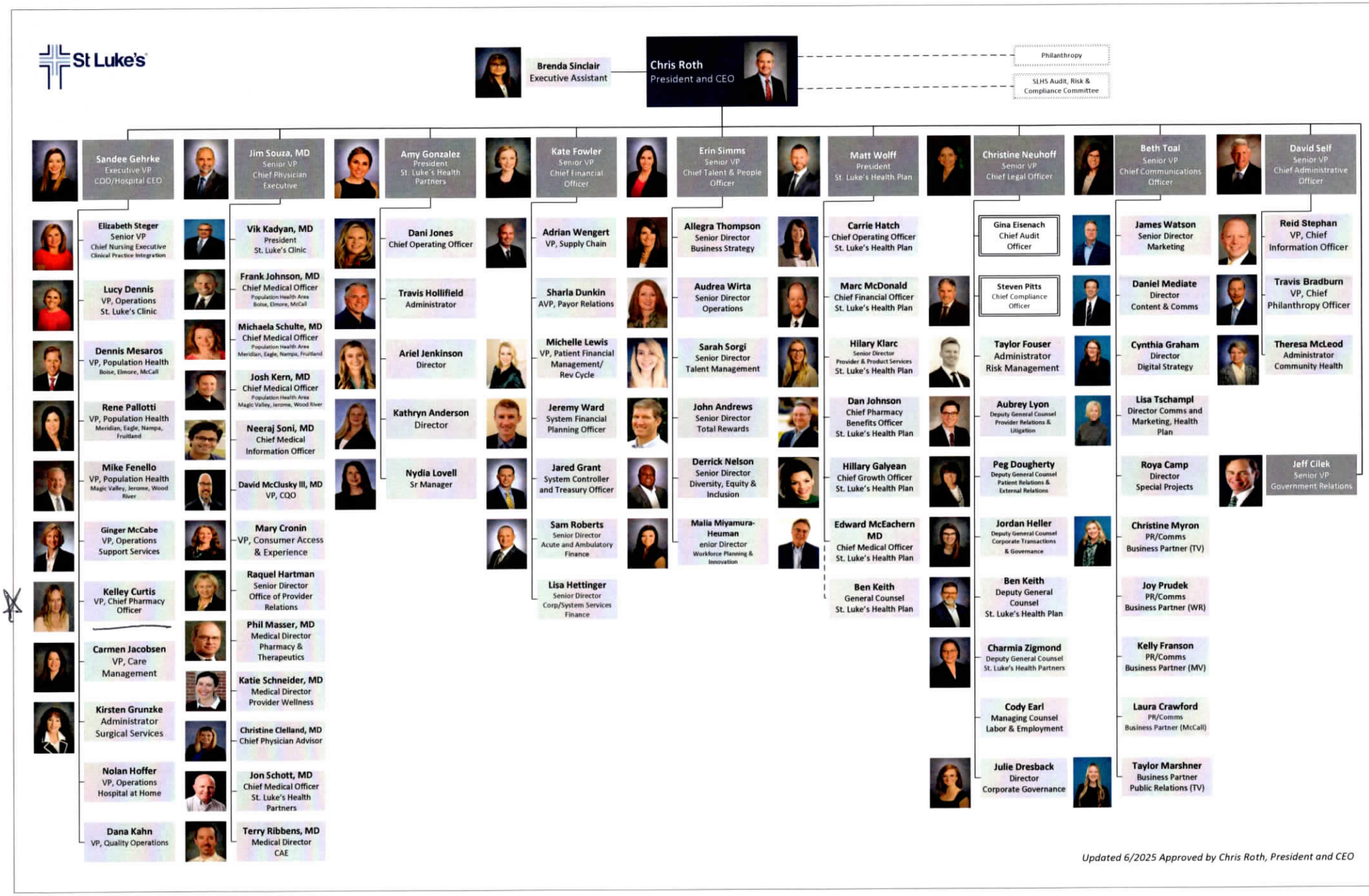
Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/24/2025

Date

Board Use Only	Date Received: 9/29/25	Amount: $500 - CK 9658312039



Updated 6/2025 Approved by Chris Roth, President and CEO

STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83702

September 23, 2025

Request Type: Certificate of Existence/Filing
Request #: 0006455288
Receipt #: 001210890

Issuance Date: 09/23/2025
Copies Requested: 0

Regarding: **ST. LUKE'S REGIONAL MEDICAL CENTER, LTD.**
Filing Type: Non-Profit Corporation (D)
File # : 23798
Formation/Qualification Date: 12/20/1906
Status: Active-Good Standing
Formation Locale: IDAHO
Duration Term: Perpetual
Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

ST. LUKE'S REGIONAL MEDICAL CENTER, LTD.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 036257430

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: St. Luke's Specialty Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 11801 W Executive Dr

City: Boise State: ID Zip: 83713

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 208-205-7779 Website: https://stlukesonline.org/en/get-care/locations/pharmacies/

Licensing Company Email: specialtypharmacy@slhs.org

Section 2: Personal Information

First: Andrei Middle: Last: Rudyi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Borah High School		08/98-06/01	
Address	**City**	**State**	**Zip**
6001 W Cassia St	Boise	ID	83709
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Boise State University		08/01-05/06	
Address	**City**	**State**	**Zip**
1910 University Dr	Boise	ID	83725
Diploma/Degree obtained, if any			
Bachelor's of Science			

School Name		From - To (MM/YY – MM/YY)	
Idaho State University College of Pharmacy		08/06-05/10	
Address	**City**	**State**	**Zip**
921 South 8th Avenue	Pocatello	ID	83209
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
08/11-09/25				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
St. Luke's Specialty Pharmacy			06/21-09/25	
Business Address		**City**	**State**	**Zip**
11801 W Executive Dr		Boise	ID	83713
Phone	**Title**		**Number of Employed Hours**	
208-205-7779	Pharmacy Manager		8,900	
Description of Duties				
Processing and filling prescriptions, counseling patients, processing prior authorizations, coordinating co-pay assistance, coordination with external pharmacies. Monitoring inventory. Managing associates. Managing out of state licensure.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Andrei Rudyi, PharmD, **certify that as the designated representative for**

St. Luke's Specialty Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. A I am at least 21 years of age;
3. A I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. A I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. A I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. A I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. A I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andrei Rudyi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/26/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrei Rudyi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/26/25

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Andrei Rudyi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/26/25

Date

Subscribed and Sworn to before me this 26 day of September

Notary Public Signature

MARGEAUX ESTRADA
Notary Public - State of Idaho
Commission Number 20244501
My Commission Expires Jan 3, 2031

(Seal)

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL
Brad Little
Governor
Russell Barron
Administrator

State of Idaho
Division of Occupational and Professional Licenses

11341 W Chinden Blvd.
PO Box 83720
Boise, ID 83720-0063
(208) 334-3233 dopl.idaho.gov

Date: April 30, 2025
Letter ID: L0000341075
License ID: 63996RP

ST LUKES SPECIALTY PHARMACY
11801 W EXECUTIVE DR
BOISE ID 83713-0803

Facility Name: ST LUKES SPECIALTY PHARMACY
Facility Address: 11801 W EXECUTIVE DR BOISE ID 83713-0803
License No: 63996RP
License Type: Resident Drug Outlet Registration

Inspection Type: Annual
Inspection Date: 30-Apr-2025
Inspection Result: Finalized

Notes: Specialty pharmacy and home delivery.
Patients contacted before delivery to verify info and counsel as needed.

Checklist Results

BOARD INSPECTIONS AND INVESTIGATIONS

Question	Answer
24.36.01.103.01. Records Subject to Board Inspection. Records created, maintained, or retained by Board licensees or registrants in compliance with statutes or rules enforced by the Board must be made available for inspection upon request by Board inspectors or authorized agents. It is unlawful to refuse to permit or to obstruct a Board inspection.	Yes
24.36.01.103.02. Inspections. Prior to the commencement of business, as applicable, and thereafter at regular intervals, registrants and licensees must permit the Board or its compliance officers to enter and inspect the premises and to audit the records of each drug outlet for compliance with laws enforced by or under the Board's jurisdiction	Yes
24.36.01.300. DRUG OUTLETS: MINIMUM FACILITY STANDARDS.	Yes
24.36.01.300.01. Security and Privacy. A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA.	Yes
24.36.01.300.02. Controlled Substance Storage. Drug outlets that dispense prescription drugs must store controlled substances in accordance with federal law.	Yes
24.36.01.300.03. Authorized Access to the Restricted Drug Storage Area. Access to the restricted drug storage area must be limited to authorized personnel.	Yes

24.36.01.300.05. Electronic Recordkeeping System. A drug outlet that dispenses more than twenty (20) prescriptions per day must use an electronic recordkeeping system to establish and store patient medication records and prescription drug order, refill, transfer information, and other information necessary to provide safe and appropriate patient care. The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of these processes.	Yes
24.36.01.104.10. Substandard, Misbranded, Adulterated, or Expired Products. Manufacturing, compounding, delivering, distributing, dispensing, or permitting to be manufactured, compounded, delivered, distributed or dispensed substandard, misbranded, or adulterated drugs or preparations or those made using secret formulas. Failing to remove expired drugs from stock.	Yes
24.36.01.501.02 Individual Information Changes. Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change.	
24.36.01.301.01. Valid Prescription Drug Order. Prescription drugs must only be dispensed pursuant to a valid prescription drug order as set forth in Subchapter E of these rules.	Yes
24.36.01.301.03. Labeling. Each drug must bear a complete and accurate label as set forth in these rules	Yes
24.36.01.301.04. Verification of Dispensing Accuracy. Verification of dispensing accuracy must be performed to compare the drug stock selected to the drug prescribed. If not performed by a pharmacist or prescriber, and electronic verification system must be used that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label. A compounded drug may only be verified by a pharmacist or prescriber.	Yes
24.36.01.408. DESTRUCTION OR RETURN OF DRUGS OR DEVICES: RESTRICTIONS. A drug outlet registered with the DEA as a collector may collect controlled and non-controlled drugs for destruction in accordance with applicable federal law. Otherwise a dispensed drug or prescription device may only be accepted for return as follows: 01. Potential Harm. When the pharmacist determines that harm could result if the drug is not returned. 02. Did Not Reach Patient. Non-controlled drugs that have been maintained in the custody and control of the institutional facility, dispensing pharmacy, or their related clinical facilities may be returned if product integrity can be assured. Controlled substances may only be returned from a hospital daily delivery system under which a pharmacy dispenses no more than a seventy-two (72) hour supply for a drug order. 03. Donation. Those that qualify for return under the provisions of the Idaho Legend Drug Donation Act as specified in Section 54-1762, Idaho Code.	
24.36.01.500.01. Records Maintenance and Retention Requirement. Unless an alternative standard is stated for a specified record type, form, or format, records required to evidence compliance with statutes or rules enforced by the Board must be maintained and retained in a readily retrievable form and location for at least three (3) years from the date of the transaction.	Yes
24.36.01.500.02. Prescription Retention. A prescription drug order must be retained in a readily retrievable manner by each drug outlet and maintained in accordance with federal law.	Yes
24.36.01.500.03. Inventory Records. Each drug outlet must maintain a current, complete and accurate record of each controlled substance manufactured, imported, received, ordered, sold, delivered, exported, dispensed or otherwise disposed of by the registrant. Drug outlets must maintain inventories and records in accordance with federal law. An annual inventory must be	Yes

conducted at each registered location no later than seven (7) days after the date of the most recent inventory in a form and manner that satisfies the inventory requirements of federal law. Drugs stored outside a drug outlet in accordance with these rules must be regularly inventoried and inspected to ensure that they are properly stored, secured, and accounted for. Additional inventories are necessary when required by federal law.

Date of Inventory Completed	September 23, 2024
Open or Closed	Open
Name of Pharmacist	P6424 ANDREI RUDYI

24.36.01.303 DRUGS STORED OUTSIDE OF A DRUG OUTLET FOR RETRIEVAL BY A LICENSED HEALTH PROFESSIONAL. Drugs may be stored in an alternative designated area outside the drug outlet, including, but not limited to, floor stock, in an emergency cabinet, in an emergency kit, or as emergency outpatient drug delivery from an emergency room at a registered institutional facility, provided the following conditions are met: 03. Controlled Substances. Controlled substances may only be stored in an alternative designated area as permitted by, and in accordance with, federal law.

37-3303A PSE Electronic Tracking System in use.

24.36.01.350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS. In accordance with Section 54-1704, Idaho Code, a pharmacist may independently prescribe drugs, drug categories and devices provided the following general requirements are met:
24.36.01.350.07. Documentation. The pharmacist must maintain documentation adequate to justify the care provided, including, but not limited to the information collected as part of the patient assessment, the prescription record, and the follow-up care plan.

