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.

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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 PH00988	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FW6555835 ☐ 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 Mail Service #03397

Physical Address: 8350 S River Pkwy

City: Tempe State: AZ Zip: 85284

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-345-1985 Toll Free # (NAC 639.708, NRS 639.23286): 800-345-1985

Fax: 800-332-3345 Contact Email: Brianna.lewis@walgreens.com

Website: http://walgreensmailservice.com/

Nevada Business License # (if applicable) NV20243161902

Supervising/Managing Pharmacist Name (NRS 639.220): Brianna Lewis

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: Sandra Aasen	NV Pharmacist Registration #: 21945
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): Walgreens Specialty Pharmacy Holdings, LLC

Corporation/Organization Name: Walgreens Mail Service, 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

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: 2023156585
Receipt Amount $: 480.00

Pharmacy - Limited Service

PERMIT NO
Y007099

EXPIRES
10/31/2025

Issued to :

Walgreens Mail Service #03397
Walgreens Mail Service, LLC dba
P.O. BOX 901
DEERFIELD, IL 60015

Walgreens Mail Service #03397
8350 S. RIVER PARKWAY
TEMPE, AZ 85284

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 Mail Service, LLC dba
LICENSE NUMBER : Y007099
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.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

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 Mail Service #03397
Address :	8350 S. River Parkway Tempe AZ 85284
Registration No :	Y007099
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	12/08/2016
Expiration Date :	10/31/2025
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 08/29/2025

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6555835	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS MAIL SERVICE, LLC
WALGREENS MAIL SERVICE #03397
8350 S RIVER PARKWAY
TEMPE, AZ 85284

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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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6555835	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREENS MAIL SERVICE, LLC
WALGREENS MAIL SERVICE #03397
8350 S RIVER PARKWAY
TEMPE, AZ 85284

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Form DEA-223 (9/2016)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : Y007099	AZ Permit Exp.Date : 10/31/2025	Business Name : AllianceRx Walgreens Prime #03397
Address : 8350 S. River Parkway		
Zip : 85284	City : Tempe	State : AZ
Phone : (800) 345-1985	Fax : (847) 368-6313	Email : karina.lipnickas@walgreens.com
Inspection Date : 07/08/2024	PIC : Kamal Saliba	Pic License Exp Date : 10/31/2024
DEA # : FW6555835	DEA # Exp. date : 05/31/2025	Inspection Reviewed With : Kamal Saliba
Reviewers License# : S017302	Inspection type : Routine	
Inspection Conducted By : Nancy Chang		

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
25,0000	680	0.03676470588235294

PERMITS

1	Arizona	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1933(A); R4-23-606(A)
	Posted		

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	☑ 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	☑ 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 Drug storage access in controlled pharmacy / C2 drug stored w/in cage area with limited employee access via badge.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-609(G)(H)
2	Personnel and security procedures badge access assigned to each employee	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610

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3	Facilities Clean & organized	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(A)
4	Drug supply	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)
5	Quarantine expired drugs Separated area for quarantine expired drugs	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)(4)
6	Equipment Observed equipment in good repair	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-612
7	Policies and procedures On line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program Documentation electronically maintained.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds No compounding performed at this facility.	☐ S ☐ N/I ☐ V ☑ N/A	R4-23-1105(C)
3	Activities - trainees	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)

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4	Activities - technicians	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(A)(B)
5	Policies and procedures On line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation Limited service pharmacy. Written information are provided. No face to face dispensing activity. Patient contacts are documented with in the patient record.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(G)(H)
2	Oral consultation Pharmacist available via phone for consult.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(D)(E)
3	Written information System generated & included along with dispensed drug delivered to patient.	☑ 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)

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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 None observed	☐ 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 None observed	☐ 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 Majority of prescriptions received via electronic process	☑ 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 None filled	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1969
15	Prescription blank advertising prohibited Not utilized	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers electronically maintained C2, C3-5 and legend-various on-line 7/8/2024		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout Electronically documented	☑ 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)
4	Policies and procedures On line. The policy for th " Unit of Fill policy" and Yuyama/Baker Cell was updated after discussion with PIC on 7/30/2024	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(A)

IMMUNIZATIONS

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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 employs Yuyama storage technology	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(A)(1)
2	Paper / electronic log Replenishment documentation electronically maintained	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(A)(2)(3)
3	Training Maintained electronically	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(1)(D)

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4	Maintenance	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing Equipment validation tests are performed and maintained electronically.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(C)(3)(D)
6	Return by approval only Returned via bar code process	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-615(B)(G)
7	Policies and procedures The deviation for the technology-assisted devices for the "Unit of Fill" not requiring pharmacist verification was not posted and readily available. Reminder to re-submit the deviation request to the Board of Pharmacy for the technology-assisted device for the "Unit of Fill" of manuf actured products without pharmacist verification.	☑ 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	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing All CS drug dispensing are hand counted by the designated pharmacists and technicians.	☑ 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)

Policy for the Yuyama and Baker Cell dispensing and verification processes were updated on 7/30/2024 after discussion with PIC post-inspection.

CONTROLLED SUBSTANCE RECORDS

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)
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)
3	Inventory	☑ 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)

Reporting of theft and loss had been aggregated and reported to the AZ Board of Pharmacy monthly and not within 24 hours of theft or loss.

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 by all employee staff

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

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3	Schedule V register Rx only. No OTC.	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2525(J)
4	Delivery Fed-Ex, DHL, USPS	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures QM committee event capture process / review / track DPMO trends / feedback provided to teams	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal Designated quarantined area in place for dropped/damaged drugs.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions Rx only / No OTC sales	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
8	Federal medication guides System generated	☑ 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

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1 Storage

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1977(B)

Secure

2 Documentation

☑ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1977(C); 21 CFR 1314

Prescription required

3 Self-certification

☐ S ☐ N/I ☐ V ☑ N/A

21 CFR 1314.35; 21 CFR 1314.40

No OTC sales

SHARED SERVICES

1 Current resident / nonresident permit

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-621(A)

Shared service activities performed with front end pharmacies.

2 Same owner / written contract / common electronic file

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-621(B)

Walgreens / shared electronic file

3 Notification to patients

☑ S ☐ N/I ☐ V ☐ N/A

R4-23-621(C)

Included with prescription paperwork mailed to patient

4 Maintain manual / electronic 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 Remote techs and pharmacists are tethered to this pharmacy	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(F)
6	Policies and procedures On line	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded Pharmacy does not perform this activity	☐ 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)
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 : 06/07/2024

Inventory Taken : Close

Date Of Audit : 07/08/2024

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Methadone 10 mg tablet	455	0	455	35	420	455	0	0.00
clorazepate 3.75mg tablets	300	0	300	300		300	0	0.00
Clonazepam 2mg tablets	483	2000	2483	1341	1140	2481	-2	-0.08

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

NOTES

Overall Satisfaction.

NEEDS IMPROVEMENT ITEMS (N/I)
- DEA 106 Reporting needs to be reported within 1 day of identification of theft or loss and submit the DEA 106 within 10 days.

Reminder:
- To submit a deviation request to the AZ Board of Pharmacy for the Yuyama and Baker Cell processes.
- The approved deviation for the "Unit of Fill" to be posted and readily available for inspection.

Note: The SOP for the "Unit of Fill", Yuyama and Baker filled were updated and sent to the AZ Board of Pharmacy on 7/30/2024.

AFFIRMATION

Status :

Satisfactory

Representative Email :

nchang@azpharmacy.gov

Facility - #03397

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Tempe 16583	Agency Order	CO BoP	Tempe #03397	2014-255	6/17/2014	Transferred Rx without a valid, patient-specific Rx order. Fine	$ 1,000.00	Facility	
Tempe 16583	Consent Order	OR BoP	Tempe #03397	2014-0274	2/26/2015	DUR not performed. Imposed a stayed penalty and required the implementation of a Quality Assurance Plan	$ 10,000.00	Facility	
Tempe 03397	Citation	CA BoP	Tempe #03397	CI 2014 64708	1/15/2016	Citation for improper substitution	$ 500.00	Facility	
Tempe 03397	Settlement Agreement	HI BoP	Tempe #03397	PHA 2015-60-L; PHA 2015-61-L	4/28/2016	Sister discipline from MI and OR	$ 2,000.00	Facility	
Tempe 03397	Administrative Fine	NH BoP	Tempe #03397		10/25/2017	Failure to report change of DEA number	$ 500.00	Facility	
Tempe 03397	Consent Order	AL BoP	Tempe #03397	16-L-0162	2/9/2018	Dispensing of prescription	$ 5,000.00	Facility	
Tempe 03397	Consent Order	GA BoP	Tempe #03397	2018-0063	4/18/2018	Dispensing of prescription	$ 1,600.00	Facility	
Tempe 03397	Consent Order	AZ BoP	Tempe #03397	16-0023 (aka 4469)	11/9/2018	Unprofessional Conduct	$ 1,000.00	Facility	
Tempe 03397	Consent Order	MI BoP	Tempe #03397	53-15-136819	10/14/2015	Sister discipline for OR discipline case number 2014-0274	$ 500.00	Facility	
Tempe 03397	Agreed Board Order	NY BoP	Tempe #03397	3805863	2/8/2023	Sister discipline for CO case# 2014-255	$ 500.00	Facility	

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Trinh, Linda	Consent Order	AZ BoP	Tempe #03397	17-0115	6/13/2018	Unprofessional Conduct; allowed boyfriend to use her name to fill Rxs for himself and bill her insurance at their place of employment- probation for 5 years	$ 9,000.00	Staff	Pharmacist
Sidhu, Jiten	Consent Order	AZ BoP	Tempe #03397	17-0114	6/14/2018	Unprofessional Conduct; filled Rx without refills in girlfriends name for his personal use - probation for 5 years	$ 9,000.00	Staff	Pharmacist
Montgomery, Wesley	Consent Order	AZ BoP	Tempe #03397	21-0594	12/8/2021	Failure to complete required CE requirements.	$ 500.00	Staff	Pharmacy Technician
Frias Hernandez, Fernando	Consent Order	AZ BoP	Tempe #03397	23-0636	6/28/2024	Failure to disclose criminal charges to the Board of Pharmacy within 10 days as required.	$ -	Staff	Pharmacy Technician

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.

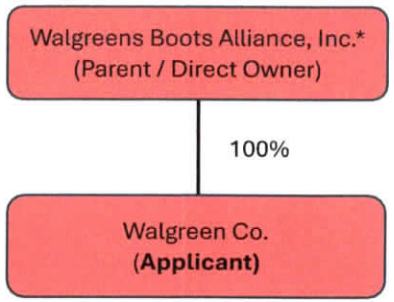
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

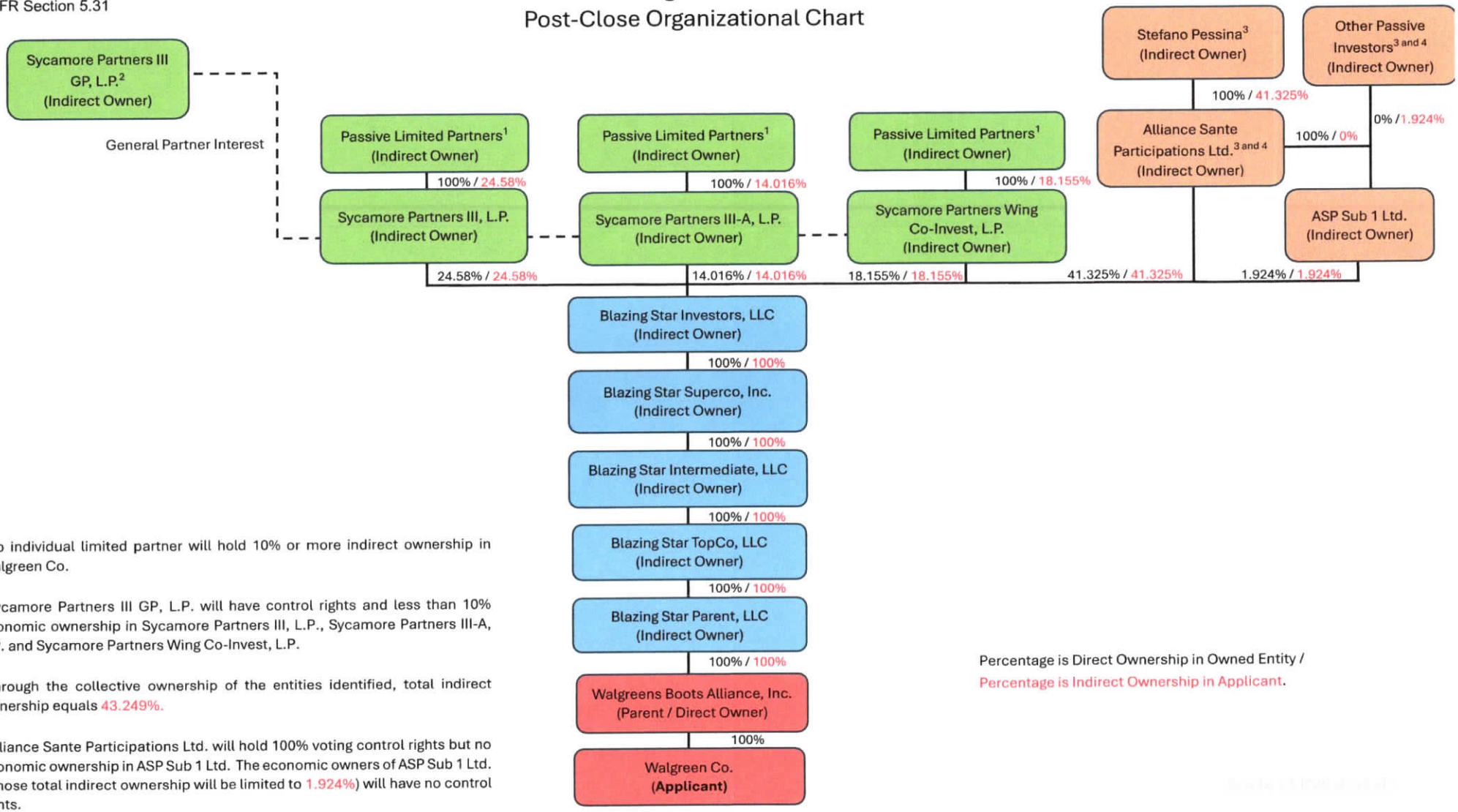
Walgreen Co.
Pre-Close Organizational Chart



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.

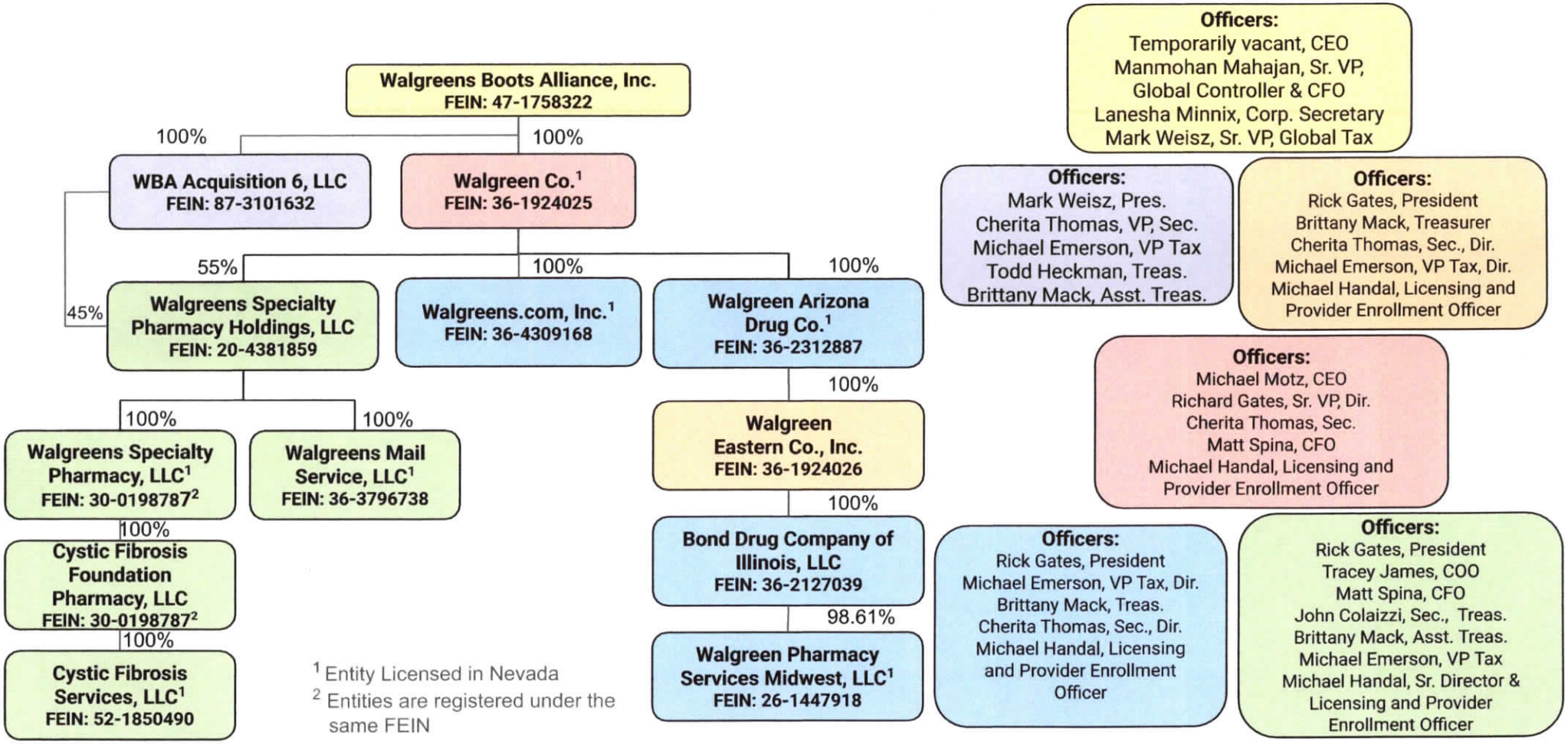
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

SECRETARY OF STATE

4MMMMMM

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 PH01834	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FO1120500 ☐ 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 #15438

Physical Address: 41460 Haggerty Circle South

City: Canton State: MI Zip: 48188

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-282-5166 Toll Free # (NAC 639.708, NRS 639.23286): 888-282-5166

Fax: 888-570-4700 Contact Email: gary.lupini@walgreens.com

Website: http://walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161933

Supervising/Managing Pharmacist Name (NRS 639.220): Gary Lupini

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: Brian Harry	NV Pharmacist Registration #: 21993
Name: Michael Copi	NV Pharmacist Registration #: 21987
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: Delware

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: specialtylicenses@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: 9/19/25	Amount: $500 CK. UP03-30001111129

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

WALGREENS SPECIALTY PHARMACY, LLC
DBA - WALGREENS SPECIALTY PHARMACY
#15438
41460 HAGGERTY CIRCLE SOUTH
CANTON, MI 48188

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
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

WALGREENS SPECIALTY PHARMACY, LLC
DBA - WALGREENS SPECIALTY PHARMACY #15438
41460 HAGGERTY CIRCLE SOUTH
CANTON, MICHIGAN 48188

LICENSE NO.
5315015730

EXPIRATION DATE
07/28/2026

24281141047

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DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

WALGREENS SPECIALTY PHARMACY, LLC
DBA - WALGREENS SPECIALTY PHARMACY
#15438
41460 HAGGERTY CIRCLE SOUTH
CANTON, MI 48188

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

WALGREENS SPECIALTY PHARMACY, LLC
DBA - WALGREENS SPECIALTY PHARMACY
#15438
41460 HAGGERTY CIRCLE SOUTH
CANTON, MI 48188

LICENSE NO.
5301007754

EXPIRATION DATE
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Advanced Search

Licensed Professional Information: Pharmacy 5301007754

Licensee Detail

License Type:
Pharmacy

License Number:
5301007754

Organization Name:
WALGREENS SPECIALTY PHARMACY, LLC

DBA Trade Name:
Walgreens Specialty Pharmacy #15438

License Issue Date:
07/28/2003

License Expiration Date:
07/28/2026

License Status:
Active

County:
Wayne

PHARMACIST IN CHARGE

Pharmacist License Number: 5302028007
Pharmacist Name: Gary A Lupini
Start Date: 05/26/2010

CONTROLLED SUBSTANCE LIST

City: Canton
State or Province: Michigan
ZIP or Postal Code: 48188
CS Record Number: 5315015730
CS Status: Active
CS Expiration Date: 07/28/2026

<--- Click to view Public Documents

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FO1120500	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 SPECIALTY PHARMACY #15438
41460 HAGGERTY CIR S
CANTON, MI 481882227

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 SPECIALTY PHARMACY #15438
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Form DEA-223 (9/2016)

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National Association of Boards of Pharmacy®
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Business e-Profile ID:	753941		**Inspection Information**
Legal Business Name:	Walgreens Specialty Pharmacy LLC	**Conference Call Date:**	NA
Doing Business As (DBA):	AllianceRx Walgreens Pharmacy #15438	**Start Time: 24-hour format (13:00)**	NA
Address:	41460 Haggerty Cir S	**End Time: 24-hour format (13:00)**	NA
City:	Canton	**Onsite Inspection Date(s):**	2/27/2024
State:	Michigan	**Start Time(s): 24-hour format (13:00)**	8:14
Zip Code:	48188	**End Time(s): 24-hour format (13:00)**	12:16
Telephone number:	(888)282-5166	**Inspector Name:**	Glenn Bolyard, RPh
Toll free number:	(888)282-5166	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	(888)570-4700	**Observer Name/Affiliation (if applicable):**	NA
Website:	www.alliancerxwp.com	**Observer Name/Affiliation (if applicable):**	NA

Focused Information

The facility is encouraged to read the inspection report in its entirety and carefully.
Specific Module(s) and/or Question(s) to which the facility may want to consider further response are:
General Pharmacy- Inspector notes

Additional information on NABP's Inspection website.

NABP Disclaimer: NABP can only verify the authenticity of an Inspection Report if it is transmitted directly from NABP to an intended recipient. NABP cannot verify the authenticity of an Inspection Report transmitted from any other party.

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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	20:00	
Tuesday	8:00	20:00	
Wednesday	8:00	20:00	
Thursday	8:00	20:00	
Friday	8:00	20:00	
Saturday	8:00	17:00	

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Gary Lupini	gary.lupini@alliancerxwp.com	273034
Nonsterile Compounding Supervisor	NA	NA	NA
Sterile Compounding Supervisor	NA	NA	NA
Hazardous Compounding Supervisor	NA	NA	NA

Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Jonathan McLachlan	Professional Practices Pharmacist	Y
2	Rebecca Rokos	Professional Practices Technician	Y
3	Leighann Gladwell	Order Fulfillment Technician	Y
4	Gary Lupini	PIC	Y
5	Brian Harry	Pharmacist	Y
6	Marie Ouelette	Packer	N
7	Michael Copi	Pharmacist	Y
8	Christine Barton	Pharmacist	Y
9	Brenda Plummer	Technician	Y
10	Gina Targoff	Technician	Y

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.
There are 25 additional personnel present (2 pharmacists, 14 technicians, 9 warehouse shippers).

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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
Michigan Board of Pharmacy	Walgreens Specialty Pharmacy, LLC	Pharmacy	5301007754 exp: 07/28/2024
Drug Enforcement Administration	Walgreens Specialty Pharmacy, LLC	Controlled Substance - Pharmacy	FO1120500 exp: 5/31/2025

Inspector Notes: List states in which Non-Resident licenses are held. The pharmacy is licensed in all 50 states, the District of Columbia and the United States Virgin Islands.

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

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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		Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	X
Closed Door		Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy	X	Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		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	
CNSPs for INDs		CSPs for INDs	
CNSPs which are essential copies of a commercially available drug product on the Drug Shortage List or justified by a documented medical need for an individual patient - If so, list		CSPs which are essential copies of a commercially available drug product on the Drug Shortage List or justified by a documented medical need for an individual patient - If so, list	
CNSPs sold OTC		CSPs sold OTC	
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:		Patient specific:	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
Distributed (eg non patient-specific):		Distributed (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)	
Creams		Injections including infusions	
Gels		Irrigations for internal body cavities (eg bladder or peritoneal cavity)	
Ointments		Ophthalmic dosage forms	
Lotions		Aqueous preparations for pulmonary inhalation	
Nasal and sinus preparations:		Baths and soaks for live organs and tissues	
Nasal sprays		Implants/ Pellets	
Nasal irrigations		Other (please list):	
Other (please list):			

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	60,000	Total Pharmacists:	43
Nonsterile Compounding Room size:	NA	Number of Compounding Pharmacists	0
Nonsterile Compounding powder hoods number:	NA	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	NA	Total Student Interns:	0
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	NA	Total Technicians:	36
Sterile Compounding Ante Room size:	NA	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	NA	Of technicians, how many are certified?	13
Sterile Compounding Number LAFW hoods/areas:	NA	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	NA	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	NA	Total Other Unlicensed Personnel:	196
Negative Pressure Sterile HD Room size:	NA	Ratio #Tech:#RPh present at time of inspection:	5.3 TECHS:1RPh
Sterile HD Compounding Number of BSC hoods:	NA	Total Pharmacist Hours Per Week:	1720
Sterile HD Compounding Number of CACI hoods:	NA	Total Technician Hours Per Week:	1440

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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:	950	Total Orders Distributed/day:	0
% Veterinary Prescriptions	<1%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	16%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	11%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber 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 products 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)	117	0	JAN 2024
Alaska (AK)	9	0	JAN 2024
Arizona (AZ)	243	0	JAN 2024
Arkansas (AR)	31	0	JAN 2024
California (CA)	491	0	JAN 2024
Colorado (CO)	99	0	JAN 2024
Connecticut (CT)	56	0	JAN 2024
Delaware (DE)	20	0	JAN 2024
District of Columbia (DC)	13	0	JAN 2024
Florida (FL)	692	0	JAN 2024
Georgia (GA)	144	0	JAN 2024
Hawaii (HI)	5	0	JAN 2024
Idaho (ID)	40	0	JAN 2024
Illinois (IL)	2597	0	JAN 2024
Indiana (IN)	662	0	JAN 2024
Iowa (IA)	89	0	JAN 2024
Kansas (KS)	59	0	JAN 2024
Kentucky (KY)	158	0	JAN 2024
Louisiana (LA)	37	0	JAN 2024
Maine (ME)	20	0	JAN 2024
Maryland (MD)	58	0	JAN 2024
Massachusetts (MA)	102	0	JAN 2024
Michigan (MI)	13918	0	JAN 2024
Minnesota (MN)	187	0	JAN 2024
Mississippi (MS)	49	0	JAN 2024
Missouri (MO)	286	0	JAN 2024
Montana (MT)	41	0	JAN 2024

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States to which the pharmacy mails/delivers prescription products 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)	30	0	JAN 2024
Nevada (NV)	98	0	JAN 2024
New Hampshire (NH)	21	0	JAN 2024
New Jersey (NJ)	1026	0	JAN 2024
New Mexico (NM)	34	0	JAN 2024
New York (NY)	640	0	JAN 2024
North Carolina (NC)	901	0	JAN 2024
North Dakota (ND)	32	0	JAN 2024
Ohio (OH)	626	0	JAN 2024
Oklahoma (OK)	207	0	JAN 2024
Oregon (OR)	57	0	JAN 2024
Pennsylvania (PA)	335	0	JAN 2024
Rhode Island (RI)	15	0	JAN 2024
South Carolina (SC)	121	0	JAN 2024
South Dakota (SD)	14	0	JAN 2024
Tennessee (TN)	272	0	JAN 2024
Texas (TX)	757	0	JAN 2024
Utah (UT)	43	0	JAN 2024
Vermont (VT)	6	0	JAN 2024
Virginia (VA)	122	0	JAN 2024
Washington (WA)	918	0	JAN 2024
West Virginia (WV)	17	0	JAN 2024
Wisconsin (WI)	358	0	JAN 2024
Wyoming (WY)	8	0	JAN 2024
Other:	0	0	JAN 2024

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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: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		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
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?	Yes	
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	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Patients can log into the system and refill their prescription.
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:**		None additional

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Facility Name: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		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	15% in total, percentage in state vs out of state is unknown
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.*	No	
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)?	No	
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.*	N/A	
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	

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Facility Name: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		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	Only day inspected was 10/18/2013. The pharmacy is not routinely inspected by the Michigan BOP.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies were 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.*	No	
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.*	No	
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	
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	

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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: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
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	ACHC 08/12/2022 and URAC on 12/07/2021
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?*	No	The pharmacy retains all records on site for 3 years and then sends to Iron Mountain for a total of 10 years.
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?*	No	The pharmacy retains all records on site for 3 years and then sends to Iron Mountain for a total of 10 years.
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	Electronic prescriptions are kept in the cloud indefinitely.
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 prescriptions are kept in the cloud indefinitely.
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	Records are kept electronically and there is not the ability in their computer system to delete a record.