Does Facility have CLIA WAIVER for Point of Care Testing?	
24.36.01.103.03. Inspection Deficiencies. Deficiencies noted must be promptly remedied, and if requested, the Board office notified of corrective measures. One (1) follow-up inspection may be performed by the Board at no cost. For additional follow up inspections, the drug outlet will be charged actual travel and personnel costs incurred in the inspection to be paid within ninety (90) days of inspection.	April 30, 2025
24.36.01.103.04. Inspection Reports. Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. [Discussed with]	Richard Arrossa
Remote Dispensing Requirements Reviewed	
Compounding Inspection Conducted	
Deficiencies- Education of Code and Rule provided?	
Deficiencies- Issued Warning to Drug Outlet -Possible Discipline?	
Disclaimer - Any items not discussed specifically by compliance officer on this inspection does not constitute compliance nor approval.	Yes

Division of Occupational and Professional Licenses
11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

ST LUKES SPECIALTY PHARMACY

Resident Drug Outlet Registration
63996RP
Issued: 04-Nov-2024 Expires: 31-Dec-2025

Renewal Required

Russell Barron
Administrator

Printed: 04-Nov-2024

ST LUKES SPECIALTY PHARMACY
Resident Drug Outlet Registration
63996RP
Expires: 31-Dec-2025

Russell Barron
Administrator

State of Idaho
Division Of Occupational and Professional Licenses
Board of Pharmacy

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

09/25/2025

CERTIFICATION

This is to certify that a search of the available records of the Idaho State Board of Pharmacy indicates the following:

NAME:	ST LUKES SPECIALTY PHARMACY
ADDRESS:	11801 W EXECUTIVE DR
CITY/STATE/ZIP:	BOISE ID 83713-0803
LICENSE TYPE:	RESIDENT DRUG OUTLET
LICENSE NUMBER:	63996RP
ORIGINAL DATE ISSUED:	02/10/2023
CURRENT STATUS:	ACTIVE
DISCIPLINARY ACTION:	NO
EXPIRATION DATE:	12/31/2025

If disciplinary action is indicated, details can be obtained upon submission of a Public Records Request.
Link to request information: https://dopl.idaho.gov/public-records-request/

By: BAILEY DURHAM

Title: TRS2

IDAHO STATE BOARD OF PHARMACY

was also mailed by
Idaho DOPL to Nevada BOP.
A

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS1274581	02-29-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-17-2025

ST LUKE'S HEALTH SYSTEM
SPECIALTY PHARMACY
11801 W EXECUTIVE DR
BOISE, ID 837130803

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS1274581	02-29-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-17-2025

ST LUKE'S HEALTH SYSTEM
SPECIALTY PHARMACY
11801 W EXECUTIVE DR
BOISE, ID 837130803

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State of Idaho
Division Of Occupational and Professional Licenses
Board of Pharmacy

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

09/25/2025

CERTIFICATION

This is to certify that a search of the available records of the Idaho State Board of Pharmacy indicates the following:

NAME:	ST LUKES SPECIALTY PHARMACY
ADDRESS:	11801 W EXECUTIVE DR
CITY/STATE/ZIP:	BOISE ID 83713-0803
LICENSE TYPE:	RESIDENT DRUG OUTLET
LICENSE NUMBER:	63996RP
ORIGINAL DATE ISSUED:	02/10/2023
CURRENT STATUS:	ACTIVE
DISCIPLINARY ACTION:	NO
EXPIRATION DATE:	12/31/2025

If disciplinary action is indicated, details can be obtained upon submission of a Public Records Request. Link to request information: https://dopl.idaho.gov/public-records-request/

By: BAILEY DURHAM

Title: TRS2

IDAHO STATE BOARD OF PHARMACY

0006371722

STATE OF IDAHO

Office of the secretary of state, Phil McGrane

ANNUAL REPORT AMENDMENT

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: $0.00

For Office Use Only

-FILED-

File #: 0006371722

Date Filed: 7/28/2025 9:11:36 AM

Entity Name and Mailing Address:

Entity Name:	ST. LUKE'S REGIONAL MEDICAL CENTER, LTD.
The file number of this entity on the records of the Idaho Secretary of State is:	0000023798
Address	190 E BANNOCK ST BOISE, ID 83712-6241

Entity Details:

Entity Status	Active-Good Standing
This entity is organized under the laws of:	IDAHO
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:	C3925

The registered agent on record is:

Registered Agent	CHRISTINE NEUHOFF Registered Agent Physical Address 190 E. BANNOCK BOISE, ID 83712 Mailing Address 190 E BANNOCK ST BOISE, ID 83712-6241

Agent or Address Change

☐ Select if you are appointing a new agent.

Corporate Officers and Directors:

Name	Title	Business Address
~~Bob Lokken~~	~~Director~~	~~190 E. BANNOCK BOISE, ID 83712~~
Christine Neuhoff	Secretary	190 E. BANNOCK BOISE, ID 83712
Tom Corrick	Director	190 E. BANNOCK BOISE, ID 83712
Lisa Grow	Director	190 E. BANNOCK BOISE, ID 83712
Dan Krahn	Director	190 E. BANNOCK BOISE, ID 83712
Rich Raimondi	Director	190 E. BANNOCK BOISE, ID 83712
Andy Scoggin	Director	190 E. BANNOCK BOISE, ID 83712
Bill Whitacre	Director	190 E. BANNOCK BOISE, ID 83712

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Emily Baker	Director	190 E. BANNOCK ST. BOISE, ID 83712
Rosa Davila	Director	190 E. BANNOCK ST. BOISE, ID 83712
Kate Fowler	Treasurer	190 E. BANNOCK ST. BOISE, ID 83712
Bill Gilbert	Director	190 E. BANNOCK BOISE, ID 83712
Jill Twedt	Director	190 E. BANNOCK BOISE, ID 83712
William "Bill" Ystueta	Director	190 E. BANNOCK BOISE, ID 83712
Laura McGeorge	Director	190 E BANNOCK ST BOISE, ID 83712-6241
Dave Snelson	Director	190 E BANNOCK ST BOISE, ID 83712-6241
Chris Roth	President	190 E BANNOCK ST BOISE, ID 83712-6241

The annual report must be signed by an authorized signer of the entity.

Job Title: Executive Assistant

Tami Norvell — Sign Here

07/28/2025 — Date

B1035-4525 07/28/2025 9:11 AM Received by Office of the Idaho Secretary of State

4GGGGGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 03682	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Closed door, limited service	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: FW6417857 ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS

Physical Address: 2225 S Price Rd

City: Chandler State: AZ Zip: 85286

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 480-752-5667 Toll Free # (NAC 639.708, NRS 639.23286): 877-250-5823

Fax: 480-752-5622 Contact Email: mashal.durrani@walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Marshal Durrani

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19355

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Mashal Durrani	NV Pharmacist Registration #: 19355
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: IL

Parent Company (if any): Walgreen Co.

Corporation/Organization Name: Walgreens.com, Inc.

Mailing Address: 108 Wilmot Rd

City: Deefield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cherita Thomas

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Cherita Thomas

Original signature of Authorized Person (copies or stamps not accepted)

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/19/25	Amount: $500 ck JP05-300911129

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/18/2023
Receipt Number: 2023156588
Receipt Amount $: 480.00

Pharmacy - Limited Service

PERMIT NO	EXPIRES
Y003063	10/31/2025

Issued to :

Walgreens
Walgreens.com Inc.
P. O. BOX 901
DEERFIELD, IL 60015

Walgreens
2225 S. PRICE ROAD
CHANDLER , AZ 85286

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Walgreens.com Inc.
LICENSE NUMBER : Y003063
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Walgreens
Address :	2225 S. Price Road Chandler AZ 85286
Registration No :	Y003063
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	05/01/1999
Expiration Date :	10/31/2025
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 09/02/2025

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6417857	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS.COM, INC.
DBA: WALGREENS
2225 S. PRICE ROAD
CHANDLER, AZ 85286

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6417857	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS.COM, INC.
DBA: WALGREENS
2225 S. PRICE ROAD
CHANDLER, AZ 85286

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y003063

AZ Permit Exp.Date : 10/31/2025

Business Name : Walgreens

Address : 2225 S. Price Road

Zip : 85286

City : Chandler

State : AZ

Phone : (480) 752-8200

Fax : (480) 752-8250

Inspection Date : 04/26/2024

PIC : Nicole Robert

Pic License Exp Date : 2024-01-31T00:00:00

DEA # : FW6417857

DEA # Exp. date : 05/31/2025

Inspection Reviewed With : PIC

Reviewers License# : S021993

Inspection type : Routine

Inspection Conducted By : Steve Haiber

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
38000		0

PERMITS

1	Arizona Posted	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1933(A); R4-23-606(A)	

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	DEA Posted	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers Non dispensing pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns None on staff	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security Non dispensing pharmacy / no drug stocked or dispensed / pharmacy performs shared service order processing functions involving patient profiling, order entry, order adjudication, DUR, order entry verification. Once approved by a pharmacist the prescription order remains in a shared processing queue accessible by a fulfillment pharmacy for product selection, labeling, manifesting and shipment to the patient.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-609(G)(H)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	Personnel and security procedures Closed door / limited service pharmacy / each employee assigned RFID badge for entry into pharmacy	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610
3	Facilities	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(A)
4	Drug supply None	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-611(B)
5	Quarantine expired drugs	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-611(B)(4)
6	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-612
7	Policies and procedures Maintained on line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program Training documentation maintained electronically	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds Non dispensing pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1105(C)

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3	Activities - trainees	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)
	Compliant		
4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
	Compliant		
5	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)
	Maintained on line		

COUNSELING

1	Documentation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(G)(H)
	Closed door limited service pharmacy / no face to face patient contact / all contact via telephone / documentation maintained within patient profile		
2	Oral consultation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(D)(E)
	Pharmacist available via toll free number for consult		
3	Written information	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(C)(I)
	Non dispensing pharmacy / the required written documentation provided by the dispensing pharmacy		

PRESCRIPTION AUDIT

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Prescription files	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
	(3) file - all paper prescription files maintained by dispensing pharmacy / all prescription orders processed at this pharmacy maintained within electronic (imaged) format accessible via CRT		
2	Prescription label	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
	Non dispensing pharmacy		
3	CII prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(D)
7	Telephone	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(E)
10	Electronically transmitted	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(F); R4-23-408(H)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

11	Patient information	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1963.01
14	Foreign prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers		

COMPUTER REQUIREMENTS

1	Security Inter-com plus system / shared network accessible by Walgreens retail and mail service pharmacy locations	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout Electronically maintained	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(C)(4)
3	Reports Available upon request	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(B)(5)(6)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Policies and procedures Maintained on line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification Pharmacy does not perform this activity	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification Pharmacy does not stock or dispense drug	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(1)
2	Paper / electronic log	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(A)(2)(3)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Training	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(1)(D)
4	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(B)(G)
7	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training Pharmacy does not stock or dispense drug	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(1)(B)
2	Maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1 CIIs purchase / sale / disposal — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)

Pharmacy holds a DEA registration - pharmacy does not order, handle, stock or dispense control drug

2 CIII - CVs purchase / sale / disposal — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)

Pharmacy holds a DEA registration - pharmacy does not order, handle, stock or dispense control drug

3 Inventory — ☐ S ☑ N/I ☐ V ☐ N/A
ARS § 36-2523(B); R4-23-1003

Maintained / zero inventory CSI available for 6/9/2022 & 6/9/2023 / documentation for C2 combined with C3-5 *** PIC ADVISED TO MAIN TAIN SEPARATE DOCUMENTATION OF C2 INVENTORY FROM C3-5 INVENTORY ***

4 Audit — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 36-2523

Not performed

5 DEA 106 Theft/Loss reporting — ☐ S ☐ N/I ☐ V ☑ N/A
R4-23-1003(A)(2); 21 CFR 1301.76(b)

None reported

MISCELLANEOUS

1 Badges - name / title — ☐ S ☑ N/I ☐ V ☐ N/A
R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)

Worn, name only *** PIC ADVISED TO MODIFY EMPLOYEE NAME BADGE PROCESS TO INCLUDE THE EMPLOYEE TITLE ON THE NAME BADGE ***

2 Sales of drugs to practitioners — ☐ S ☐ N/I ☐ V ☑ N/A
ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)

None

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Schedule V register None	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)
4	Delivery None	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures STARS event reporting process / routine meetings held	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal Non dispensing pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions No OTC sales	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
8	Federal medication guides Non dispensing pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany) No drug stocked or handled	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Storage No drug stocked or sold from this pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit Pharmacy provided front end processing support for retail and fulfillment pharmacy	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file Walgreens / Intercom plus - shared file system	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(B)
3	Notification to patients Signage posted at each retail pharmacy who receives shared service support and provided in writing to mail service patients	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(C)
4	Maintain manual / electronic records Intercom plus system - electronic shared records	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(D)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Work outside pharmacy	☐ S ☑ N/I ☐ V ☐ N/A	R4-23-621(F)
	95 technicians & 45 pharmacists working remotely from home - tethered to pharmacy permit Y003063 / (2) remote pharmacists located o utside AZ directly tethered to Y003063 *** PIC ADVISED THAT A LICENSEE PERFORMING REMOTE SHARED WORK OUTSIDE AZ MUST BE TET HERED TO A PHARMACY HOLDING AN AZ PERMIT LOCATED WITHIN THE STATE WHERE THE REMOTE EMPLOYEE RESIDES. ***		
6	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(E)
	Maintained on line		