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28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	
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	Comprehensive State Law Chart is utilized by the Professional Practices Team ensures the stringent laws/regulations are followed.
	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	Jonathan McLachlan monitors and records electronically.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Primary source verification on a quarterly basis. P&P that any potential BOP issues are reported to their supervisor.
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.*	N/A	No ratio is needed. Maximum number of staff who work at the same time is 56.
	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	Security Operation Center monitors glass break, cameras, door contacts and motion sensors.
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	The site does not carry CII drugs.

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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	Pharmacist stays on site until a security solution. Security personnel on site. The drugs will be moved to a secure section of the building if necessary.
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 onsite
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	Reverse distributor is Inmar.
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	Clean Earth collects quarterly.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Patient counseling for any pickup scripts is done in the conference room or office.
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	Range is 68-77 °F, the warehouse is 71 °F, the storage/fulfillment areas are 72.28 °F, 72.3 °F, 71.6 °F and 71.38 °F.
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	Refrigerator and air are monitored by Smartsense. The supervising pharmacist and management receives an email, if no response then a text is sent out. If there is still no response then each person will receive a phone call till the issue is resolved. Records are maintained indefinitely.

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39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
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	Refrigerator is monitored by Smartsense. The supervising pharmacist and management receives an email, if no response then a text is sent out. If there is still no response then each person will receive a phone call till the issue is resolved. Records are maintained indefinitely. Refrigerator range is 36-46°F
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	Refrigerator temperatures at time of inspection were 40.33°F, 40.55°F, 41.11°F, 40.56°F and 39.99°F.
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	The freezer is only used for ice packs. The pharmacy does not dispense frozen medications.
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	If there is a power outage a generator is on site. Temperature monitoring would flag supervisors and PIC to move the drugs to another fridge and get serviced/replaced.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	The pharmacy has a retainer with heating and air contractor Technical Hot and Cold.
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 handles all vendor vetting.
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	Amerisource Bergen, Cardinal
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Corporate handles all vendor vetting and the pharmacy tracks all 3T data and also monitors FDA website.
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	The corporate compliance team examines transaction histories and 3T data to ensure the legitimacy of the product. Jonathan McLachlan monitors purchases on site as well as part of the compliance team.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Purchases are only from FDA approved sources.
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	This is vetted through corporate compliance team but Jonathan McLachlan also validates on the FDA website.

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47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	The product is quarantined and then an investigation is started with wholesalers.
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.*	Yes	Discrepancy with Pfizer Jakafi had label overtop the original label which had a different expiration date than the original bottle. There was a recall to fix the label. This was reported to FDA and BOP.
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.*	Yes	Validated invoices and 3T data on site. The track and trace team ensures 3T data is received with purchases and maintained for 10 years with Iron Mountain.
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	This site does not stock CII drugs
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	
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?	Yes	
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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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	Weekly cycle counts on controls and high dollar items more often. Policy controls in place with Asset Protection team.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	No	Dependent on the medication would report to BOP DEA and local law enforcement.
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).*	Yes	June 9th a yearly inventory is performed by a pharmacist. A perpetual inventory is performed weekly and sign off sheet was verified.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	PIC changes are done in Michigan but Gary Lupini has been here since opening of the facility.
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	
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	

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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	Inventory is reviewed monthly and pulled 3 months before expiration date by technicians. Those products are segregated and handled following P&P for returns. This includes OTC products.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	Viewed all refrigerators and storage areas and validated several drug expiration dates.
60.02	How often is active-stock examined for drugs past the expiration date?		Quarterly
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?*	No	
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	If the product is maintained with the chain of custody they put back in stock.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	PHI removed and claim reversed.

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	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 input profile data into the computer system which is updated with every contact.
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?*	Yes	The system tags on "animal" on the patient name so it shows up. Name of the owner is documented on the script.
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	The pharmacist and technicians are trained yearly on fraud, waste and abuse. Red flags alert them to suspected fraud and supervisors are involved in the investigation. Reports are sent to local law enforcement, DEA and BOP.
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	The pharmacist and technician are trained to compare the patient and physician address. The physician is contacted if any questions and information is documented in the patient notes.
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?	Yes	
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	Processing pharmacist validates data entry is correct.

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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	The pharmacist at PV1 does DUR using Medispan for DUR alerts and manual DUR is performed as warranted.
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	Nothing else is routinely reviewed.
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Lab values are obtained to ensure correct dosage along with BMI/weight for patient.
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	The pharmacy reports daily to PMP.
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.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Any major DUR requires a comment by a pharmacist in DUR override field. If it is not a major DUR a comment can also be entered but not required. DUR comments are reviewed by operational management team.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Medispan

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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	Yes	
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.*	No	Not integrated but access to Merck Veterinary Manual to review. Only one drug is dispensed twice a year.
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	The pharmacist at PV2 verifies the prescription before dispensing. Credentials are used to electronically document.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Prescription labels follow all federal and state laws.
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	ScriptMed Enterprise
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	N/A	The pharmacy uses Iron Mountain to do the destruction.
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.***	Yes	There are some technicians at home performing data entry and pharmacists doing PV1 and calls to patients.
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.*	Yes	Commonly owned facilities where technicians would perform data entry. Locations in Pittsburgh, PA, Frisco, TX, Orlando, FL and Tempe, AZ.

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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: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	Yes	Other facilities are located in Pittsburgh, PA, Frisco, TX, Orlando, FL, and Tempe, AZ.
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	
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?*	No	
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.*	No	
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?*	No	

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Facility Name: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
	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 new prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	Written counseling is provided with every order.
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	The pharmacist would make the offer to counsel prescriptions at pharmacy.
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	The pharmacist would make the offer to counsel prescriptions at pharmacy.
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	
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".*	Yes	The pharmacist would make the offer to counsel prescriptions at pharmacy.
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	Written counseling is provided with every order along with phone number to call with any additional questions.
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	Written counseling is provided with every order along with phone number to call with any additional questions.

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Facility Name: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		Observation	Notes
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	PPI are automatically printed with every new and refill prescription and included with the prescription.
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	MedGuides are automatically printed with every new and refill prescription and included with the prescription.
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	REMS drugs are Revlimid, Thalomid, Pomalyst, Sublocade, Aveed, Tracleer, Jynarque, Lemtrada, Palforzia, Siliq, Spravato, Tysabri, Sabril, and Zyprexa Relprevv.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Electronically captures the patient counseling or refusal.
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	Patient calls in outside of business hours and a pharmacist is on call. The 24 hr. access is posted at the pharmacy and is included with every prescription.
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: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		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	Dedicated quality team does root cause analysis and feedback is given to staff members. This is overseen by Jill Traichoff.
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 and the pharmacy uses Compliance 360.
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	Yearly training and as needed if there are changes throughout the year.
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	Started immediately and is done electronic using a design called Windshield.

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e-Profile ID: 753941

Inspection Date: 2/27/2024

		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	Quality analysis team which reports to Jill Traichoff performs a monthly rollup.
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	Meetings are held quarterly with yearly training of the team.
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: Walgreens Specialty Pharmacy LLC dba AllianceRx Walgreens Pharmacy #15438

e-Profile ID: 753941

Inspection Date: 2/27/2024

		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	Reports are made to Patient Safety Research Foundation.
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	Use a third party vendor used Medallia.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

Facility - #15438

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-002889	4/9/2010	Failure to submit required data to PDMP	$ 5,000.00	Facility
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-003719	7/14/2010	Failure to timely submit a change of PIC	$ 1,000.00	Facility
Canton 15438 (50)	Settlement Agreement	HI BoP	Canton #15438	PHA 2015-900L	4/6/2016	Failure to timely report discipline in another state in case PHA 2015-91-L	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2017-09917	12/19/2019	Delay of therapy	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility
Walgreens	Memorandum of Agreement	US Department of Justice; DEA	ALL		4/17/2025			

Staff

Name	Status	Agency	Facility	Case Number	Date Agreemer	Summary/Outcome	Fine Amount	Discipline Type	License Type
Luciow, Joseph	Reprimanded	MI BoP	Canton #15438		1/1/1998	Information no longer available	$ -	Staff	Pharmacist

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.

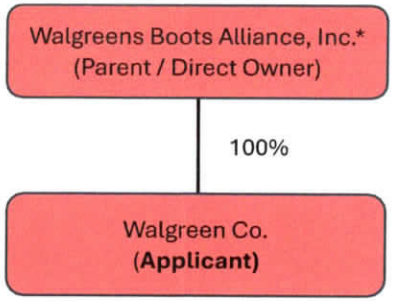
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

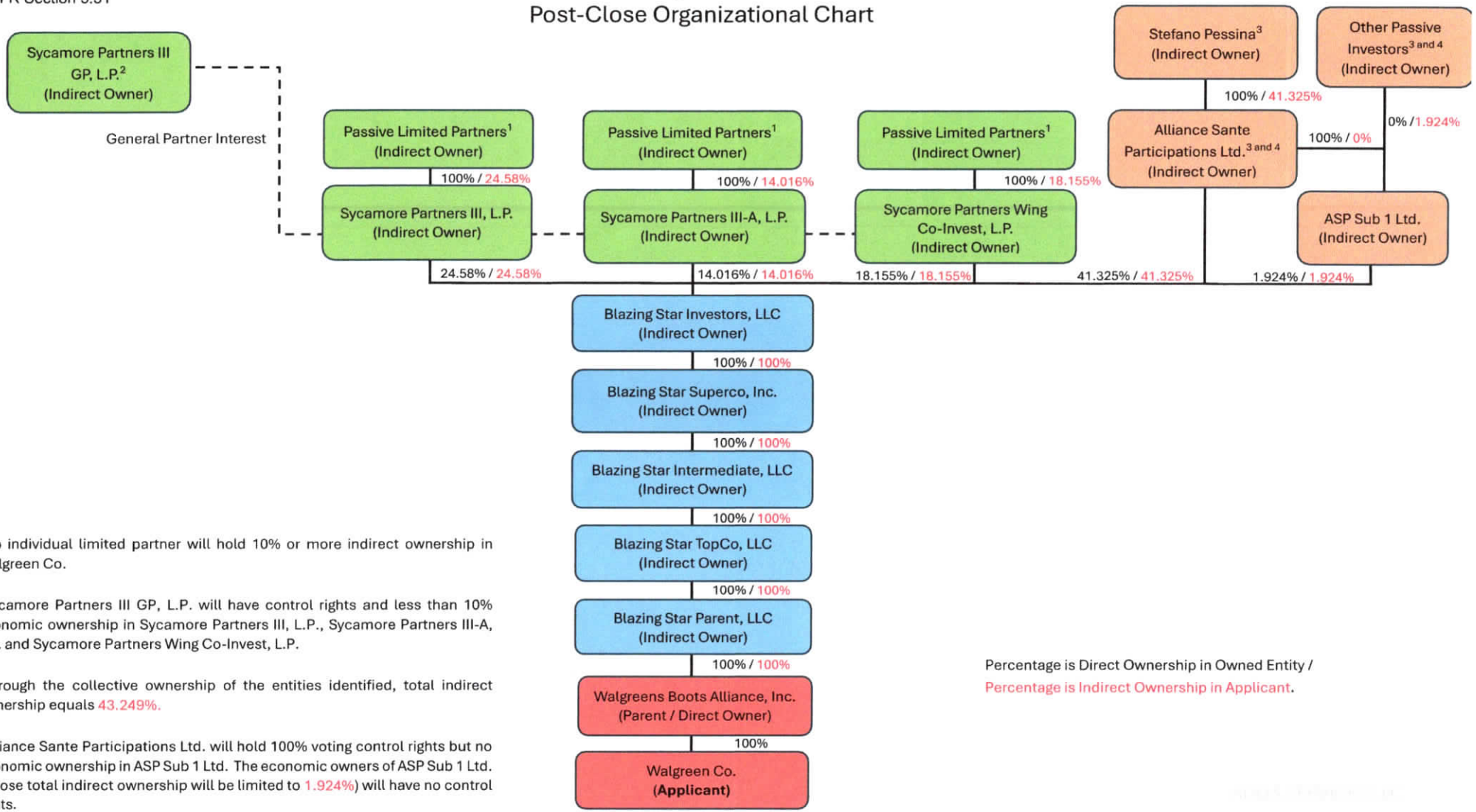
Walgreen Co.
Pre-Close Organizational Chart



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.

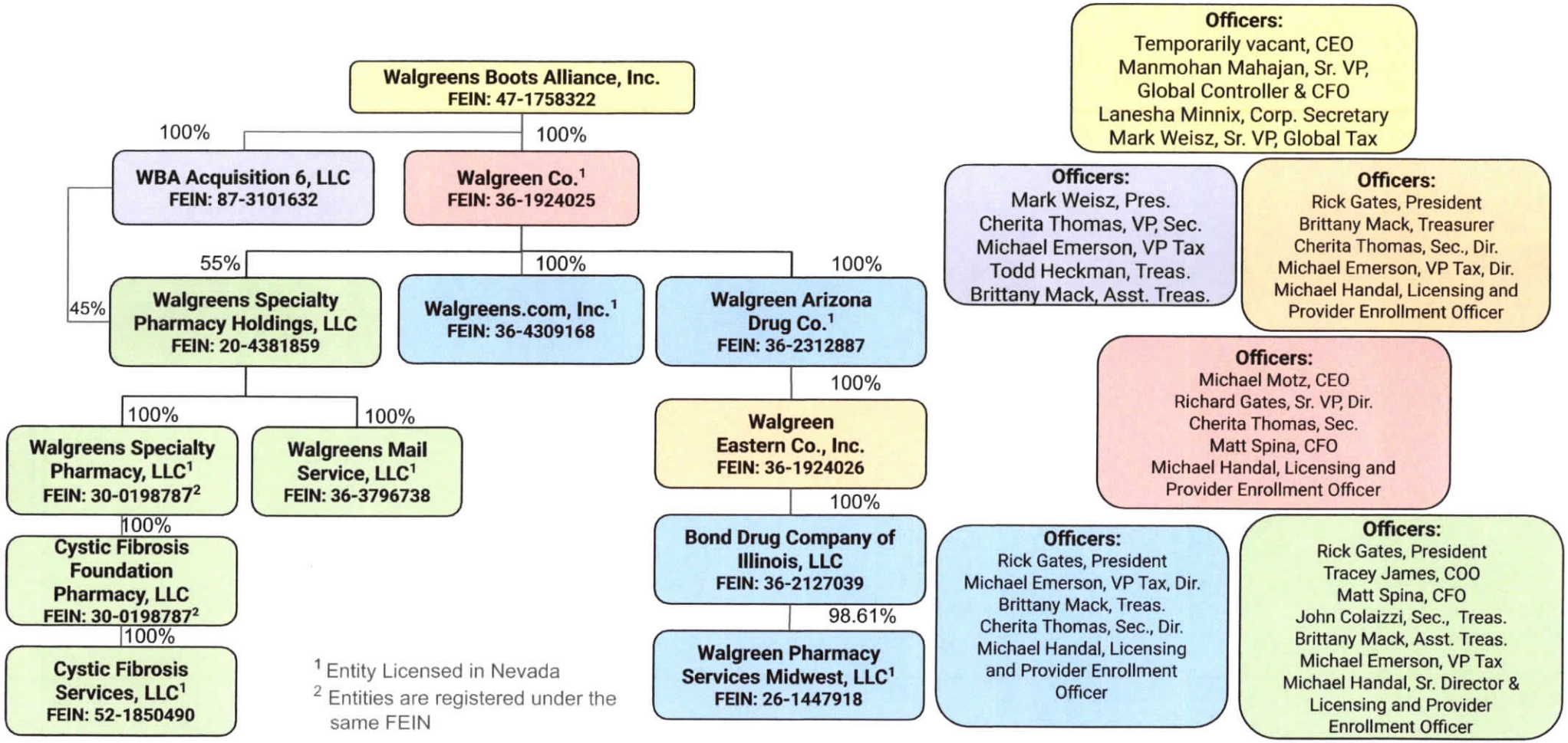
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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.)



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

4800

4NNNNNN

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 PH01156	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: BI9716587 ☒ 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 #15443

Physical Address: 10530 John W Elliott Dr, STE 100

City: Frisco State: TX Zip: 75033

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-424-9002 Toll Free # (NAC 639.708, NRS 639.23286): 800-424-9002

Fax: 800-874-9179 Contact Email: Thomas.mathews@walgreens.com

Website: http://walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161933

Supervising/Managing Pharmacist Name (NRS 639.220): Thomas Mathews

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21899

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 Mathews	NV Pharmacist Registration #: 21899
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: Delware

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: 9118125	Amount: $500 Ch JPD3-3000111129

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 14412

(Date PDF Version Generated: 9/20/2024)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE OF REGISTRATION
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **14412** Expiration Date: **05/31/2026**

Balances: **2**

WALGREENS SPECIALTY PHARMACY #15443
10530 JOHN W ELLIOTT DR STE 100
FRISCO, TX 75033

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 14412

WALGREENS SPECIALTY PHARMACY #15443

License Information

License Status Active
License # 14412
Expiration Date 05/31/2026
Date License Issued 05/21/1991

Address

10530 JOHN W ELLIOTT DR STE 100
FRISCO, TX 75033
County COLLIN
Phone (800) 541-4959

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Sterile Compounding
Type of Ownership Corporation
Type of Pharmacy Unknown
# of Hospital beds 0

Employment Information

Pharmacist in Charge
MATHEWS, THOMAS JOHN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
American Sign Language
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 270422 14412 ALLIANCERXWALGREENSPHARMACY15443 2022-12 12-2027.pdf
- 270422 14412 ALLIANCERXWALGREENSPRIME15443 2019-01 01-2024.pdf
- 270422 14412 ALLIANCERXWALGREENSPRIME15443 2021-01 01-2026.pdf
- 270422 14412 WALGREENSSPECIALTYPHARMACY15443 2024-12 12-2029.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	Yes
24 Hour Service	Yes
Closed Door	No

Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ABRAHAM, RENU	48469	05/14/2010	05/31/2026	Staff	Active
ADARAMOLA, OLORUNTOLA ADEGUN	50343	08/04/2011	11/30/2026	Staff	Active
ALLY, ERIC BRUCE	34431	03/08/1994	03/31/2027	Relief	Active
ANUMUDU, CLARA CHIAKA	31819	08/01/1990	11/30/2025	Staff	Active
BABATUNDE, OLATUNDE OLUDAYO	51675	07/19/2012	09/30/2025	Staff	Active
BLYAKHMAN, SHANI	58374	04/21/2016	06/30/2026	Staff	Active
BOBBORA, BERKELEY ANN	34435	03/08/1994	10/31/2025	Staff	Active
BRADLEY, CRYSTAL RENEE	43663	09/01/2005	11/30/2025	Staff	Active
BROZE, KATHRYN ANN	58636	07/14/2016	07/31/2026	Staff	Active
CHERIAN, JENNIE LILA	44773	10/05/2006	11/30/2026	Staff	Active
CHO, HSIAOYING	52365	09/20/2012	06/30/2027	Staff	Active
CHO, IRIS J	41362	01/17/2003	01/31/2027	Staff	Active
COMPTON, MILES CHRISTIAN	51307	05/03/2012	09/30/2025	Staff	Active
DANG, PHONGPHU ALEX	49465	10/22/2010	12/31/2026	Staff	Active
DANIEL, ANNIE LIZA	44623	08/18/2006	11/30/2026	Staff	Active
DO, CHAU KIM TRINH	36399	08/08/1996	02/28/2026	Staff	Active
DO, TRANG MINH	38423	03/25/1999	02/28/2026	Staff	Active
FRANKLIN, BRITTANY	50759	09/12/2011	07/31/2026	Staff	Active
FRIBOURG, KELLY BROWN	45200	06/28/2007	10/31/2025	Staff	Active
GENDY, BOUTAMINA	65817	09/19/2019	12/31/2025	Staff	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
AKINS, STELLA LOLA	106370	04/07/2004	10/31/2027	Staff	Active
ARBO, EMILY KAY	157006	04/08/2010	12/31/2025	Staff	Active
ARREY, STEPHEN	370010	04/23/2024	04/30/2026	Staff	Active
BAKARE, APRIL	210392	07/20/2012	12/31/2026	Staff	Active
BARTON, WILLIAM BRODY	105536	03/25/2004	04/30/2026	Staff	Active
BERNARDO, MARC SUAREZ	171693	10/19/2009	07/31/2027	Staff	Active
BROWN, GWENDOLYN	177726	08/28/2009	08/31/2027	Staff	Active
CANTU, FELICIA MICHELLE	155280	12/10/2009	10/31/2025	Staff	Active
CEZAR, TIFFANY	302424	11/05/2019	07/31/2027	Staff	Active
CHEATHAM, CHELSEY JACKSON	360747	09/19/2023	09/30/2025	Staff	Active
CHEN, KELVIN	308541	06/08/2020	02/28/2026	Staff	Active
CLAYCOMB, MISTY DAWN	101793	02/13/2004	09/30/2027	Staff	Active
COOLEY, JAMES KYLE	119555	10/20/2004	07/31/2026	Staff	Active
DAVIS, SARA BETH	102633	05/05/2004	10/31/2025	Staff	Active
DELEON, MARTINA ANDREA	101840	05/28/2004	06/30/2027	Staff	Active

DO, DIEP PHUONG THI	117167	05/28/2004	02/28/2026	Staff	Active
DOYLE, CRYSTAL	136112	09/18/2006	12/31/2026	Staff	Active
ESTEVIS, VERONICA HELEN	106479	05/28/2004	07/31/2026	Staff	Active
FALGOUT, HELEN ANN	177809	08/21/2009	08/31/2027	Staff	Active
FITCH, LAUREN NICOLE	135712	08/30/2006	05/31/2026	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
WALGREENS SPECIALTY PHARM LLC	OWNER	300 WILMOT RD, MS 3301	DEERFIELD	IL	60015
NIELSEN, ALAN	OFFICER	,			
GLEESON, GERALD	OFFICER	,			
SPINA, MATTHEW JOHN	OFFICER	,			
EMERSON, MICHAEL RICHARD	OFFICER	,			
JAMES, TRACEY JO	OFFICER	,			
GATES, RICHARD	OFFICER	,			
SAYLOR, JOHN	OFFICER	,			
BROWN, BRIAN	OFFICER	,			
MACK, BRITTANY ANN	OFFICER	,			

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The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BI9716587	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 SPECIALTY PHARMACY #15443
10530 JOHN W ELLIOTT DR STE 100
FRISCO, TX 75033

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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WALGREENS SPECIALTY PHARMACY, LLC
DBA WALGREENS SPECIALTY PHARMACY #15443
10530 JOHN W ELLIOTT DR STE 100
FRISCO, TX 75033

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Form DEA-223 (9/2016)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *WALGREENS SPECIALTY PHARMACY #15443* License Number: *14412*

Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *12/03/2024* Arrival Time: *12:45 PM* Departure Time: *3:45 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on 6/7/24 at opening of business

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 2

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance *Satisfactory*

30. Controlled substance invoices dated/initialed by pharmacist *Satisfactory*

35. Controlled substance invoices separated *Satisfactory*

46. Drug distribution *Not Applicable*

53. Possession of controlled substances *Satisfactory*

Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Satisfactory*
04. Balance inspection (for non-sterile compounding)	*Satisfactory*

Comment

Number of balances: 2 registered, 1 used for nonsterile compounding accuracy verified

05. Equipment Inspection	*Satisfactory*
06. Non-sterile Library	*Satisfactory*
32. Non-sterile compound label (Is label complete?)	*Satisfactory*
38. Area/Environment for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	*Satisfactory*
60. Documentation of non-sterile required training	*Satisfactory*

60. Documentation of non-sterile required training *(continued)* *Satisfactory*

291.131(c)(5).

Personnel. All personnel who compound or have direct oversight of compounding non-sterile preparations shall be initially trained and qualified by demonstrating knowledge and competency in the areas outlined in paragraph (5)(C) of this subsection. Training.

(A) All training activities shall be documented and covered by appropriate SOPs as outlined in subsection (d)(8)(A) of this section.

(B) All personnel involved in non-sterile compounding shall be well trained and must participate in continuing relevant training programs.

(C) Training shall include instruction, experience, and demonstrated proficiency in the following areas:

(i) hand hygiene;

(ii) garbing;

(iii) cleaning and sanitizing;

(iv) handling and transporting components and compounded non-sterile preparations;

(v) measuring and mixing;

(vi) proper use of equipment and devices selected to compound non-sterile preparations; and

(vii) documentation of the compounding process (e.g., Master Formulation Records and Compounding Records).

Comment

Advised to ensure that training includes demonstrated proficiency of all compounding personnel.

70. Required policies & procedures/SOPs *Satisfactory*

87. Quality Control/Assurance *Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*Yes*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*No*
Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
S110. Is the cleanroom used only for sterile preparations?	*Satisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactory*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Satisfactory*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Applicable*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Satisfactory*

S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Not Applicable*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Not Applicable*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Not Applicable*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicable*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Not Applicable*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Not Applicable*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Not Applicable*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Not Applicable*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Satisfactory*
S155. Does the pharmacy have a specialty reference?	*Satisfactory*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Satisfactory*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Satisfactory*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Satisfactory*
S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Satisfactory*
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Satisfactory*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Applicable*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Satisfactory*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Yes*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Not Applicable*
Is hazardous drug waste quarantined in a designated area?	*Yes*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Yes*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*

S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Comment

S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)? *(continued)* — *Satisfactory*

Regardless of the number of cfu's identified in the pharmacy, further corrective actions will be dictated by the identification of microorganisms recovered. Document corrective actions if highly pathogenic organisms show any growth.