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
	Pharmacy does not perform this activity		
2	Patient label	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(F)(G)
5	Product produced in excess	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

8	Patient written list	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(5)
9	Protective apparel	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(2)(c)
10	Facility	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(E)
11	Components for compounding/storage	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(H)
12	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area Pharmacy does not perform this activity	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(A)(E)(F)
2	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)
3	Sterile product reference	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)(6)
4	Certification hood / environment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

6	Personnel protective clothing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 06/09/2023

Inventory Taken : Close

Date Of Audit : 04/26/2024

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
No CS drug stocked or dispensed								

NOTES

Routine inspection - Walgreens (Y003063)

Items in need of improvement

CS Inventory - Maintained / zero inventory CSI available for 6/9/2022 & 6/9/2023 / documentation for C2 combined with C3-5 *** PIC ADVISED TO MAINTAIN SEPARATE DOCUMENTATION OF C2 INVENTORY FROM C3-5 INVENTORY ***

Employee Name Badges - Worn by each employee - name only *** PIC ADVISED TO MODIFY EMPLOYEE NAME BADGE PROCESS TO INCLUDE THE EMPLOYEE TITLE ON THE NAME BADGE ***

Work Outside the Pharmacy - 95 technicians & 45 pharmacists working remotely from home - tethered to pharmacy permit Y003063 / (2) remote pharmacists located outside AZ directly tethered to Y003063 *** PIC ADVISED THAT A LICENSEE PERFORMING REMOTE SHARED WORK OUTSIDE AZ MUST BE TETHERED TO A PHARMACY HOLDING AN AZ PERMIT LOCATED WITHIN THE STATE WHERE THE REMOTE EMPLOYEE RESIDES. ***

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

Facility - #21147-S

State	Store #	Name	Date Of Action	Agency	Disciplinary (Y/N)	Disciplinary Action	Reason for Agency Action	Controlled substance matter?	Fine	WAG Legal Entity	Location type
TX	21147	TX #21147 eCom Agreed Board Order 080718	8/7/2018	BOP			Dispensed in accordance with prescription but dose was lower than recommended dose for weight of child and failed to clarify dose with prescriber	No	$ 3,000.00	Walgreen Co.	
CA	21147	#21147 CA - CI 2019 85884 (11.04.19)	11/4/2019	BOP	No		Rxs dispensed with incorrect prescriber name	Yes	$ 5,000.00	Walgreen Co.	
TX	21147	BOP (TX) AZ-21147 ABO 2020-00101 SISTER STATE DISCIPLINE - REPRIMAND 05.20.2020	5/20/2020	BOP			Misfill	No	$ 1,000.00	Walgreen Co.	
CA	04517, 02445, 21147	#04517_#02445_#21147 CA Settlement Case No. 6906 (07.29.20)	7/29/2020	BOP	Yes	Settlement	Dispensing erroneous prescriptions	Yes	$ -	Walgreen Co.	
OR	21147	BOP (OR) #21147 CHANDLER, AZ CASE 2019-0775 REPRIMAND LICENSING 03.18.2021	3/18/2021	BOP	Yes	REPRIMAND	LICENSING	No	$ -	Walgreen Co.	
CA	04517, 02445, 21147	#04517 CA, #02445 FL, #21147 AZ - Settlement (06.28.21)	6/28/2021	BOP	Yes	Settlement	Dispensing erroneous prescriptions	Yes	$ -	Walgreen Co.	
CA	21147	BOP CA #21147 - Citation CI 2019 85020 - 08.09.21	8/9/2021	BOP	No		Violation of duty to review drug therapy	No	$ 5,000.00	Walgreen Co.	
CA	21147	BOP CA #21147 - Citation CI 2021 92485 - 08.12.21	8/12/2021	BOP	No		Violation of duty to review drug therapy	No		Walgreen Co.	
CA	02445, 04517, 21147	Walgreens Stipulated Settlement in Case No. 6906	12/9/2021	BOP	Yes	FINE	DUR	Yes	$ 6,928.75	Walgreen Co.	
HI	21147	WALGREENS.COM, INC. #21147 CASE PHA 2021-54-L SETTLEMENT AGREEMENT - PAYMENT 02.22.2022	3/25/2022	BOP	Yes	FINE	SISTER STATE DISCIPLINE	No	$ 1,000.00	Walgreen Co.	
NM	06346, 02445, 21147	BOP (NM) #06346 - #02445 - #021147 SETTLEMENT CASE 2020-070 04.22.2022	4/22/2022	BOP	Yes	FINE	MISFILL	No	$ 12,000.00	Walgreen Co.	
CA	21147	BOP CA 21147 (05823) - CI 2022 98670 - 01.13.23	1/13/2023	BOP	No	Citation	Recordkeeping	Yes	$ 500.00	Walgreen Co.	
HI	02445, 04517, 21147	WALGREENS #02445 HI CASE PHA 2021-55-L SETTLEMENT AGREEMENT 03.25.2022	2/7/2023	BOP	Yes	FINE	SISTER STATE DISCIPLINE	No	$ 2,000.00	Walgreen Co.	
NY	21147	BOP NY #21147 Mail Service - Violation Statement and fine 3805863 - 01.31.23	2/17/2023	BOP	Yes	Fine	Sister state discipline - shipping medication out of state without prescription	No	$ 500.00	Walgreens.com Inc	Mail service
AL	21147	WALGREENS.COM (21147) CASE 23-L-0036 AGREEMENT 03.08.2024	3/8/2024	BOP	No	FINE	RECIPROCAL DISCIPLINE	No	$ 10,000.00		
MN	21147	BOP MN #21147 - CONSENT ORDER - SAV A TRIP $10000 - 01.29.25	1/29/2025	BOP	Yes	FINE	TECHNICIAN SUPERVISION	No	$ 10,000.00	Walgreens.com Inc.	Mail service

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Cherita Thomas hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary (title) for Walgreen Arizona Drug Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 3 day of September, 20 25

Sharon A. Hann
Notary Public

OFFICIAL SEAL
SHARON A HANN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/12/2025

Location Name	License Type	License Number	Location Address - Line 1	Location Addres	Location City	Location State
NONRESIDENT LICENSES						
WALGREENS CENTRAL FILL #21372	NONRES RX CDS \	PH04379	120 N 83RD AVE SUITE 200		Tolleson	AZ
WALGREENS SPECIALTY PHARMACY #21213	NONRES RX CDS \	PH04148	5149 W THUNDERBIRD RD # 51		Glendale	AZ

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

WALGREEN ARIZONA DRUG CO.

ACC file number: 00449518

was incorporated under the laws of the State of Arizona on 01/22/1954;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **06/15/2021**

Matthew Neubert, Executive Director

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

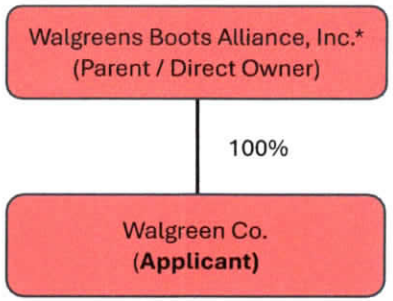
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

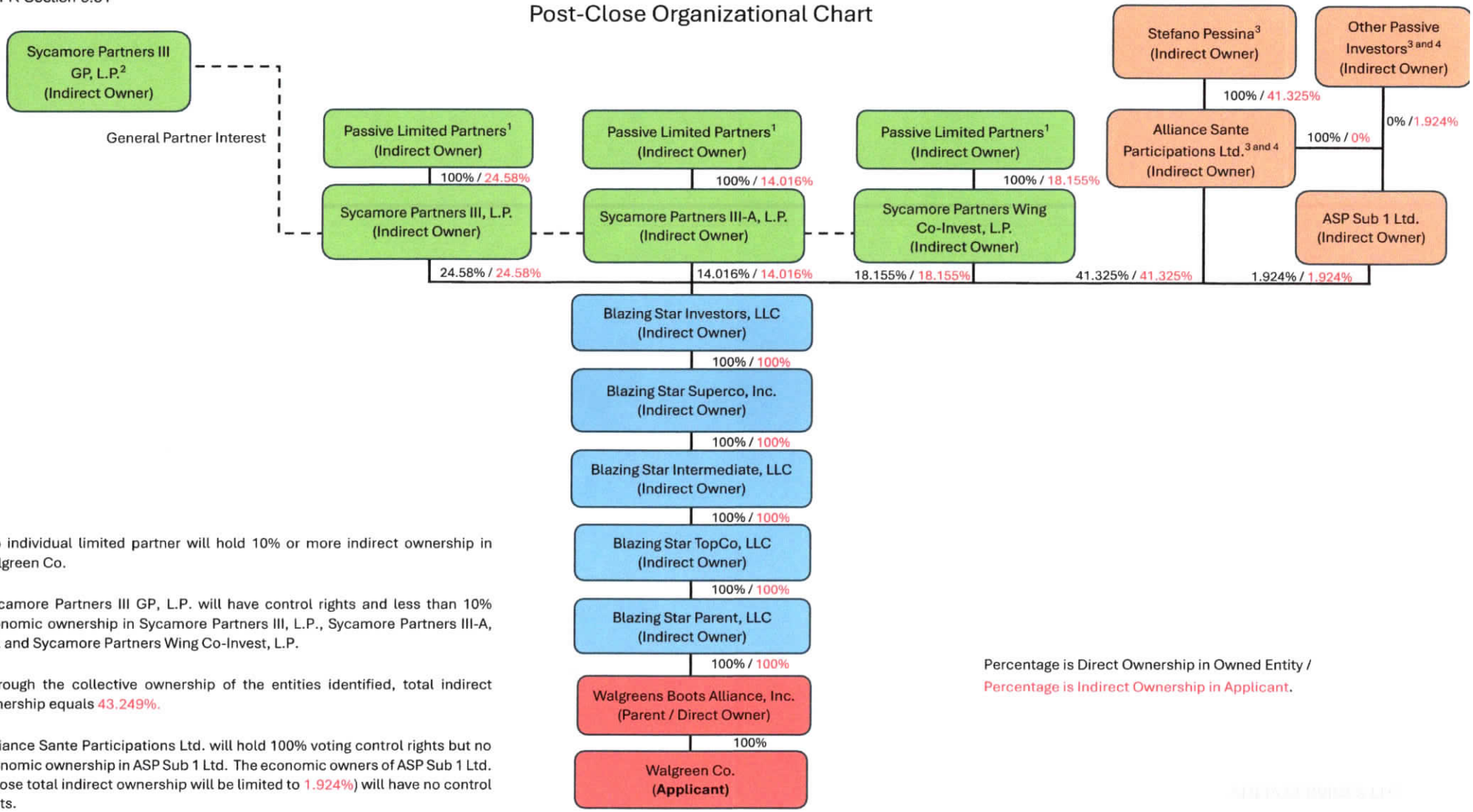
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

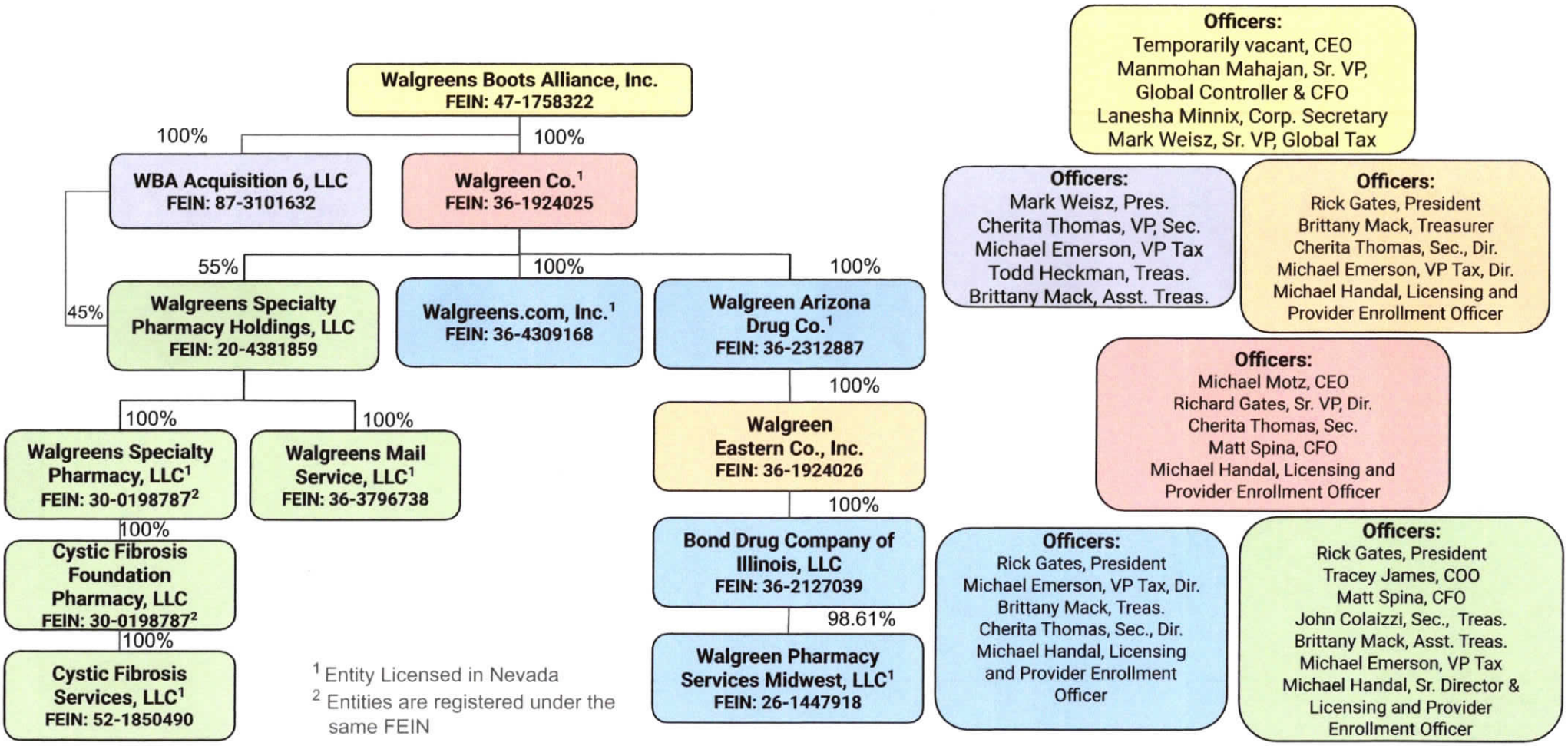
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4HHHHHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 02755	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☑ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens #04580-2