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years? — *Satisfactory*

S253. Do compounding records include the date and time of preparation of a CSP? — *Satisfactory*

S254. Do compounding records include the complete formula of a CSP? — *Satisfactory*

S257. Do compounding records include the quantities of materials used in a CSP? — *Satisfactory*

S255. Do compounding records include the signature or initials of who prepared a CSP? — *Satisfactory*

S256. Do compounding records include the signature or initials of who conducted the final check of a CSP? — *Satisfactory*

S258. Do compounding records include the container used and the number of units prepared for a CSP? — *Satisfactory*

S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP? — *Satisfactory*

S260. Do compounding records include the documentation of performance of quality control procedures? — *Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? — *Not Applicable*

S262. Are master worksheets developed and approved by a pharmacist? — *Not Applicable*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? — *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? — *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? — *Satisfactory*

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, — *Not Applicable*

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? — *Not Applicable*

S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? — *Satisfactory*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?	*Not Applicable*
S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?	*Not Applicable*
Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?	*No*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*
S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Not Applicable*
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Not Applicable*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Applicable*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Applicable*
Does the pharmacy document if the animal is a pet or used for food?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*

S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Not Applicable*
S214. Quantity, and	*Not Applicable*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Not Applicable*
S216. Any device-specific instructions, if appropriate?	*Not Applicable*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	*Satisfactory*

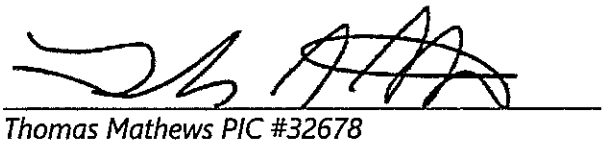
Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	*Satisfactory*
S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?	*Satisfactory*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Thomas Mathews PIC #32678



Terri Burrows

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy #15443

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 10530 John W Elliott Drive, Suite 100

City: Frisco State: TX Zip: 75033

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-424-9002 Toll Free # (NAC 639.708, NRS 639.23286): 800-424-9002

Fax: 888-380-6181 Contact Email: thomas.mathews@walgreens.com

Website: walgreensspecialtyrx.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Thomas Mathews

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21899

Name of Designated Person(s) as defined by revised USP-797 guidelines: Thomas Mathews

Email of Designated Person(s): thomas.mathews@walgreens.com

Telephone of Designated Person(s): 214-387-3515

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☑ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? Yes ☑ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☑ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ✓ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? June 2025

6. What is the frequency of the recertification for the ISO classified areas? 6 months

7. Were there any follow-up items required from the most recent certification report? ☑ Yes ☐ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? N/A Yes No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ✓ Yes No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Lo Dose HCG 10 unit/0.1ml
Leuprolide Micro 20mcg
Leuprolide Mirco 40mcg
Leuprolide Micro 50mcg
Leuprolide 2mg PFS
Leuprolide 4mg PFS

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Ste. 546

City: Oklahoma City State: OK Zip: 73104

Telephone: (800) 393-1595

13. What is your procedure for visual inspection of compounded sterile products?
Compounding pharmacists examine every finished CSP in each and every batch for particulates, unexpected color or odor, gas formation and signs of defect, damage, leaking or tampering prior to release to patients.Compounding pharmacists evaluate CSPs against a counter that has a non-glare white and matt black material band located in a properly lit area

14. How often do you perform glove fingertip and medial fill testing? Every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Each compounding personnel performs didactic competencies using Simplifi Solesource Acadamy program. After completing the computer based program, team members then begin completing competencies under the supervision of a designated person. The training personnel then performs 3 separate competencies for gowning & garbing followed by aseptic manipuation of media fills with post gowning fingertip samplings, post media fill finger tip samplings and a surface sampling. the plates and media fill are incubated and monitoried for growth. The training personnel will then make sample products to be tested by ARL for sterility and potency before being allowed to compound. Personnel then perform the didactic computer training yearly, with yearly in person competencies with gowning & garber and media fill samplings performed every 6 months.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily cleanings include cleaning the interior of the primary engineering control with sterile TB1-3300 starting with the filter and moving to the deck of the PEC using overlapping unidirectional wipes. After the PECs are cleaning with TB1-3300, the PEC is wiped a second time with sterile IPA using the same technique. Easily cleanable flat surfaces such as carts or chairs are cleaned next using the TB1-3300 or PreEmpt. Trash is removed followed by the floors being cleaned with TB1-3300 or Preempt. Weekly we follow the same procedure but substituting sterile Peridox for cleaning all surfaces. Monthly, Sterile Peridox is used for cleaning the inside of the PEC including under the deck followed by Sterile IPA. The Ceilings cleaned next using the Peridox in overlapping unidirectional wipes from the wall furthest from the door to the door. The walls are cleaned next with Peridox using overlapping unidirectional wipes from ceiling to floor. Additional surfaces (including easily cleanable and difficult areas) are cleaned next with Peridox followed by the floor. The PEC are cleaned with Peridox following compounding or any suspected contamination within the PEC.

17. Who performs the sterile compounding process at your facility? Compounding Technicians and Pharmacists

18. Who is responsible and accountable for the sterile compounding process at your facility? Designated Persons

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Products are packed and shipped in accordance with International Safety Transit Association standards as well as leveraging our patented cold chain shipment packing process as needed

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biologica Safety Cabinet		
2. Are you complying with all USP 800 guidelines?	✓ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	✓ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	✓ Yes	No
5. Do you have a negative pressure buffer room at your facility?	✓ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	✓ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	✓ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Each package is labeled with a sticker stating "Handle with care per enclosed instructions. Contact sender immediately if package or contents are damaged." Each hazardous compound is labeled as hazardous and includes a package insert of the drug monograph used to make the compound along with information about the pharmacy if the pharmacy needs to be contacted.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Each compounding personnel performs didactic hazardous competencies using Simplifi Solesource Acadamy program. After completing the computer based program, the team members then reviews hazardous c ompetencies such as donning and doffing of hazardous PPE under the supervision of a designated person. T he trainee will review additional hazardous competencies such as the difference in a Hazardous PEC vs a Non-Hazardous PEC, hazardous spill decontamination, and receiving. The Trainee will sign the "Hazardous Drug Risk Sign-off" and the "NIOSH List Review Acknowledgement."

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

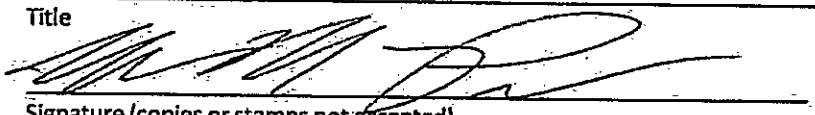
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion 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 the form 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 Piskuric

Name of Person who Completed the Form

Lead Compounding Pharmacist

Title



Signature (copies or stamps not accepted)

7/9/2025

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

Facility - #15443

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 13625 (90)	Agency Order	CO BoP	Frisco #15443	2011-000518	9/29/2010	Failure to report PDMP records 4.1-10.2010 and 7.1-10.2010	$ 5,500.00	Facility
Frisco 15443 (90)	Settlement Agreement	HI BoP	Frisco #15443	PHA 2015-91-L	4/28/2016	Failure to timely report discipline in another state	$ 2,000.00	Facility
Frisco 15443 (90)	Settlement Agreement	IL BoP	Frisco #15443	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility
Frisco 15443 (90)	Consent Order	VA BoP	Frisco #15443	203205	2/3/2021	Delay of therapy	$ 500.00	Facility
Frisco #15443	Citation	CA BoP	Frisco #15443	CI 2021 93653	6/6/2023	Delay of therapy	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Nguyen, Kevin Linh	Consent Order	TX BoP	Frisco #15443	L-16-022	11/1/2016	Failure to answer truthfully to questions on license application	$ 250.00	Staff	Pharmacist
Dang, Phongphu	Remedial Plan	TX BoP	Frisco #15443	H-17-047-A	8/7/2018	Remedial plan due to dispensing error https://www.pharmacy.texas.gov/abo/RP-Pht/162441%20%20R49465%20%20Dang%2C%20Phongphu%20Alex%20%20REM%20%20H17047A%20%202018-08.pdf	$ 1,000.00	Staff	Pharmacist
Cooley, James	Board Order	TX BoP	Frisco #15443	T-04-382	9/24/2004	Two DUI between 1998 and 1999	$ -	Staff	Pharmacy Technician
Nguyen, Kevin Linh	Consent Order	OR BoP	Frisco #15443	2015-0258	6/25/2015	Failure to answer truthfully to questions on license application	$ 1,000.00	Staff	Pharmacist

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.

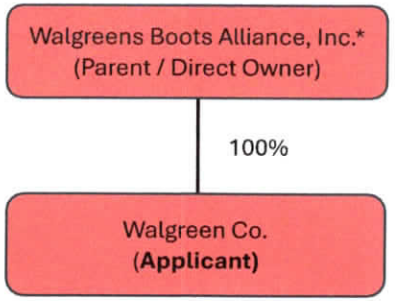
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

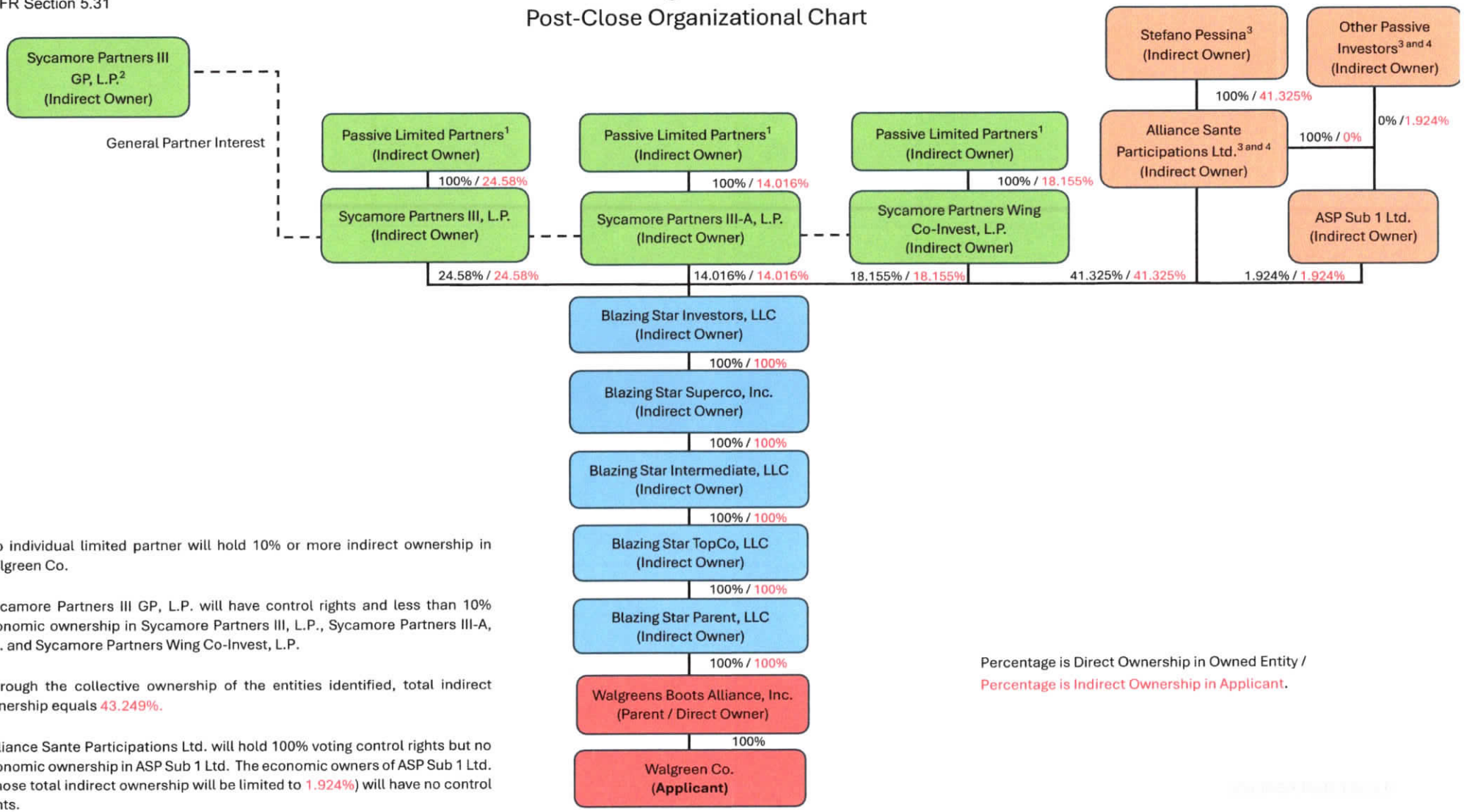
Walgreen Co.
Pre-Close Organizational Chart



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.