Physical Address: 2900 N. Commerce Pkwy

City: Miramar State: FL Zip: 33025

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 786-362-8201 Toll Free # (NAC 639.708, NRS 639.23286): 800-999-2655

Fax: N/A Contact Email: Cristina.lorenzo@walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) NV20141257270

Supervising/Managing Pharmacist Name (NRS 639.220): Cristina Celdran

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24198

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Cristina Celdran	NV Pharmacist Registration #: 24198
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: IL

Parent Company (if any): Walgreens Arizona Drug Co.

Corporation/Organization Name: Walgreen Pharmacy Services Midwest, LLC

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cherita Thomas

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Cherita Thomas

Original signature of Authorized Person (copies or stamps not accepted)

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-ck JP03-300011129

Your license number is PH 24065.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 6, 2025	**PH 24065**	**152194**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Special Closed System

EXPIRATION DATE: **FEBRUARY 28, 2027**

WALGREEN PHARMACY SERVICES MIDWEST, LLC
Walgreens #4580-2
2900 N. COMMERCE PKWY
MIRAMAR, FL - 33025-3959

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 6, 2025	PH 24065	152194

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

WALGREEN PHARMACY SERVICES MIDWEST, LLC Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

Department of Health

Walgreen Pharmacy Services Midwest, LLC

Walgreens #4580-2

License Number: PH24065

Data As Of 9/2/2025

Profession	Pharmacy
License	PH24065
License Status	Clear/
Qualifications	Special Closed System
License Expiration Date	2/28/2027
License Original Issue Date	05/13/2009
Address of Record	2900 N. Commerce Pkwy MIRAMAR, FL 33025-3959
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
ASHWORTH, RICHARD	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/11/2016
CELDRAN, CRISTINA M	RX DPT MGR/COR/POR	PHARMACIST	43008	09/18/2014
LEGUTKI, AMELIA	PHARMACY AFFILIATE	PHARMACY AFFILIATE		11/17/2016

Name	Relationship	Profession	License	Effective Date
NIELSEN, ALAN	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/11/2016
SAINE-ROSE, STEVENS	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/11/2016
SMYSER, COLLIN	PHARMACY AFFILIATE	PHARMACY AFFILIATE		03/11/2016

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 16736
Insp # 184125

NAME	PERMIT NUMBER	DATE OF INSPECTION
Walgreen Pharmacy Services Midwest, LLC	24065	02/14/2024
DOING BUSINESS AS WALGREENS #4580-2		
STREET ADDRESS 2900 N. Commerce Pkwy	**TELEPHONE #** 786-362-8201	**EXT**
CITY MIRAMAR	**COUNTY** BROWARD	**STATE/ZIP** FL/33025-3959

Additional Information

Business Operation Hours

Saturday Hours 8:00 am to 10:00 pm	Sunday Hours 8:00 am to 10:00 pm
M-T-W-TH-F Y	Weekly Hours 8:00 am to 10:00 pm
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday N
Sunday N	

Registered Pharmacist / Intern / Tech

License # PS32569	Licensee Name Ruth-Ann Desaugust
License Type Registered Pharmacists	
License # PS26172	Licensee Name Wanda Dangher
License Type Registered Pharmacists	
License # PS26041	Licensee Name Maria Colosimo
License Type Registered Pharmacists	
License # PS31514	Licensee Name Wendy Breslow
License Type Registered Pharmacists	
License # PS14423	Licensee Name Howard Becks
License Type Registered Pharmacists	
License # PS49802	Licensee Name Theresa Lynn Babani
License Type Registered Pharmacists	
License # PS45369	Licensee Name Miday Leon
License Type Registered Pharmacists	
License # PS46868	Licensee Name Sumaira Karim
License Type Pharmacy Tech	
License # PS14538	Licensee Name Mark Kalick
License Type Registered Pharmacists	
License # PS38878	Licensee Name John Jacob
License Type Registered Pharmacists	
License # PS33478	Licensee Name Jose Irizarry
License Type Registered Pharmacists	
License # PS45406	Licensee Name Sttacy Courtney Graham
License Type Registered Pharmacists	
License # PS42705	Licensee Name Maria Villanueva
License Type Registered Pharmacists	
License # PS44363	Licensee Name Magaly Ortheus
License Type Registered Pharmacists	
License # PS44568	Licensee Name Naila Allen

License Type Registered Pharmacists	
License # PS43911	Licensee Name Candace Andar
License Type Registered Pharmacists	
License # PS37156	Licensee Name Ivette Dowe
License Type Registered Pharmacists	
License # PS43991	Licensee Name Stephanie Lo
License Type Registered Pharmacists	
License # PS38369	Licensee Name Peter Lue
License Type Pharmacy Tech	
License # PS29110	Licensee Name Frank Marx
License Type Registered Pharmacists	
License # PS39479	Licensee Name Pritesh Modi
License Type Registered Pharmacists	
License # PS44842	Licensee Name Kajal Patel
License Type Registered Pharmacists	
License # PS25001	Licensee Name Onelio Piedra
License Type Registered Pharmacists	
License # PS48305	Licensee Name Gerald Salvatico
License Type Registered Pharmacists	
License # PS37336	Licensee Name Funmilola Savage
License Type Registered Pharmacists	
License # PS 44179	Licensee Name Takenya Walker
License Type Registered Pharmacists	
License # PS49529	Licensee Name Victoria Tam
License Type Registered Pharmacists	
License # PS45315	Licensee Name Yenyy Vargas
License Type Registered Pharmacists	
License # PS42705	Licensee Name Maria Villanueva
License Type Registered Pharmacists	
License # PS 49748	Licensee Name Jonelli Walla
License Type Registered Pharmacists	
License # PS 42828	Licensee Name John P. Cook
License Type Registered Pharmacists	
License Type Registered Pharmacists	License # PS 41706
Licensee Name Jeremy Wooddard	
License # PS 46378	Licensee Name Donna Louis
License Type Registered Pharmacists	
License # PS 38369	Licensee Name Peter Lue
License Type Registered Pharmacists	
License # PS 45507	Licensee Name Juan Palacios
License Type Registered Pharmacists	
License # PS 52972	Licensee Name Jessica Ruiz
License Type Registered Pharmacists	
License # PS 44179	Licensee Name Takenya Walker
License Type Registered Pharmacists	
License # PS 41706	Licensee Name Jeremy Woodard
License Type Registered Pharmacists	
License # PS 53261	Licensee Name Ileana Espinoza Abrahante
License Type Registered Pharmacists	
License # PS 47478	Licensee Name Mary Awadallah
License Type Registered Pharmacists	
License # PS 49802	Licensee Name Theresa Babani
License Type Registered Pharmacists	

License # PS 31514	Licensee Name Wendy Breslow
License Type Registered Pharmacists	
License # PS 52857	Licensee Name Rosie Cadette
License Type Registered Pharmacists	
License # PS 26041	Licensee Name Maria Colosimo
License Type Registered Pharmacists	
License # PS 32569	Licensee Name Ruth Desauguste
License Type Registered Pharmacists	
License # PS 42786	Licensee Name Michael Fournier
License Type Registered Pharmacists	
License # PS 51644	Licensee Name Wilmiris Irizarry
License Type Registered Pharmacists	
License # PS 45369	Licensee Name Miday Leon
License Type Registered Pharmacists	
License # PS 43991	Licensee Name Stephanie Lo
License Type Registered Pharmacists	
License # PS 29110	Licensee Name Frank Marx
License Type Registered Pharmacists	
License # PS 54265	Licensee Name Lidice Menendez
License Type Registered Pharmacists	
License # PS 49250	Licensee Name Elio Miglio
License Type Registered Pharmacists	
License # PS 54130	Licensee Name Adexis Mitchell
License Type Registered Pharmacists	
License # PS 39479	Licensee Name Pritesh Modi
License Type Registered Pharmacists	
License # PS 44363	Licensee Name Magalie Ortheus
License Type Registered Pharmacists	
License # PS 25001	Licensee Name Onelio Piedra
License Type Registered Pharmacists	
License # PS 23044	Licensee Name Vivian Ripak
License Type Registered Pharmacists	
License # PS 55453	Licensee Name Adamaris Rivera
License Type Registered Pharmacists	
License # PS 35806	Licensee Name Elizabeth A. Stone
License Type Registered Pharmacists	
License # RPT 75161	Licensee Name Joana Pascual
License Type Pharmacy Tech	
License # RPT 13575	Licensee Name Maria Rivera
License Type Pharmacy Tech	
License # RPT 75055	Licensee Name Alejandro Rodriguez
License Type Pharmacy Tech	
License # RPT 32000	Licensee Name Alcibiades Sinclair
License Type Pharmacy Tech	
License # RPT 72788	Licensee Name Rickesha Stuart
License Type Pharmacy Tech	
License # RPT 72722	Licensee Name Shaquoria Stuarts
License Type Pharmacy Tech	
License # RPT 14017	Licensee Name Jose Ubiera
License Type Pharmacy Tech	
License # RPT 64091	Licensee Name Romy Verrier
License Type Pharmacy Tech	
License # RPT 66321	Licensee Name Alberto Vila

License Type Pharmacy Tech	
License # RPT 8735	Licensee Name Darryl Walton
License Type Pharmacy Tech	
License # RPT 75053	Licensee Name Yusuf Washington
License Type Pharmacy Tech	
License # PS46457	Licensee Name Linda Pardo
License Type Registered Pharmacists	
License # PS36869	Licensee Name Farah Arias
License Type Registered Pharmacists	
License # PS48623	Licensee Name Daphney Pata
License Type Registered Pharmacists	
License # PS57233	Licensee Name Giselle Hermida
License Type Registered Pharmacists	
License # PS20681	Licensee Name Andra Sager
License Type Registered Pharmacists	
License # PS58083	Licensee Name Christine Daoud
License Type Registered Pharmacists	
License # PS35514	Licensee Name Narges Wilson
License Type Registered Pharmacists	
License # PS48734	Licensee Name Cristina Varela
License Type Registered Pharmacists	
License # PS56011	Licensee Name Makita Reed
License Type Registered Pharmacists	
License # PS46921	Licensee Name Julio Duarte
License Type Registered Pharmacists	
License # PS57491	Licensee Name Jesse Lee
License Type Registered Pharmacists	
License # RPT75076	Licensee Name Carol Jones
License Type Pharmacy Tech	
License # RPT82419	Licensee Name Alexandra Polite
License Type Pharmacy Tech	
License # RPT13925	Licensee Name Erica Puntervold
License Type Pharmacy Tech	
License # RPT83691	Licensee Name Yarenis Vergel
License Type Pharmacy Tech	
License # RPT9179	Licensee Name Barbara Sainrilus
License Type Pharmacy Tech	
License # RPT84558	Licensee Name Tyquanna Tutt
License Type Pharmacy Tech	
License # RPT75089	Licensee Name Alisa Whitaker
License Type Pharmacy Tech	
License # PS 43008	Licensee Name Cristina Celdran
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg #	

License Relations

Pharmacy Affiliate

ASHWORTH, RICHARD	License #
LEGUTKI, AMELIA	License #
NIELSEN, ALAN	License #
SAINE-ROSE, STEVENS	License #
SMYSER, COLLIN	License #

RX DPT MGR/COR/POR

CELDRAN, CRISTINA M	License # 43008

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	N/A
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	N/A
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S.]	N/A

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	N/A
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	N/A
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	N/A
Manufacturer containers are properly labeled. [499.003(26), F.S.]	N/A
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *last observed 12/2023*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	N/A
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11]	N/A

DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	N/A

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

This Pharmacy is a Call Center and does not stock or dispense any Medications. Inspection completed with PDM Cristina Celdran PharmD.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

MENDEZ, JUAN CARLOS

Date:2/14/2024

Representative:

Cristina Celdran

Date:2/14/2024

Facility - #04580

State	Store #	Name	Date Of Action	Agency	Disciplinary (Y/N)	Disciplinary Action	Reason for Agency Action	Controlled substance matter?	Fine	WAG Legal Entity
CA	04580	BOP CA #04580 - CI 2021 96451 - 08.05.22	8/5/2022	BOP	No	Citation	Operating w/o a NRP license	No	$ 5,000.00	Walgreen Co.
HI	04580	HAWAII - FL- #04580-2 MIRAMAR, FL CASE 2022-96-L MISFILL 04.24.2023	4/24/2023					Yes		

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

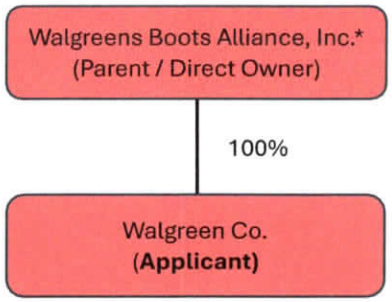
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

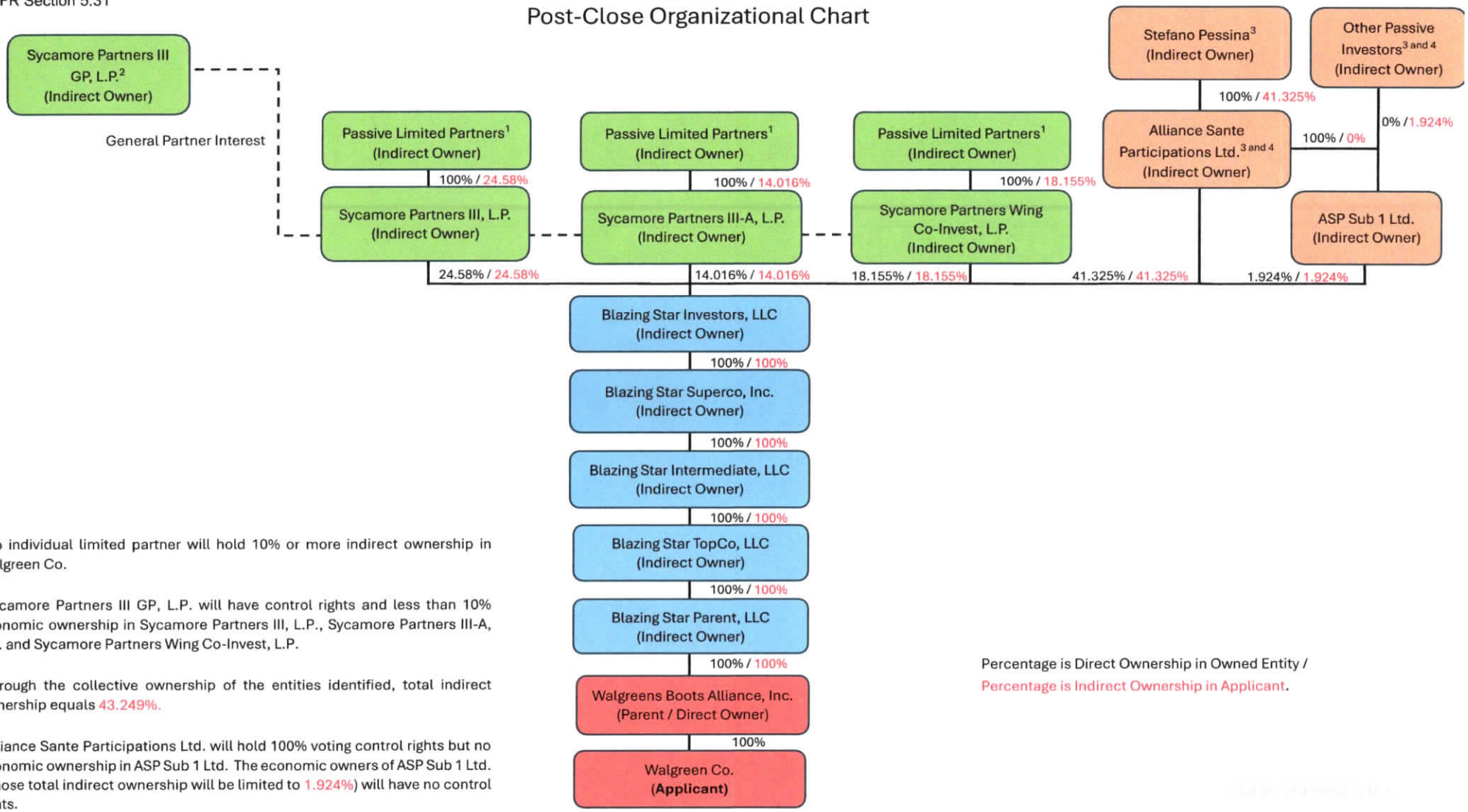
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

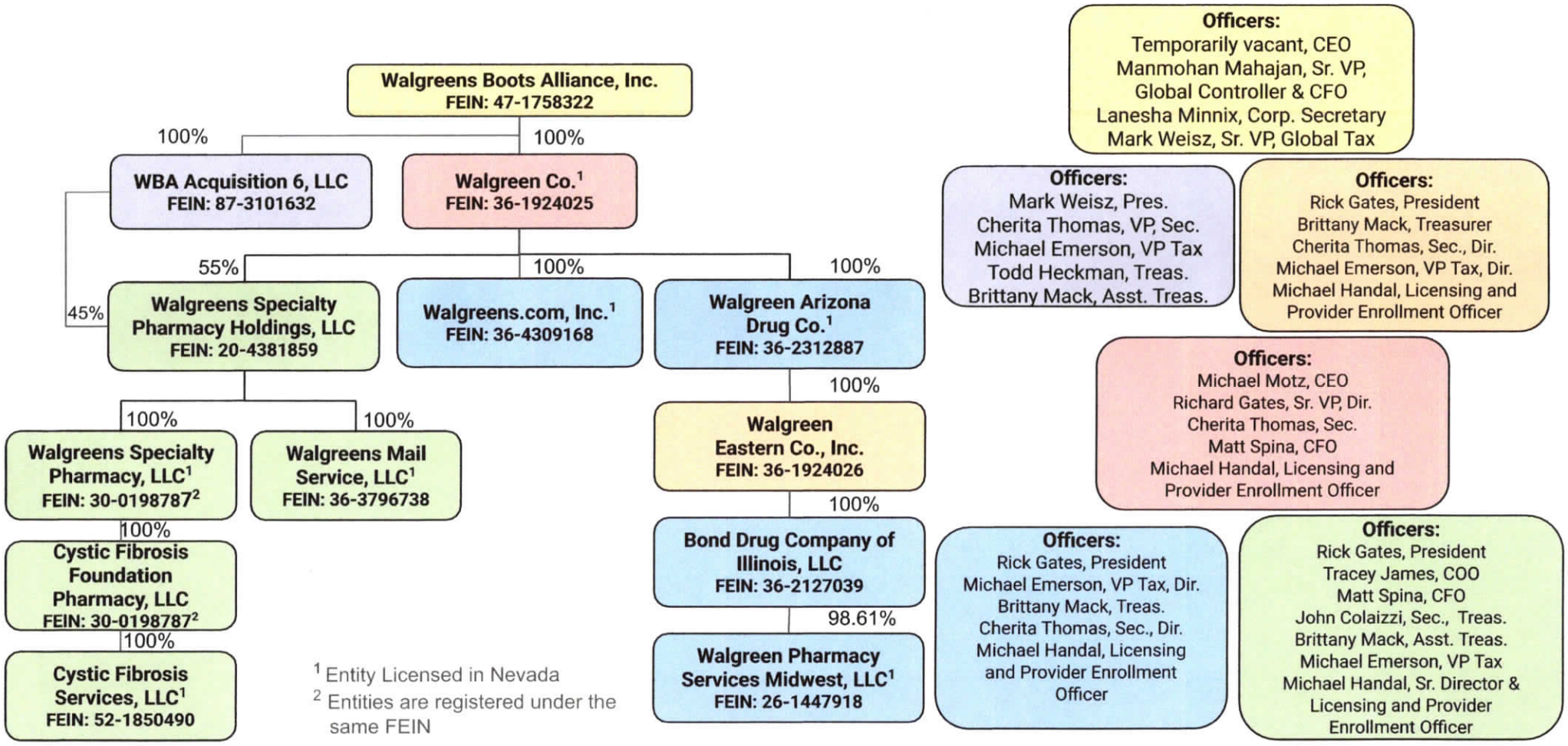
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4IIIIII

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☑ Out-of-Nevada	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Dangerous drugs
	☐ Location Change *	☐ Internet	☑ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FW6592023
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 01964		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WALGREENS #02445

Physical Address: 8337 South Park Circle

City: Orlando State: FL Zip: 32819-9049

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 407-345-7141 Toll Free # (NAC 639.708, NRS 639.23286): 800-999-2655

Fax: 407-345-1736 Contact Email: elder.soto@walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Elder Omar Soto

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): N/A

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: James MacDonald	NV Pharmacist Registration #: 14830
Name: Anthony Aloi	NV Pharmacist Registration #: 19871
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: IL

Parent Company (if any): Walgreen Co.

Corporation/Organization Name: Walgreens.com, Inc.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cherita Thomas

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Cherita Thomas

Original signature of Authorized Person (copies or stamps not accepted)

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-ck UP03-30001111129

Your license number is PH 30653.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02272025	**PH 30653**	**154478**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

WALGREENS.COM, INC.
WALGREENS #02445
8337 S PARK CIRCLE
ORLANDO, FL - 32819

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02272025	PH 30653	154478

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

WALGREENS.COM, INC. Expiration Date: **FEBRUARY 28, 2027**
WALGREENS #02445

REGISTRANT SIGNATURE

Department of Health

WALGREENS.COM, INC.

WALGREENS #02445

License Number: PH30653

Data As Of 9/2/2025

Profession	Pharmacy
License	PH30653
License Status	Clear/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2027
License Original Issue Date	02/23/2017
Address of Record	8337 S PARK CIRCLE ORLANDO, FL 32819
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
SOTO, ELDER OMAR	RX DPT MGR/COR/POR	PHARMACIST	37543	05/01/2023

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6592023	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS.COM, INC.
WALGREENS #02445
8337 S PARK CIRCLE
ORLANDO, FL 32819

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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WASHINGTON D.C. 20537

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FW6592023	05-31-2028	$888

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2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS.COM, INC.
WALGREENS #02445
8337 S PARK CIRCLE
ORLANDO, FL 32819

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Form DEA-223 (9/2016)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 24247
Insp # 201335

NAME	PERMIT NUMBER	DATE OF INSPECTION
WALGREENS.COM, INC.	30653	10/14/2024
DOING BUSINESS AS		
WALGREENS #02445		
STREET ADDRESS	**TELEPHONE #**	**EXT**
8337 S PARK CIRCLE	800-999-2655	
CITY	**COUNTY**	**STATE/ZIP**
ORLANDO	ORANGE	FL/32819

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 7 AM - 12 AM
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday Y
Saturday Hours 7 AM - 12 AM	Sunday Y
Sunday Hours 7 AM - 12 AM	

Registered Pharmacist / Intern / Tech

License # 34385	Licensee Name Lonnie Wollitz
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

License Relations

RX DPT MGR/COR/POR

SOTO, ELDER OMAR	License # 37543

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	N/A
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.] *No medications on site.*	N/A
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.] *Pharmacist sign in via the computer program.*	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes

Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	N/A
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S.] *No medications on site.*	N/A

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *Pharmacy has techs and pharmacists on site to be available for counseling for the medications that the patient receives.*	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.] *No meds on site.*	N/A
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	N/A
Manufacturer containers are properly labeled. [499.003(26), F.S.]	N/A
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *Meetings are all on line and a monthly peer reviews.*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.] *The retail stores reports to the PDMP.*	N/A

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	
Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	

If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

HIV Infection Prevention Drugs

Pharmacists are screening, ordering or dispensing HIV postexposure prophylaxis drugs under a written Collaborative Practice Agreement. [465.1861, F.S.]	
An access-to-care plan has been submitted to the board office and is in place to assist patients in gaining access to appropriate care settings when they present to a pharmacist for HIV screening and indicate that they lack regular access to primary care. [465.1861, F.S.]	