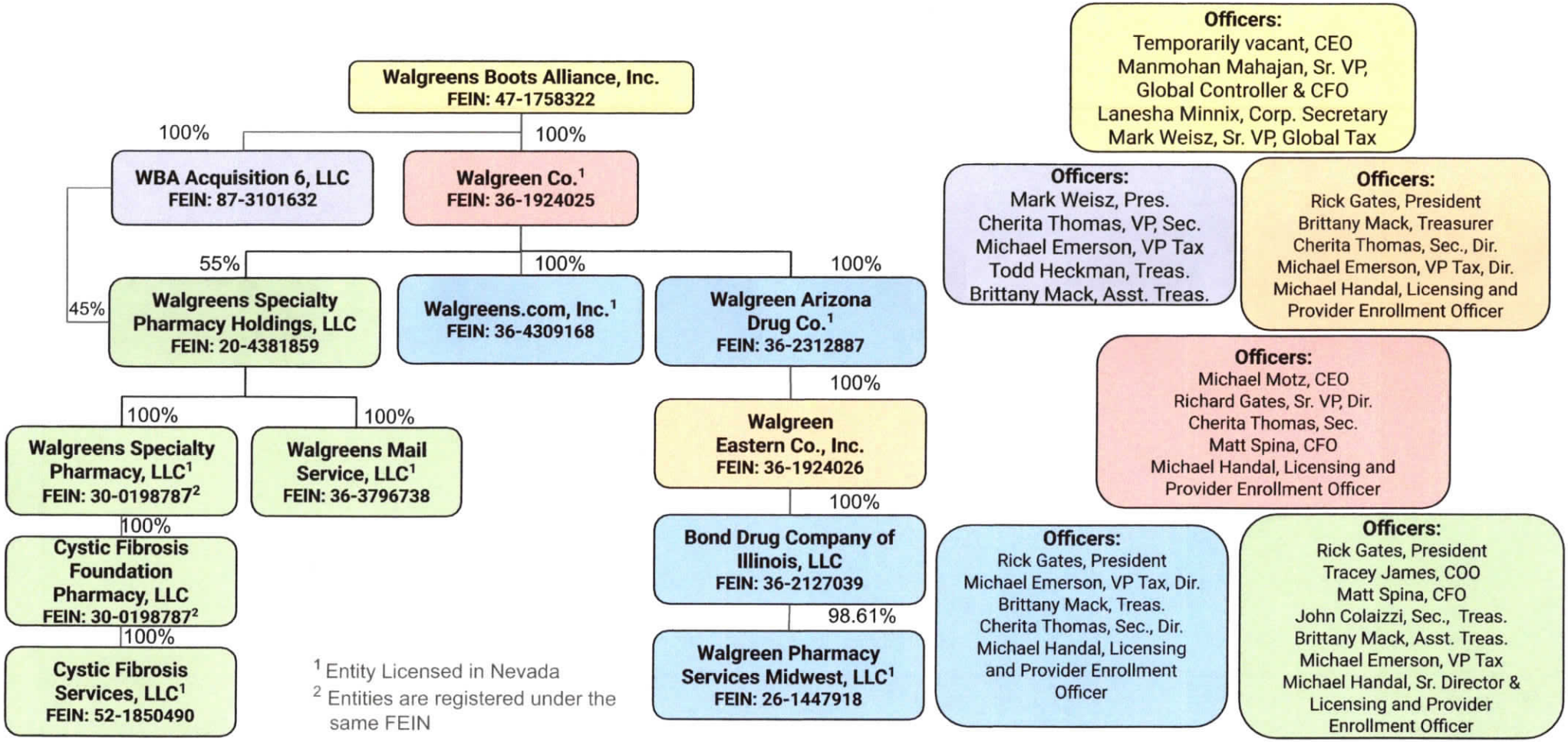
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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.)



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

4000000

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 02023	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FC6609107 ☐ 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 #16280

Physical Address: 10530 John W Elliott Dr STE 200

City: Frisco State: TX Zip: 75033

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-541-4959 Toll Free # (NAC 639.708, NRS 639.23286): 800-541-4959

Fax: 800-263-0251 Contact Email: Robert.dobbins@walgreens.com

Website: http://walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161885

Supervising/Managing Pharmacist Name (NRS 639.220): Robert Dobbins

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: Thanh (Sally) Nguyen	NV Pharmacist Registration #: 23989
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): Walgreens Specialty Pharmacy, LLC

Corporation/Organization Name: Cystic Fibrosis Services, LLC

Mailing Address: 108 Wilmot Rd

City: Deerfield State: IL Zip: 60015

Telephone: 847-224-1348 Email: specialtylicenses@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 #P03-30001111129

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 29801

(Date PDF Version Generated: 2/20/2025)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **29801** Expiration Date: **02/28/2027**

Balances: **0**

WALGREENS SPECIALTY PHARMACY #16280
10530 JOHN W ELLIOTT DR STE 200
FRISCO, TX 75033

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 29801

WALGREENS SPECIALTY PHARMACY #16280

License Information

License Status Active
License # 29801
Expiration Date 02/28/2027
Date License Issued 02/19/2015

Address

10530 JOHN W ELLIOTT DR STE 200
FRISCO, TX 75033
County COLLIN
Phone (800) 541-4959

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Multi
# of Hospital beds

Employment Information

Pharmacist in Charge
DOBBINS, ROBERT BRIAN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
AT&T translating services

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 802872 29801 ALLIANCERXWALGREENSPRIME16280 2022-01 01-2027.pdf
- 802872 29801ALLIANCERXWALGREENSPRIME16280 2019-01 01-2024.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No

Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	Yes

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ALLY, ERIC BRUCE	34431	03/08/1994	03/31/2027	Staff	Active
ANWAR, RAHEEL	55690	08/28/2014	06/30/2026	Staff	Active
BABATUNDE, OLATUNDE OLUDAYO	51675	07/19/2012	09/30/2025	Relief	Active
BRADLEY, CRYSTAL RENEE	43663	09/01/2005	11/30/2025	Relief	Active
DOBBINS, ROBERT BRIAN	30154	12/16/1987	07/31/2026	PIC	Active
KELLER, ASHLEY DONELLE	49295	08/27/2010	08/31/2026	Staff	Active
KHAN, SABA	73238	09/21/2023	10/31/2025	Staff	Active
LEE, SANGMIN	61902	11/09/2017	11/30/2025	Relief	Active
MAITRA, BIKASH	72291	05/11/2023	09/30/2025	Staff	Active
NGUYEN, THANH HUONG	44498	08/02/2006	05/31/2026	Staff	Active
PLUMMER, CHANTELLE	44207	06/15/2006	09/30/2026	Staff	Active
SACHEDINA, SALIMA AZIZ	51694	07/19/2012	10/31/2027	Staff	Active
SHAIKH, ANA KHALID	56896	07/30/2015	08/31/2027	Staff	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ANDERSON, MARCUS SEAN	294727	04/08/2019	03/31/2027	Staff	Active
BERNARDO, MARC SUAREZ	171693	10/19/2009	07/31/2027	Staff	Active
BROWN, ZADA	358854	08/15/2023	08/31/2025	Staff	Expired
CESSAC, CARMEN MARIE	162274	07/31/2008	06/30/2026	Staff	Active
CHEN, KELVIN	308541	06/08/2020	02/28/2026	Staff	Active
FATTY, NGENARR	133102	02/14/2006	01/31/2026	Staff	Active
GAUR, SUPRITI	364068	11/27/2023	11/30/2025	Staff	Active
GONZALEZ, ISMAEL	211800	09/06/2012	03/31/2027	Staff	Active
GREENHUT, JOHN AUSTIN	218835	04/30/2013	04/30/2026	Staff	Active
GRIMES, TAMARRA	376023	09/02/2024	09/30/2026	Staff	Active
HERNANDEZ, CHRYSTALL DIANN	131965	12/21/2005	10/31/2025	Staff	Active
HOWARD, LATOYA LASHON	154830	10/17/2008	01/31/2027	Staff	Active
HUNTER, SANDRA DELIA	231853	06/25/2014	06/30/2026	Staff	Active
LIM, EVA LILIANA	350846	01/30/2023	01/31/2027	Staff	Active
MAHINAY, JAN NARFE	268529	03/24/2017	03/31/2027	Staff	Active
MATA, NOE F	203384	11/29/2011	08/31/2026	Staff	Active
MEDFORD, DANIELLE ELIANE	193723	04/01/2011	07/31/2025	Staff	Delinquent
OGOLLA, JUDITH	320951	04/28/2021	01/31/2027	Staff	Active
RECKER, MATTHEW S	140563	01/12/2007	01/31/2027	Staff	Active
ROGERS, ANA PAULA	374635	08/06/2024	08/31/2026	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
CYSTIC FIBROSIS SERVICES, LLC	OWNER	,			
BROWN, BRIAN	OFFICER	,			
EMERSON, MICHAEL RICHARD	OFFICER	,			
JAMES, TRACEY JO	OFFICER	,			
SPINA, MATTHEW JOHN	OFFICER	,			
GATES, RICHARD	OFFICER	,			
MACK, BRITTANY ANN	OFFICER	,			

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The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

CYSTIC FIBROSIS SERVICES, LLC
P.O. BOX 901
DEERFIELD, IL 60015-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC6609107	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	04-25-2025

CYSTIC FIBROSIS SERVICES, LLC
DBA WALGREENS SPECIALTY PHARMACY #16280
10530 JOHN W ELLIOTT DR STE 200
FRISCO, TX 75033-0000

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
FC6609107	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	04-25-2025

CYSTIC FIBROSIS SERVICES, LLC
DBA WALGREENS SPECIALTY PHARMACY #16280
10530 JOHN W ELLIOTT DR STE 200
FRISCO, TX 75033-0000

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)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *ALLIANCERX WALGREENS PHARMACY #16280* **License Number:** *29801*

Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Routine*

Date: *03/28/2024* **Arrival Time:** *11:15 AM* **Departure Time:** *12:30 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Not Applicable*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on 6/9/23

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Not Applicable*

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Not Applicable*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance *Not Applicable*

30. Controlled substance invoices dated/initialed by pharmacist *Not Applicable*

35. Controlled substance invoices separated *Not Applicable*

46. Drug distribution *Not Applicable*

53. Possession of controlled substances *Satisfactory*

Comment

No controlled substances on site.

57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Not Applicable*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

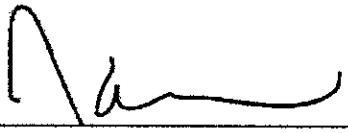
Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Robert Dobbins PIC #30154



Terri Burrows

Facility - #16280

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 16280	Consent Order	LA BoP	Frisco #16280	10-0096	5/20/2010	Pharmacy licensing issue. Discipline from Cystic Fibrosis Service INC prior to Walgreens acquisition in 2012.	$ 5,250.00	Facility

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: **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.

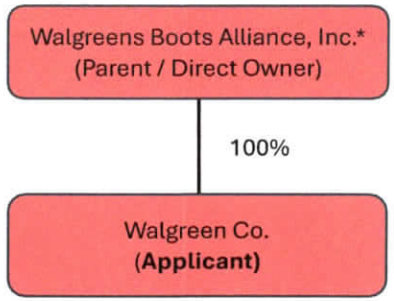
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

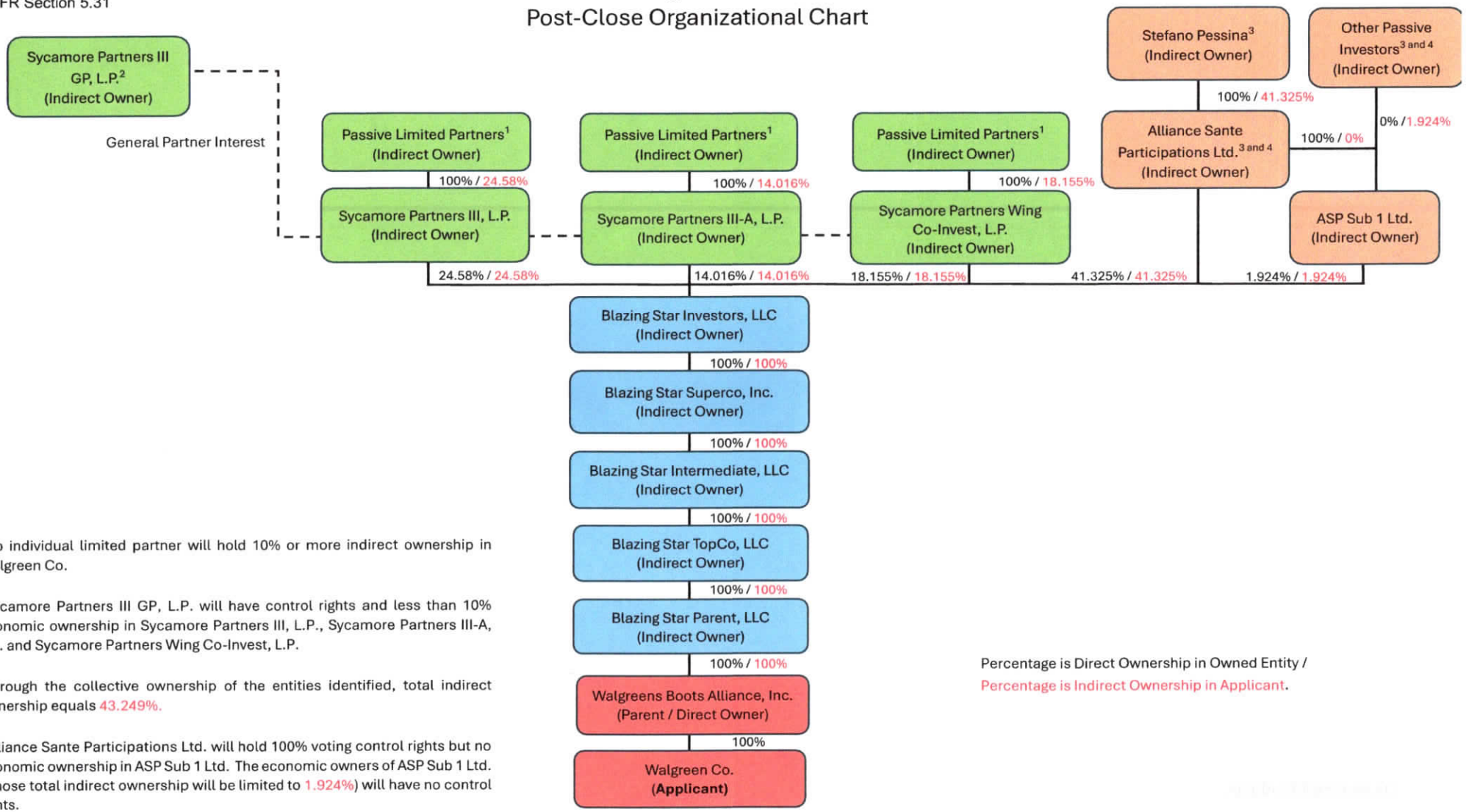
Walgreen Co.
Pre-Close Organizational Chart



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.