Remarks:

Inspection was conducted with Site Director.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

BLAKE, ELLEN

Date:10/14/2024

Representative:

Lonnie Wollitz

Date:10/14/2024

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

State	Store #	Name	Date Of Action	Agency	Disciplinary (Y/N)	Disciplinary Action	Reason for Agency Action	Controlled substance matter?	Fine	WAG Legal Entity	Location type
CA	04517, 02445, 21147	#04517_#02445_#21147 CA Settlement Case No. 6906 (07.29.20)	7/29/2020	BOP	Yes	Settlement	Dispensing erroneous prescriptions	Yes	$ -	Walgreen Co.	
IA	02445	FL-02445 CASE 2020-0154 01.06.2021	1/6/2021	BOP	Yes	FINE	MISFILL	No	$ 3,000.00	Walgreen Co.	
IA	02445	BOP IA #02445 - Combined Statement Charges Settlement Agreement & Final Order 2020-0154 - 01.12.21	1/12/2021	BOP	Yes	Citation & Warning - Fine	Dispensing Error	No	$ 3,000.00	Walgreens.com	
ME	02445	BOP (ME) 2020 PHA 17015 SISTER STATE DISCIPLINE	3/16/2021	BOP	Yes	REPRIMAND - FINE $500.00	SISTER STATE DISCIPLINE - MISFILL	No	$ 500.00	Walgreen Co.	
ME	02445	FL-02445 MAINE CASE 2020-PHA-17015 EXECUTED 03.26.2021	3/26/2021	BOP	Yes	FINE	FAILURE TO REPORT IN 10 DAYS	No	$ 500.00	Walgreen Co.	
ME	02445	2020 PHA 17015	3/26/2021	BOP	Yes	FINE	FAILURE TO REPORT DISCIPLINE - 10 DAYS	No	$ 500.00	Walgreen Co.	
CA	04517, 02445, 21147	#04517 CA, #02445 FL, #21147 AZ - Settlement (06.28.21)	6/28/2021	BOP	Yes	Settlement	Dispensing erroneous prescriptions	Yes	$ -	Walgreen Co.	
WY	02445	WALGREENS #02445 LICENSE# 10-68469 DOCKET 2020-36 SETTLEMENT AGREEMENT misfill $4000 11.23.2021	11/21/2021	BOP	Yes	FINE	MISFILL	No	$ 4,000.00	Walgreen Co.	
CA	02445, 04517, 21147	Walgreens Stipulated Settlement in Case No. 6906	12/9/2021	BOP	Yes	FINE	DUR	Yes	$ 6,928.75	Walgreen Co.	
CA	02445	BOP CA #02445 CI 2021 93801 - 12.15.21	12/15/2021	BOP	No	Citation	1. Dispensed CS from prescriber w/restricted license 2. Furnished dangerous drug w/o valid prescription	Yes	$ 5,000.00	Walgreen Co.	
NM	06346, 02445, 21147	BOP (NM) #06346 - #02445 - #021147 SETTLEMENT CASE 2020-070 04.22.2022	4/22/2022	BOP	Yes	FINE	MISFILL	No	$12,000.00	Walgreen Co.	
HI	02445	BOP (HI) #02445 (FL) CASE 2021-55-L MISFILL 04.29.2022	4/29/2022	BOP	Yes	FINE	MISFILL	No	$ 2,000.00	Walgreen Co.	
CA	02445	BOP CA 02445 - CI 2022 98669 - 01.13.23	1/13/2023	BOP	No	Citation	Recordkeeping	Yes	$ 500.00	Walgreen Co.	
HI	02445, 04517, 21147	WALGREENS #02445 HI CASE PHA 2021-55-L SETTLEMENT AGREEMENT 03.25.2022	2/7/2023	BOP	Yes	FINE	SISTER STATE DISCIPLINE	No	$ 2,000.00	Walgreen Co.	
TX	02445	02445 TSBP Agreed Board Order 020624	2/6/2024	BOP	Yes	Reprimand; CQI	Misfill x 2	No			Mail service
HI	02445	WALGREENS #02445 CASE 2024-12-L SIGNED SETTLEMENT AGREEMENT 08.19.2024	8/14/2024	BOP	Yes	FINE	RECIPROCAL STATE DISCIPLINE	No	$ 2,000.00		
CA	02445	BOP CA 02445 NRP Orlando - CI 2023 102221 - 01.31.25	1/31/2025	BOP	No	Citation	Failure to review drug therapy	No	$ 5,000.00	Walgreens.com	
PA	02445	BOP PA #02445 - Consent Order and Reprimand 25-54-001299 - 03.10.25	3/10/2025	BOP	Yes	Consent Agreement/Order - Reprimand	Sister state discipline based on discipline issued by Nevada	No	$ 1,500.00	Walgreens.com Inc.	Mail service

Facility - #02445

PA	02445	BOP PA #02445 - Consent Order and Reprimand 25-254-001299 03.10.25	3/10/2025	BOP	Yes	Consent Agreement and Order, Reprimand	Sister state discipline based on discipline issued by Nevada	No	$ 1,500.00	Walgreens.com Inc.	Mail service
HI	02445	BOP (HI) #02445 CASE PHA-2025-3-L RECIP. DISCIPLINE $11000 04.11.2025	4/11/2025	BOP	Yes	FINE	RECIPROCAL DISCIPLINE	No	$11,000.00		

File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

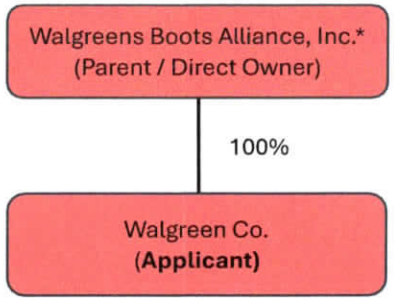
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

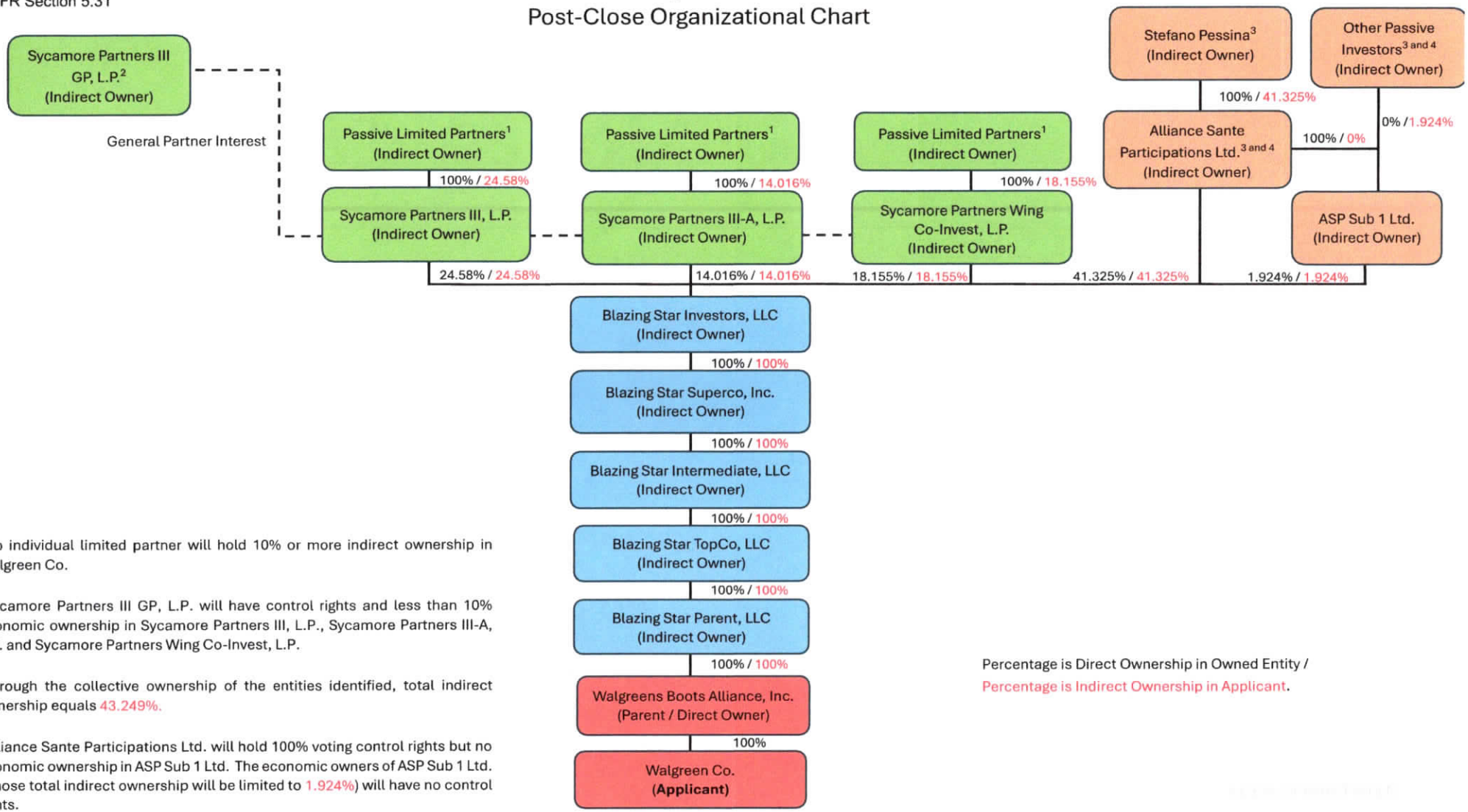
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

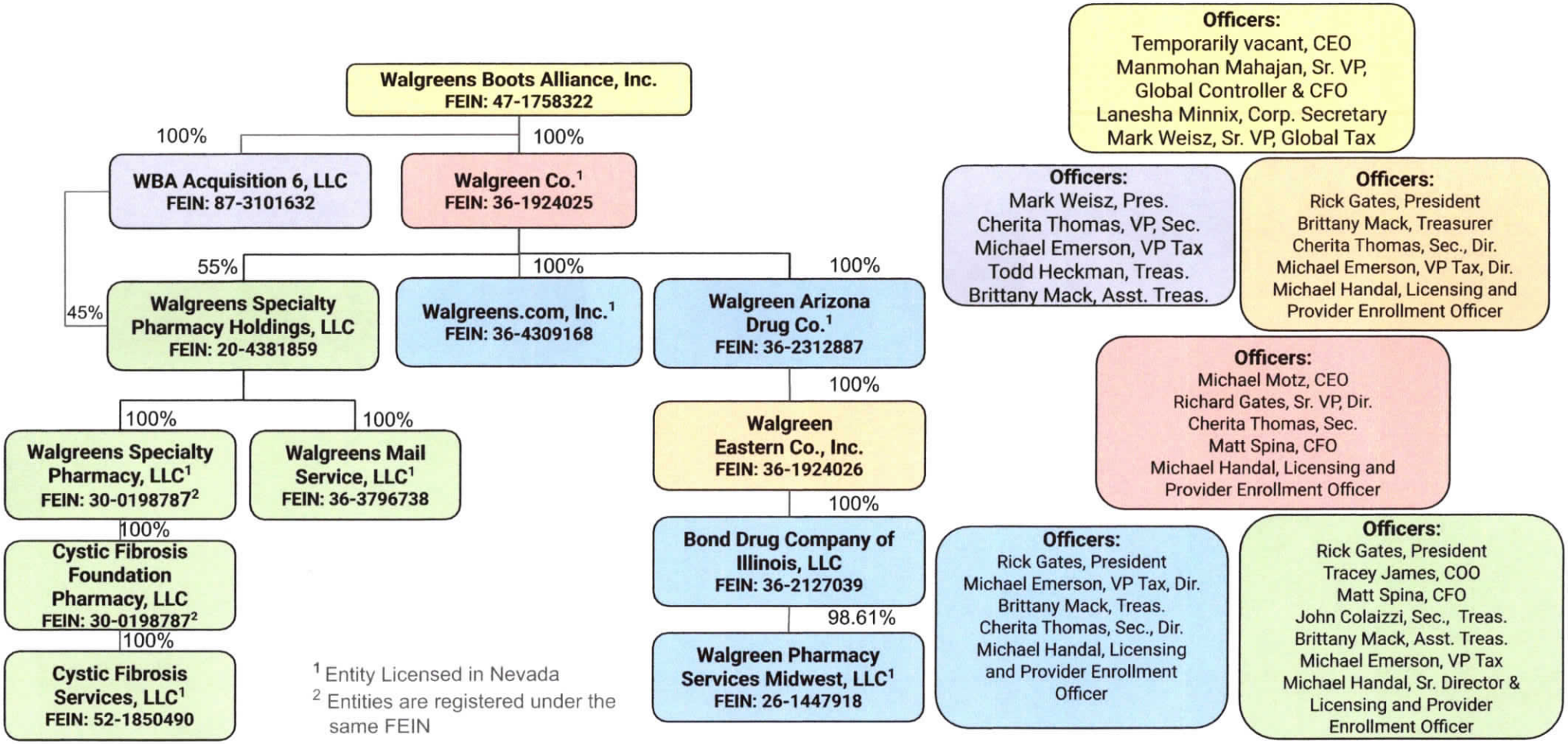
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



4JJJJJJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 04379	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Closed door	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☒ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Centralized Filling Center

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens Central Fill #21372

Physical Address: 120 N. 83rd Ave., Suite 200

City: Tolleson State: AZ Zip: 85353

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 602-308-3900 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 602-308-3990 Contact Email: rxm.21372@store.walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) NV20212194266

Supervising/Managing Pharmacist Name (NRS 639.220): Kathleen Craig

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24170

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Kathleen Craig	NV Pharmacist Registration #: 24170
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Walgreen Co.

Corporation/Organization Name: Walgreens Arizona Drug Co.

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cherita Thomas

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Cherita Thomas

Original signature of Authorized Person (copies or stamps not accepted)

08 / 29 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $550-CK JP03-30001111291

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/30/2024
Receipt Number: 2024184300
Receipt Amount $: 480.00

Pharmacy - Chain

Closed Door

	PERMIT NO	**EXPIRES**
	Y008558	**10/31/2026**
Issued to :	WALGREENS CENTRAL FILL #21372 Walgreen Arizona Drug Co. P.O. BOX 901 DEERFIELD, IL 60015	WALGREENS CENTRAL FILL #21372 120 N. 83RD AVE., SUITE 200 TOLLESON, AZ 85353

Xam Gardin
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF
PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Walgreen Arizona Drug Co.
LICENSE NUMBER : Y008558
EXPIRES : 10/31/2026

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	WALGREENS CENTRAL FILL #21372
Address :	120 N. 83rd Ave., Suite 200 Tolleson AZ 85353
Registration No :	Y008558
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	03/18/2021
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 09/02/2025

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y008558	AZ Permit Exp.Date : 10/31/2026	Business Name : WALGREENS CENTRAL FILL #21372
Address : 120 N. 83rd Ave., Suite 200		
Zip : 85353	City : Tolleson	State : AZ
Phone : (847) 527-4768	Fax : (847) 368-6764	Email : Shauna.peterson@walgreens.com
Inspection Date : 05/28/2025	PIC : Kathleen Craig	Pic License Exp Date : 10/31/2025
DEA # : FW0139433	Inspection Reviewed With : Kathleen Craig	Reviewers License# : S012633
Inspection type : Routine		

Inspection Conducted By : Nancy Chang

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
325,000	320	1.015625

PERMITS

1 Arizona — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 32-1933(A); R4-23-606(A)

2 DEA — ☑ S ☐ N/I ☐ V ☐ N/A
ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
no controlled substances

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Suppliers Amerisource Bergin, McKession & Cardinal	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns 2 interns	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees Technicians and Trainees	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained Available on a binder for review.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security Badge access to pharmacy. RPH must be present first to disarm alarms.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-609(G)(H)
2	Personnel and security procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610
3	Facilities	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(A)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Drug supply Reminder to not place the filled prescription bags on the floor.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)
5	Quarantine expired drugs Designated area. Inventory specialist staff and technician staff manage and check for outdated items frequently.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)(4)
6	Equipment	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-612
7	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program Walgreens intranet online-training documentation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1105(C)
3	Activities - trainees	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)
4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
5	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)

COUNSELING

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Documentation No customer contact-central fill only	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(G)(H)
2	Oral consultation	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(C)(D)(E)
3	Written information Written information is included with the medication package.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(D)
7	Telephone	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

8	Refill authorizations	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(E)
10	Electronically transmitted	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-402(A)(3)(b)
13	Brand / generic	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1963.01
14	Foreign prescriptions	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(C)(4)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Reports	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(B)(5)(6)
4	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification 10 robotic automation stations, 8 manual fill stations.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(A)(1)
2	Paper / electronic log	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(A)(2)(3)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Training	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(1)(D)
4	Maintenance maintain by the technician staff. Dirty cannisters are sent back to RBM, cannister company, for cleaning and replenishment	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing Validation done for the first 6-fills per each cannister	☐ S ☑ N/I ☐ V ☐ N/A	R4-23-615(C)(3)(D)
6	Return by approval only	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(B)(G)
7	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(1)(B)
2	Maintenance Maintenance is done on a daily basis and can generate the Count Audit Data Report	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing Validation completes frequently and documentation is generated from the Count Audit Data Report including the drug name, NDC, dispenser location, pharmacist validation initial and comments if inaccurate.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(3)(B)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal No controls	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal No controls	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory Zero inventory conducted 6/9/2024 @ opening.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Delivery To Walgreens pharmacies only by ABC.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
8	Federal medication guides Auto-generated and are included in the medication packages.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Current resident / nonresident permit	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(B)
3	Notification to patients Available at store and within paperwork with central fill prescriptions	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(C)
4	Maintain manual / electronic records	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(D)
5	Work outside pharmacy	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-621(F)
6	Policies and procedures Provided the central fills SOP that has some shared services information, but it is not a shared services agreement.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(F)(G)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Product produced in excess	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(I)(5)
9	Protective apparel	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(2)(c)
10	Facility	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(E)
11	Components for compounding/storage	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(B)(H)
12	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(A)(E)(F)
2	Equipment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)
3	Sterile product reference	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(B)(6)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Certification hood / environment	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 06/09/2025

Inventory Taken : Open

Date Of Audit : 05/28/2025

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

NOTES

Open Sun - Thu 6 AM - 1 AM; Fri - Sat 7 AM - 5PM
Reminders:
The share service agreement needs to be available for the Central Fill Pharmacy.
Do not place filled prescription bags on the floor.

AFFIRMATION

Status :

Satisfactory

Representative Email :

nchang@azpharmacy.gov

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Arizona Drug Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreen Arizona Drug Co.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

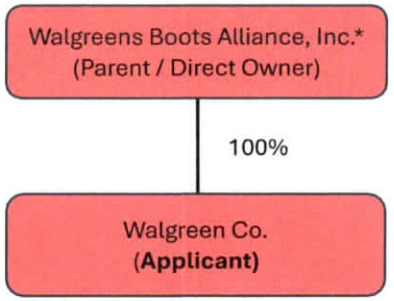
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

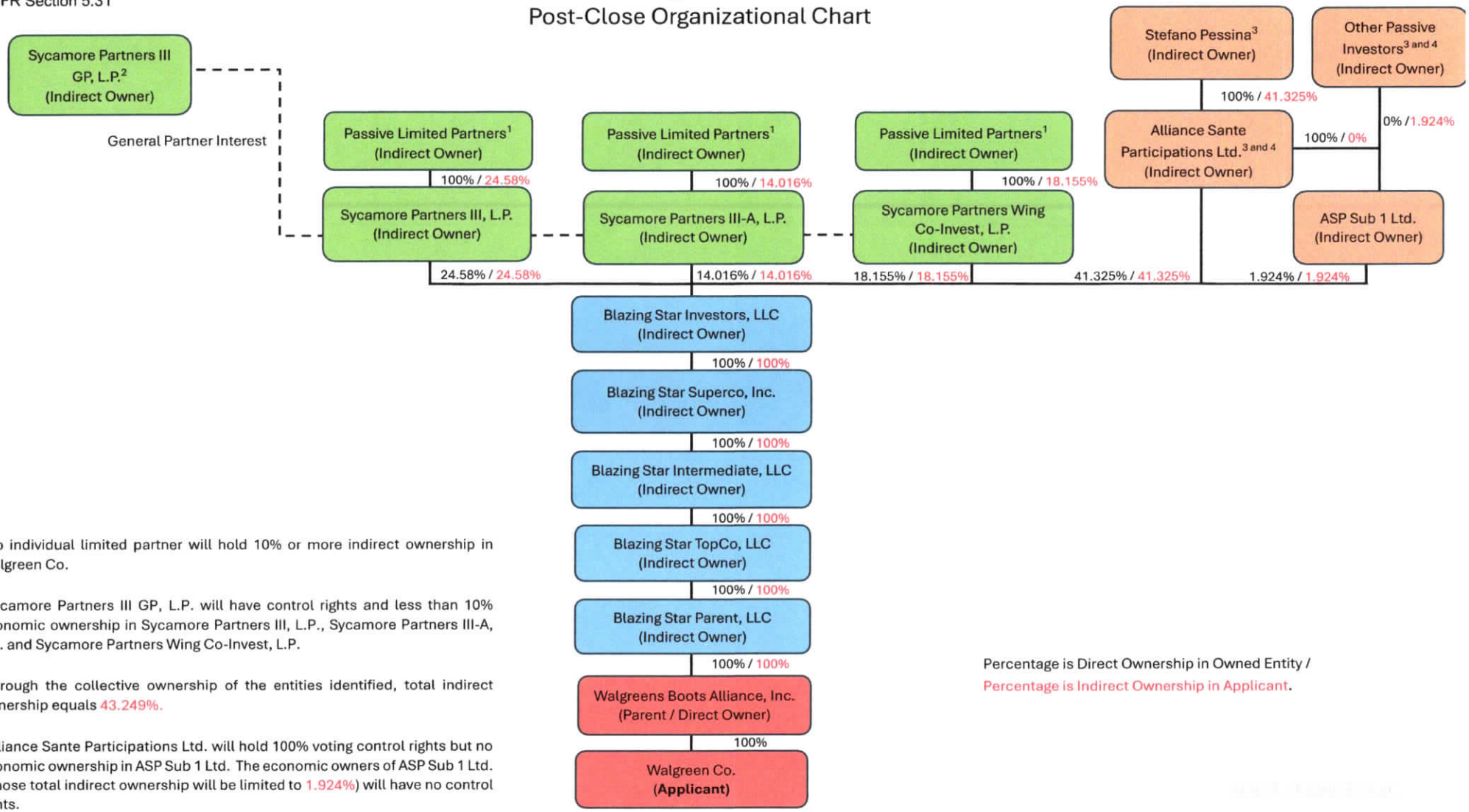
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

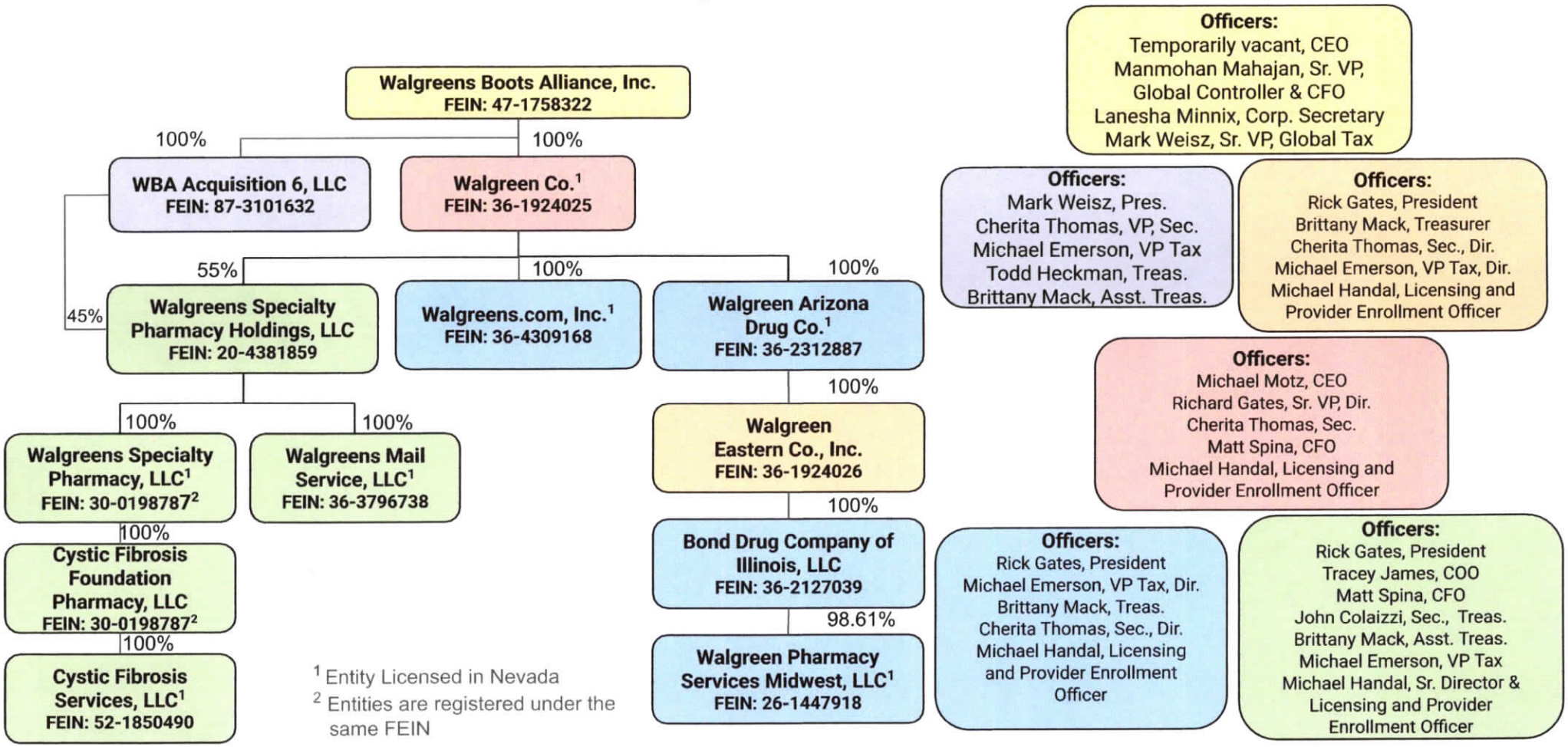
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity / Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