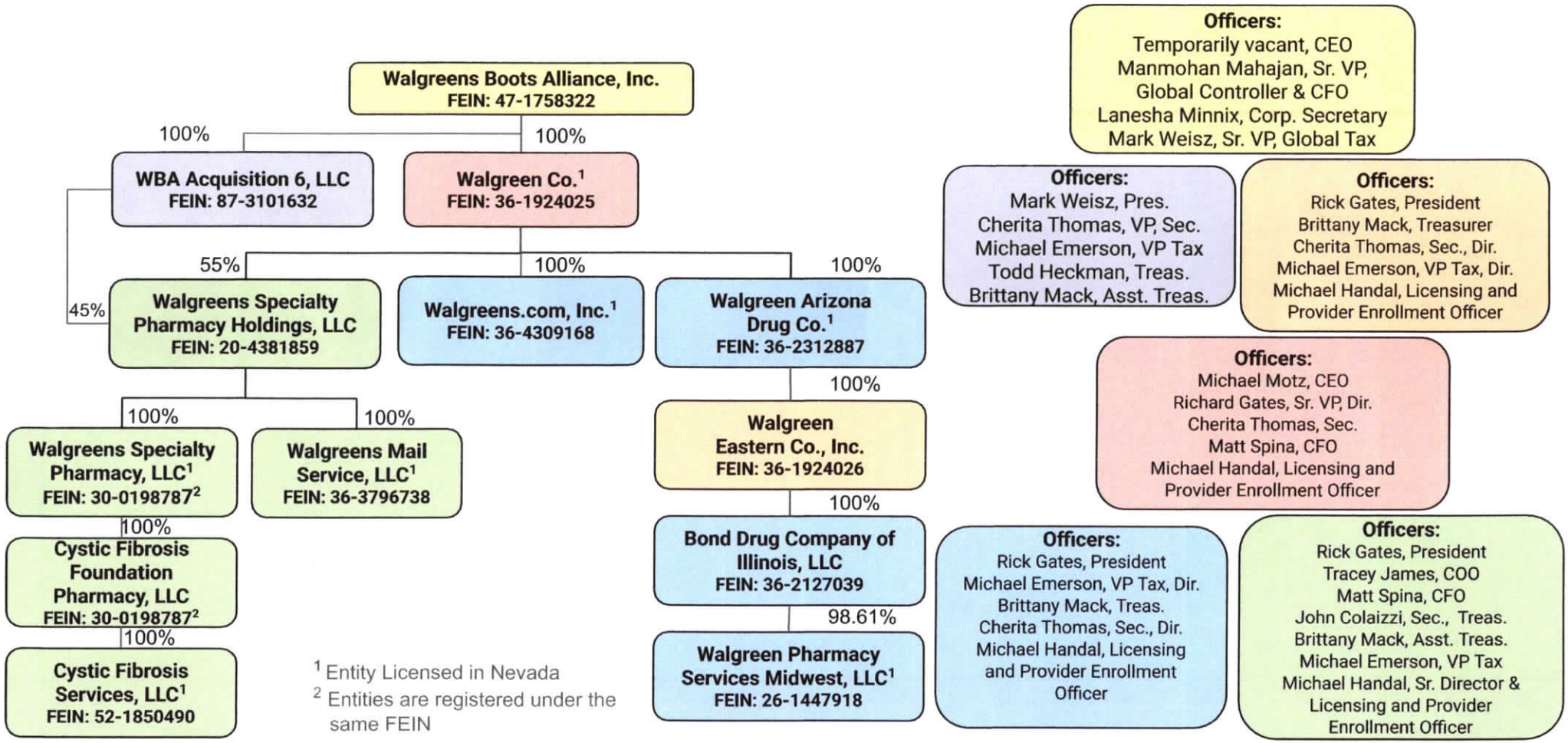
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

SECRETARY OF STATE

4PPPPPP

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 PH01440	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: BF8715661 ☒ 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 #16287

Physical Address: 130 Enterprise Drive

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-347-3416 Toll Free # (NAC 639.708, NRS 639.23286): 888-347-3416

Fax: 877-231-8302 Contact Email: Brittany.pfoutz@walgreens.com

Website: http://walgreensspecialtyrx.com/

Nevada Business License # (if applicable) NV20243161933

Supervising/Managing Pharmacist Name (NRS 639.220): Brittany Pfoutz

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23747

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: Brittany Pfoutz	NV Pharmacist Registration #: 23747
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: Delware

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 UP03-3000111129

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 SPECIALTY PHARMACY #16287
BRITTANY JEAN PFOUTZ

License Number	: PP415372L	Initial License Date : 04/23/1998		Expiration Date	: 08/31/2027
License Type	: Pharmacy			License Status as of 7/11/2025	: Active
Issued By	: State Board of Pharmacy				
Address	: 130 ENTERPRISE DR, 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

20250710564



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

08/29/2025

License Information

WALGREENS SPECIALTY PHARMACY #16287

130 ENTERPRISE DR
Pittsburgh, Pennsylvania 15275

Board/Commission:	State Board of Pharmacy	Status Effective Date:	11/06/2015
LicenseType:	Pharmacy	Issue Date:	04/23/1998
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2027
License Number:	PP415372L	Last Renewal:	07/10/2025
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
BRITTANY JEAN PFOUTZ	Pharmacist Manager	Pharmacist	RP451680	Active	10/31/2023	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
BF8715661	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 SPECIALTY PHARMACY #16287
130 ENTERPRISE DR
PITTSBURGH, PA 15275

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
BF8715661	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 SPECIALTY PHARMACY #16287
130 ENTERPRISE DR
PITTSBURGH, PA 15275

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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 SPECIALTY PHARMACY #16287

130 ENTERPRISE DR
PITTSBURGH, PA, 15275

Phone: 847-527-4274
Owner:

LICENSE

License No: AA0005658958 (PP415372L)
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 02/11/2025
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	2/11/2025 12:03:36 PM	Brittany Jean Pfoutz - RP451680
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 SPECIALTY PHARMACY #16287

130 ENTERPRISE DR
PITTSBURGH, PA, 15275

Phone: 847-527-4274
Owner:

LICENSE

License No: AA0005658958 (PP415372L)
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 02/11/2025
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

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy #16287

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 130 Enterprise Drive

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-347-3416 Toll Free # (NAC 639.708, NRS 639.23286): 888-347-3416

Fax: 877-231-8302 Contact Email: brittany.pfoutz@walgreens.com

Website: walgreensspecialtyrx.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Brittany Pfoutz

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23747

Name of Designated Person(s) as defined by revised USP-797 guidelines: Michael Piskuric

Email of Designated Person(s): michael.piskuric@walgreens.com

Telephone of Designated Person(s): 888-347-3416

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☑ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? Yes ☑ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☑ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ✓ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? March 2025

6. What is the frequency of the recertification for the ISO classified areas? 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☑ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? N/A | Yes | No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ✓ Yes No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Leuprolide Micro 50mcg
Leuprolide Micro 20mcg
Leuprolide Micro 40mcg
Lo Dose HCG 10 units/0.1ml
Leuprolide 2mg PFS
Leuprolide 4mg PFS

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Ste. 546

City: Oklahoma City State: OK Zip: 73104

Telephone: (800) 393-1595

13. What is your procedure for visual inspection of compounded sterile products?
Compounding pharmacists examine every finished CSP in each and every batch for particulates, unexpected color or odor, gas formation and signs of defect, damage, leaking or tampering prior to release to patients.Compounding pharmacists evaluate CSPs against a counter that has a non-glare white and matte black material band located in a properly lit area

14. How often do you perform glove fingertip and medial fill testing?
Every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Each compounding personnel performs didactic competencies using Simplifi Solesource Acadamy program. After completing the computer based program, the team members then begin completing competencies under the supervision of a designated person. The training personnel then performs 3 separate competencies for gowning & garbing followed by aseptic manipulation of media fills with post gowning fingertip samplings, post media fill fingertip samplings and a surface sampling. The plates and media fills are incubated and monitored for growth. The training personnel will then make sample products to be tested by ARL for sterility and potency before being allowed to compound. Personnel perform the didactic computer training yearly, with yearly in person competencies with gowning & garbing, and media fill samplings performed every 6 months.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily cleanings include cleaning the interior of the primary engineering control with sterile TB1-3300 starting with the filter and moving to the deck of the PEC using overlapping unidirectional wipes. After the PECs are cleaning with TB1-3300, the PEC is wiped a second time with sterile IPA using the same technique. Easily cleanable flat surfaces such as carts or chairs are cleaned next using the TB1-3300 or PreEmpt. Trash is removed followed by the floors being cleaned with TB1-3300 or Preempt. Weekly we follow the same procedure but substituting sterile Peridox for cleaning all surfaces. Monthly, Sterile Peridox is used for cleaning the inside of the PEC including under the deck followed by Sterile IPA. The Ceilings cleaned next using the Peridox in overlapping unidirectional wipes from the wall furthest from the door to the door. The walls are c leaned next with Peridox using overlapping unidirectional wipes from ceiling to floor. Additional surfaces (including easily cleanable and difficult areas) are cleaned next with Peridox followed by the floor. The PEC are cleaned with Peridox following compounding or any suspected contamination within the PEC.

17. Who performs the sterile compounding process at your facility? Compounding Technician and Pharmacists

18. Who is responsible and accountable for the sterile compounding process at your facility? Desginated Persons

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Products are packed and shipped in accordance with International Safety Transit Association standards as well as leveraging our patented cold chain shipment packing process as needed

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological Safety Cabinet		
2. Are you complying with all USP 800 guidelines?	✓Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	✓Yes	No
4. Is your BSC or CACI vented 100% to the outside?	✓Yes	No
5. Do you have a negative pressure buffer room at your facility?	✓Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	✓No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	✓No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Each package is labeled with a sticker stating "Handle with care per enclosed instructions. Contact sender immediately if package or contents are damaged." Each hazardous compound is labeled as hazardous and includes a package insert of the drug monograph used to make the compound along with contact information for the pharmacy.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Each compounding personnel performs didactic hazardous competencies using Simplifi Solesource Acadamy program. After completing the computer based program, the team members then reviews hazardous competencies such as donning and doffing of hazardous PPE under the supervision of a designated person. T he trainee will review additional hazardous competencies such as the difference in a Hazardous PEC vs a Non-Hazardous PEC, hazardous spill decontamination, and receiving. The Trainee will sign the "Hazardous Drug Risk Sign-off" and the "NIOSH List Review Acknowledgement."

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

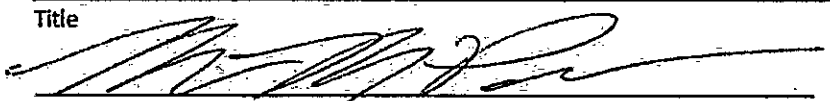
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion 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 the form 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 Piskuric

Name of Person who Completed the Form

Lead Compounding Pharmacist

Title



Signature (copies or stamps not accepted)

7/9/2025

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

Facility - #16287

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Pittsburgh #10997 (99)	Agency Order	CO BoP	Pittsburgh #16287	2011-000519	10/20/2010	Failure to submit the required data to PDMP.	$ 5,500.00	Facility

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.

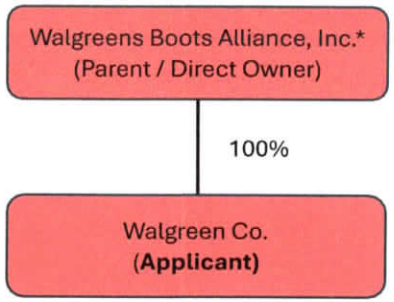
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

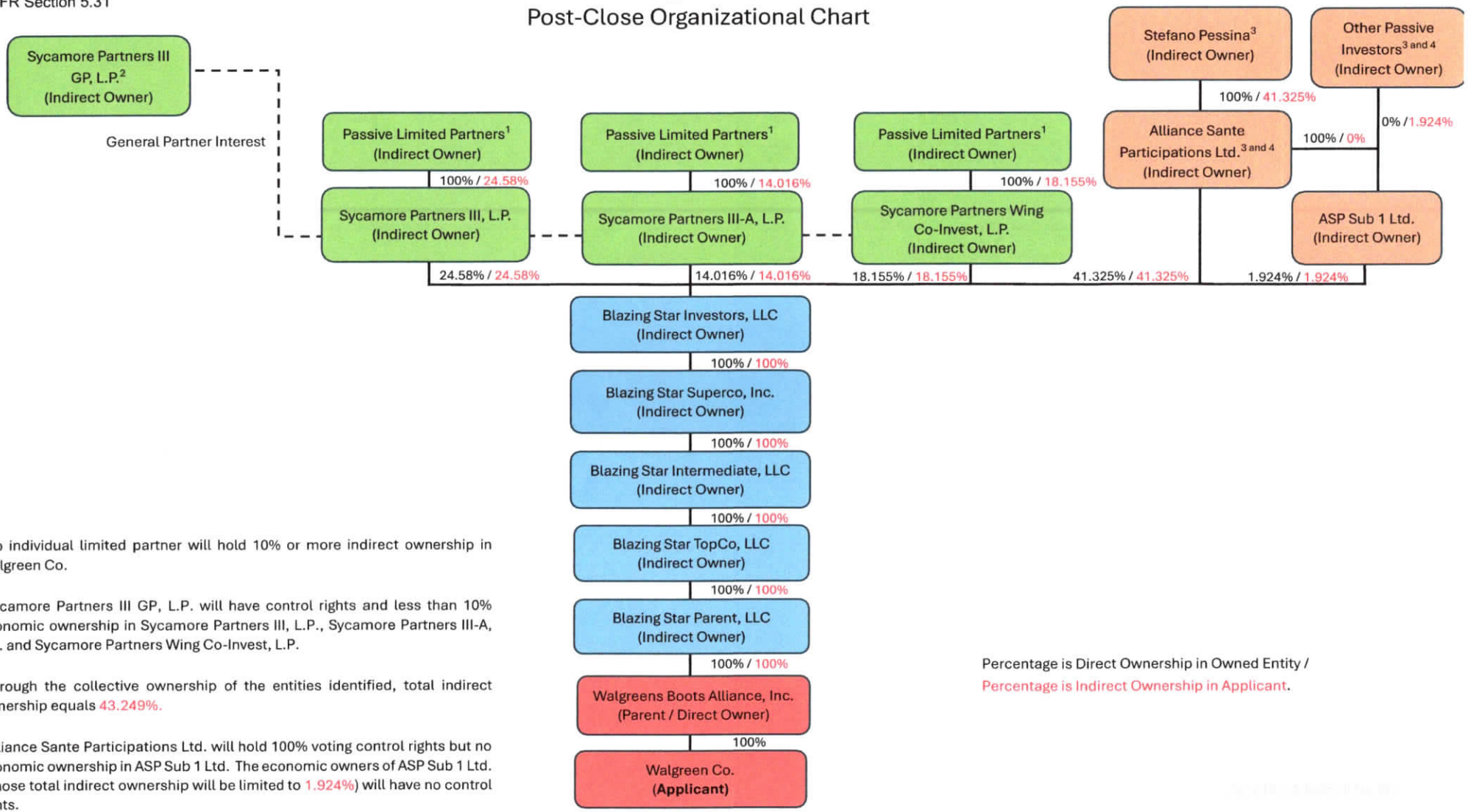
Walgreen Co.
Pre-Close Organizational Chart



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.

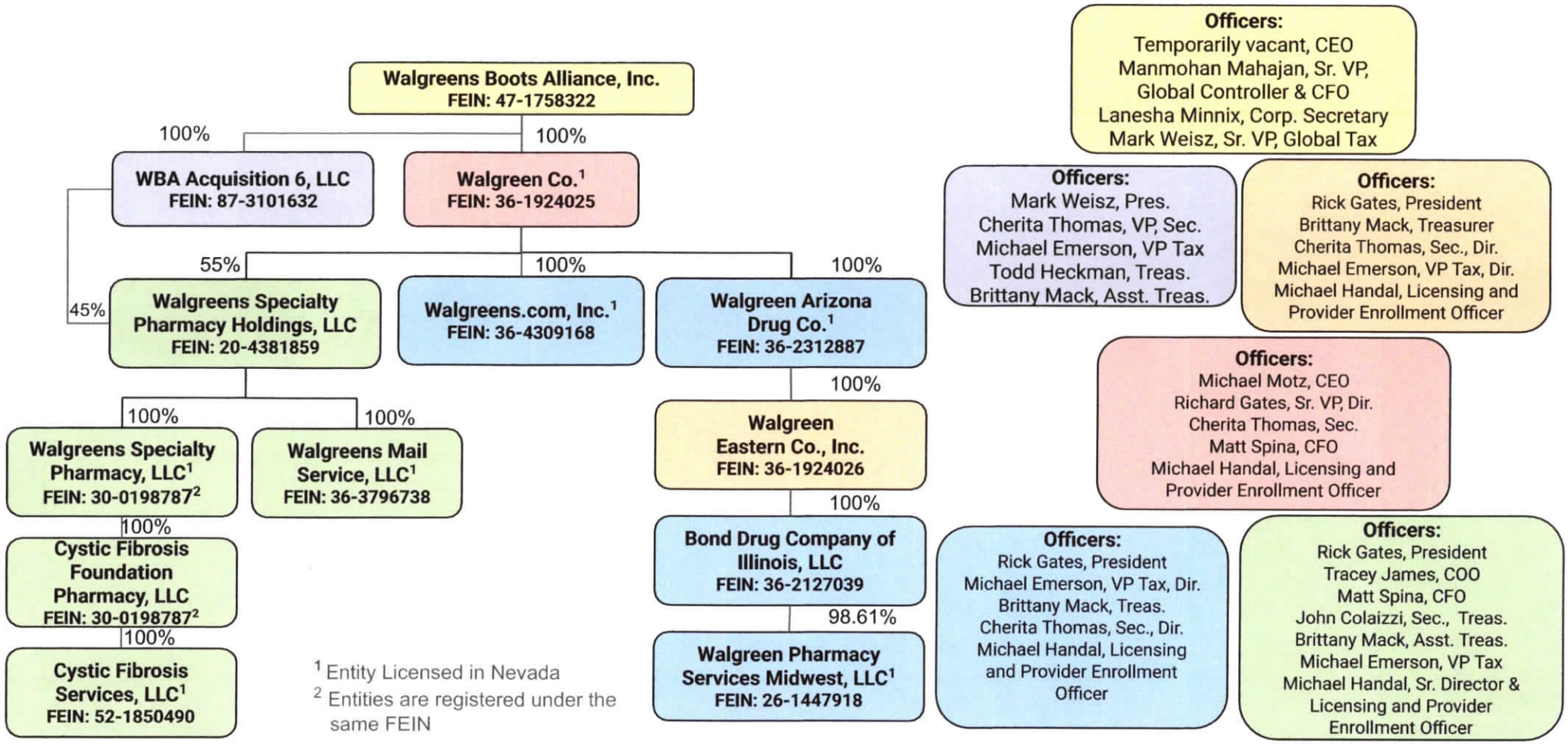
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

4QQQQQQ

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 04148	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: FW1266635 ☑ 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 #21213

Physical Address: 5149 W Thunderbird Rd. #51

City: Glendale State: AZ Zip: 85306

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 602-427-0919 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: 602-427-0920 Contact Email: rxm.21213@store.walgreens.com

Website: https://www.walgreens.com/

Nevada Business License # (if applicable) NV20212194266

Supervising/Managing Pharmacist Name (NRS 639.220): Timothy Ivers

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24247

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: Timothy Ivers	NV Pharmacist Registration #: 24247
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: AZ

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: $500-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: 10/01/2024
Receipt Number: 2024184646
Receipt Amount $: 480.00

Pharmacy - Chain

Compounding – Non-Sterile,Retail

	PERMIT NO	**EXPIRES**
	Y005120	**10/31/2026**
Issued to :	Community, A Walgreens Pharmacy #21213 Walgreen Arizona Drug Co. P. O. BOX 901 DEERFIELD, IL 60015	Community, A Walgreens Pharmacy #21213 5149 W THUNDERBIRD ROAD GLENDALE, AZ 85306

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 : Walgreen Arizona Drug Co.
LICENSE NUMBER : Y005120
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 Specialty Pharmacy #21213
Address :	5149 W Thunderbird Road Glendale AZ 85306
Registration No :	Y005120
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	02/20/2009
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 09/02/2025

WALGREEN ARIZONA DRUG CO
P.O. BOX 901
DEERFIELD, IL 60015-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW1266635	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREEN ARIZONA DRUG CO
WALGREENS SPECIALTY PHARMACY #21213
5149 W THUNDERBIRD RD.
GLENDALE, AZ 85306-0000

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
FW1266635	05-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	04-25-2025

WALGREEN ARIZONA DRUG CO
WALGREENS SPECIALTY PHARMACY #21213
5149 W THUNDERBIRD RD.
GLENDALE, AZ 85306-0000

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# : Y005120	AZ Permit Exp.Date : 10/31/2024	Business Name : Community, A Walgreens Pharmacy #21213
Address : 5149 W Thunderbird Road		
Zip : 85306	City : Glendale	State : AZ
Phone : (602) 427-0919	Fax : (602) 427-0920	Email : taxlicenserenewals@walgreens.com
Inspection Date : 07/24/2024	PIC : Tim Ivers	Pic License Exp Date : 10/31/2025
DEA # : FW1266635	DEA # Exp. date : 05/31/2025	DEA Inventory Annual Date : 06/07/2024
Reviewers License# : 5025730	Inspection type : Routine	

Inspection Conducted By : Nancy Chang

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
250	42	5.9523809523809526

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)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Suppliers	☑ 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	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees Reminder to post the official license copy and not the verification copy.	☑ 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 A backup key is maintained at the nearby Walgreens store on 54th & Thunderbird.	☑ 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)
4	Drug supply	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-611(B)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Quarantine expired drugs No expired drugs found.	☑ 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	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(B)(D)
2	Training program - compounds Reviewed compounding training for the pharmacy technician	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-1105(C)
3	Activities - trainees No trainees at this pharmacy location.	☐ 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

1	Documentation	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(G)(H)

2	Oral consultation Reminder to not ask if the patient has any questions for the pharmacist. Counseling is required for all new prescriptions and not per patient's choice.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-402(C)(D)(E)
3	Written information	☑ 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)
8	Refill authorizations N/A - did not observe	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

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 Rx (5/20-5/24/24); CIII-V (5/15/24-5/24/24); CII (508758-506774)		

COMPUTER REQUIREMENTS

1	Security	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-408(F)
2	Log books / printout No missing days observed.	☑ 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 This is a specialty compounding pharmacy and they rarely give vaccination. Only had a few a year.	☑ 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	☐ 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	☐ 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

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)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

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)
3	Inventory	☑ 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)
4	Delivery Mostly via FedEx.	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures The pharmacy uses the proprietary Star System for documentation of events	☑ 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)

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7	Dextromethorphan sales restrictions No OTC sales at this location.	☐ S ☐ N/I ☐ V ☑ N/A	ARS 32-1978
8	Federal medication guides Automatically print out for each medication.	☑ 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

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	☐ 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	☐ 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 Uses a star as a symbol for compounding.	☑ 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 The hood was down and no compounding was performed pending recertification.	☐ 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)

8	Patient written list Medication guide provided for each ingredient.	☑ 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 Daily cleaning docs and scale calibration was done and signed off monthly.	☑ 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)
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)

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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 : 06/07/2024

Inventory Taken : Close

Date Of Audit : 07/24/2024

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Dextroamphetamine Mix Salt 10mg Tablets	174	200	374	164	210	374	0	0.00
xcopri 100mg tablet	30	0	30	30	0	.30	0	0.00
pregabalin 100 mg caps	120	0	120	120	0	120	0	0.00

NOTES

Hours: M-F (8:30 - 5:30p)
This pharmacy fills mostly specialty medications and non-sterile compounded prescriptions.

No violations were issued.

Reminders:
- To post the official licenses and not the receipt/verification copy
- To counsel patients on all new prescriptions regardless of whether or not the patient has any questions for the pharmacist.

AFFIRMATION

Status :

Satisfactory

Representative Email :

nchang@azpharmacy.gov

Arizona State Board of Pharmacy

Physical address: 1110 W. Washington Street Suite 260 Phoenix, AZ 85007, Mailing address: PO Box 18520 Phoenix, AZ 85005-8520
Telephone. 602-771-2727 Fax. 602-771-2749 Website: pharmacy az gov

NOTICE OF INSPECTION RIGHTS-PREMISES SUBJECT TO INSPECTION

DATE: 7/24/24

COMPLIANCE OFFICER/INSPECTOR: Nancy Chang

ACCOMPANIED BY: _____

Permittee: Community Walgreens Pharmacy #21263
Permit #: _____
Address: 5749 W. Thunderbird Road
Glendale AZ 85306

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) §§32-1904(A), 32-1927.03(D), 32-1939(A), 32-1941(C), 32-1964(A), 36-2522(E), and 36-2523(C)).

2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18; A.R.S. Title 36, Chapter 27, and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.

3. Fees for the inspection are. ☒ Not applicable ☐ Authorized by: _____ as follows. _____.

4. An authorized on-site representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.

5. You have the right to have on request copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.

6. You have the right to have on request a split of any samples taken during the inspection if the split of any samples would not prohibit an analysis from being conducted or render an analysis inconclusive

7. You have the right to have on request copies of any analysis performed on samples taken during the inspection.

8. You have the right to have on request copies of any documents to be relied on to determine compliance with licensure or regulatory requirements if the agency is otherwise allowed by law to do so.

9. You have the right to have on request a detailed billing statement that provides reasonable specificity of the inspection or audit fees imposed pursuant to paragraph 3 of this subsection and that cites the statute or rule that authorizes the fees being charged.

10. Each person whose conversation is tape-recorded during the inspection will be informed that the conversation is being recorded

11. Each person interviewed during the inspection will be informed that statements made by the person may be included in the report. Participation in an interview is voluntary unless the person is legally compelled to participate in the interview. Each person interviewed will be allowed twenty-four hours to review and revise any written witness statement drafted by the inspector(s) and on which the inspector(s) request the person's signature. The inspector(s) may not prohibit the person from having an attorney or expert in their field present during the interview to represent or advise the regulated person

12. An inspector shall at the end of the inspection, offer to review with an authorized representative of the regulated person, the findings of the inspection and what agency actions the regulated person can expect

13. An inspector may not take any adverse action, treat the person less favorably or draw any inference as a result of the person's decision to be represented by an attorney or advised by other experts in their field

14. The information and documents provided to the inspector(s) as part of an investigation are confidential pursuant to A.R.S. § 32-1940. Information and documents provided to the inspector(s) as part of an inspection are not confidential with the exception of trade secrets and propriety and confidential information.

15. A new or amended compliance action arising from the inspection may not be filed against the regulated person more than four years after the date of the inspection.

16. If you have any questions regarding this inspection, you may contact Nancy Chang (602) 885-0382 nchang@azpharmacy.gov

17. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq. Rights relating to appeal of a final agency decision are found in A.R.S. § 12-901 et seq.

18. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: Jennifer Keonavong, Deputy Director at 602-771-2735, or Arizona Ombudsman-Citizens' Aide. 7878 N. 16th St. # 235, Phoenix, AZ 85020 602-277-7292 (email: ombuds@azoca.gov).

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating they are Board employees, and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board inspector(s) may nevertheless proceed with the inspection.

Signature and Title of Authorized Representative: Timothy P. Juerss Date: 7/24/2024

☐ By checking this box, the inspector(s) documents the refusal of the authorized representative to sign the Notice of Inspection Rights.

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.

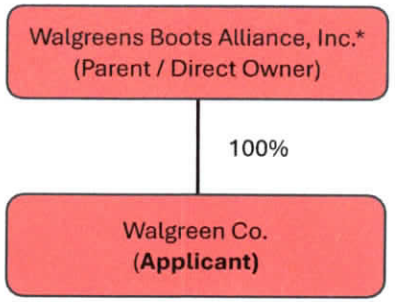
Ownership: Walgreens Boots Alliance, Inc. is wholly owned (100%) by Blazing Star Parent, LLC

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