4KKKKKK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH04643	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW4007438 ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens Gene & Cell Services #21574

Physical Address: 140 Enterprise Dr

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 412-413-8605 Toll Free # (NAC 639.708, NRS 639.23286): 800-828-9194

Fax: 877-403-4196 Contact Email: Daniel.powell@walgreens.com

Website: http://gcs.walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161933

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Peter Powell

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22169

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Daniel Peter Powell	NV Pharmacist Registration #: 22169
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC

Corporation/Organization Name: Walgreens Specialty Pharmacy, LLC

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: licenseadministration@walgreens.com

Contact Person Name: Kayla Lechner

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Gates

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Board Use Only	Date Received: 9/18/25	Amount: $500-CK JP03-3000111129

Commonwealth of Pennsylvania- Department of State
Bureau of Professional and Occupational Affairs

Mailing Address P.O. Box 2649, Harrisburg, PA 17105 Toll Free: 1-833-DOS-BPOA

WALGREENS GENE & CELL SERVICES #21574
DANIEL PETER POWELL

License Number	: PP483165	Initial License Date : 04/03/2024		Expiration Date	: 08/31/2027
License Type	: Pharmacy			License Status as of 7/16/2025	: Active
Issued By	: State Board of Pharmacy				
Address	: 140 ENTERPRISE DRIVE, PITTSBURGH, PA 15275				

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Signature of Licensee

SCAN ME

Please verify the license by visiting https://www.pals.pa.gov/verify or by scanning the QR Code

20250715727



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

08/29/2025

License Information

WALGREENS GENE & CELL SERVICES #21574

140 ENTERPRISE DRIVE
PITTSBURGH, Pennsylvania 15275

Board/Commission:	State Board of Pharmacy	Status Effective Date:	04/03/2024
LicenseType:	Pharmacy	Issue Date:	04/03/2024
Specialty Type:		Expiration Date:	08/31/2027
License Number:	PP483165	Last Renewal:	07/15/2025
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
DANIEL PETER POWELL	Pharmacist Manager	Pharmacist	RP451569	Active	02/27/2025	09/30/2026

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW4007438	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS SPECIALTY PHARMACY, LLC
DBA:WALGREENS GENE & CELL SERVICES #21574
140 ENTERPRISE DR
PITTSBURGH, PA 152751213

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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DBA:WALGREENS GENE & CELL SERVICES #21574
140 ENTERPRISE DR
PITTSBURGH, PA 152751213

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Form DEA-223 (9/2016)

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS GENE & CELL SERVICES #21574

140 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone:
Owner: WALGREENS SPECIALTY PHARMACY, LLC

LICENSE

License No: AA0004842737
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 05/06/2024
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CORY ULISSE	5/6/2024 10:59:17 AM	Kimberly A Tedesco - RP042632L
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS GENE & CELL SERVICES #21574

140 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone:
Owner: WALGREENS SPECIALTY PHARMACY, LLC

LICENSE

License No: AA0004842737
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 05/06/2024
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Gates

Print Name of Authorized Person

Richard Gates

Original signature of Authorized Person (copies or stamps not accepted)

08 / 26 / 2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Gates hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for Walgreen Co. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of August, 2025

Zeljka Borosa-Rajcevic
Notary Public

OFFICIAL SEAL
ZELJKA BOROSA RAJCEVIC
Notary Public, State of Illinois
Commission No. 977646
My Commission Expires September 8, 2027

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreens.com, Inc.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreen Co.

Officers of Walgreens.com, Inc.
Richard Gates - President
Brittany Mack - Treasurer
Cherita Thomas - Secretary & Director
Michael Emerson - Vice President, Tax & Director
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreen Co.

Ownership: Walgreen Co. is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President and Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Co.**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of Walgreen Co.
Michael Motz - CEO
Richard Gates - Senior Vice President, Chief Pharmacy Officer
Cherita Thomas - Secretary
Matthew Spina - CFO
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Boots Alliance, Inc.

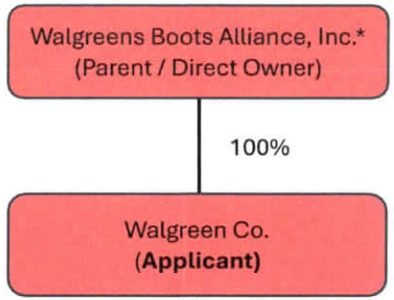
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

Officers of Walgreens Boots Alliance, Inc.
Temporarily vacant - CEO
Mark Weisz - Sr VP, Global Tax
Manmohan Mahajan - Sr VP, Global Controller, CFO
Lanesha Minnix - Corporate Secretary

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

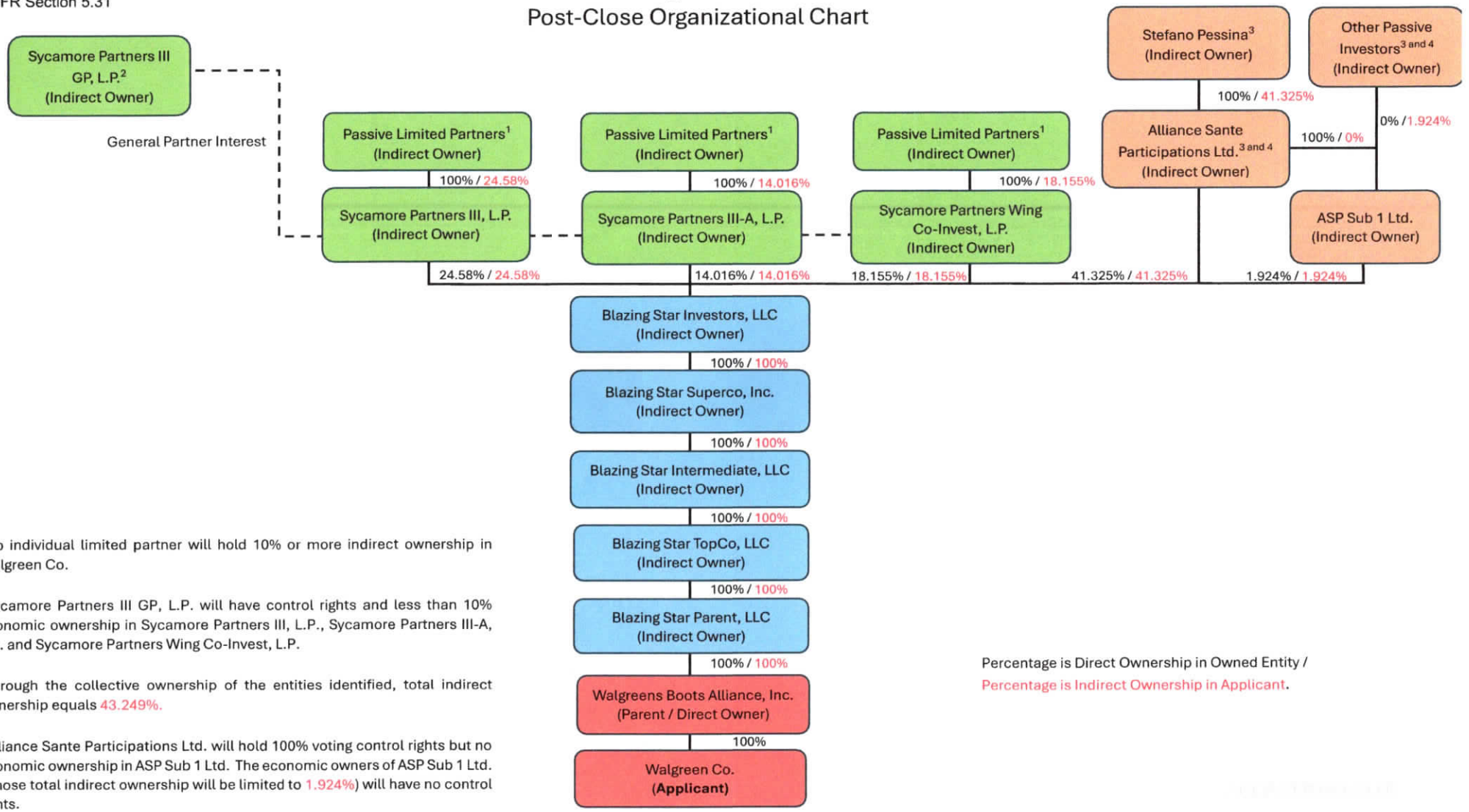
Walgreen Co.
Pre-Close Organizational Chart



Publicly Traded on Nasdaq Stock Market (WBA)

Proprietary and Confidential
Not a public record pursuant to
Section 7927.605 of the CPRA and
45 CFR Section 5.31

Walgreen Co.
Post-Close Organizational Chart



[1]No individual limited partner will hold 10% or more indirect ownership in Walgreen Co.

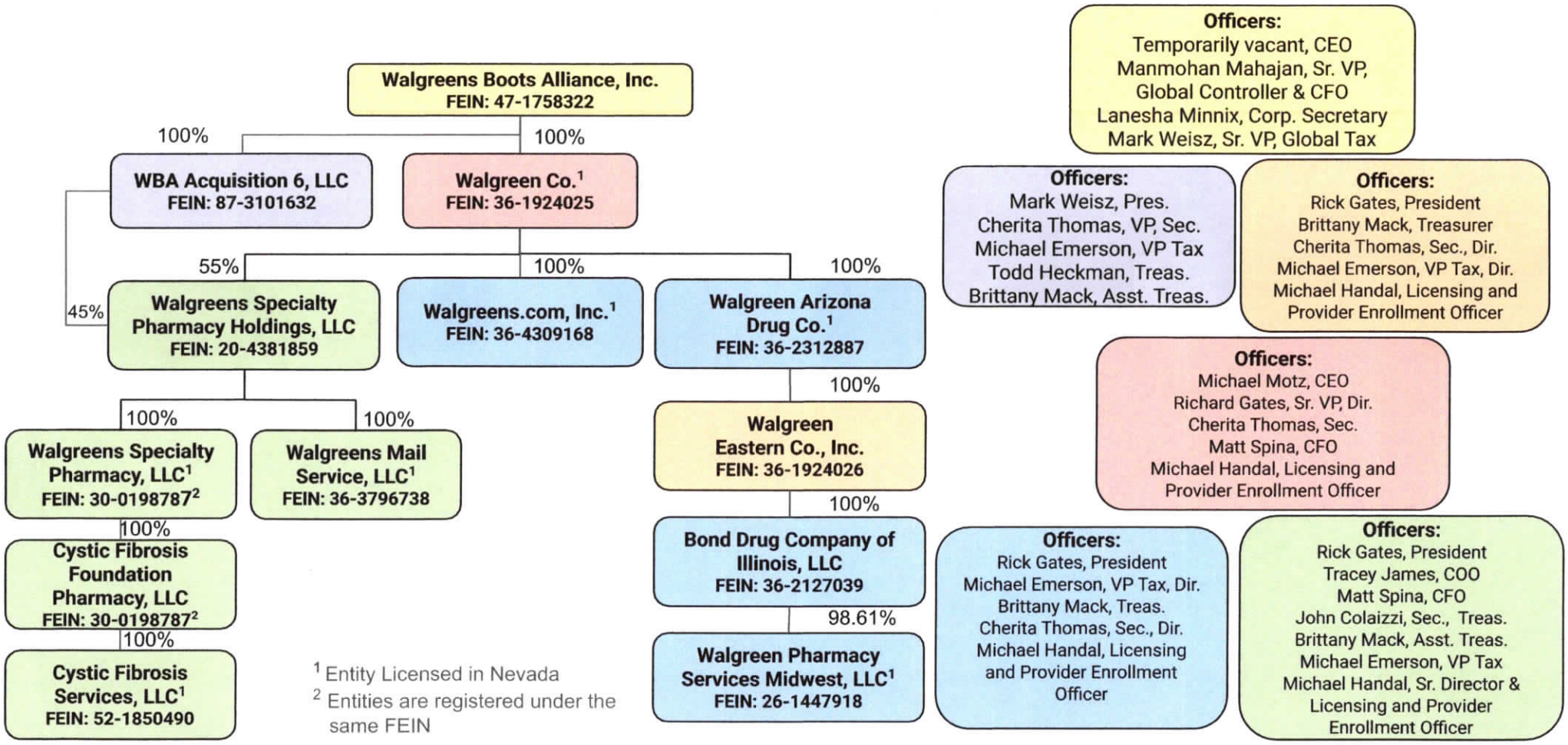
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[4]Alliance Sante Participations Ltd. will hold 100% voting control rights but no economic ownership in ASP Sub 1 Ltd. The economic owners of ASP Sub 1 Ltd. (whose total indirect ownership will be limited to 1.924%) will have no control rights.

Percentage is Direct Ownership in Owned Entity /
Percentage is Indirect Ownership in Applicant.

Walgreen Co.
Post-Close Organizational Chart (cont.)



File Number 1084-348-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2025 .

Authentication #: 2513501622 verifiable until 05/15/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE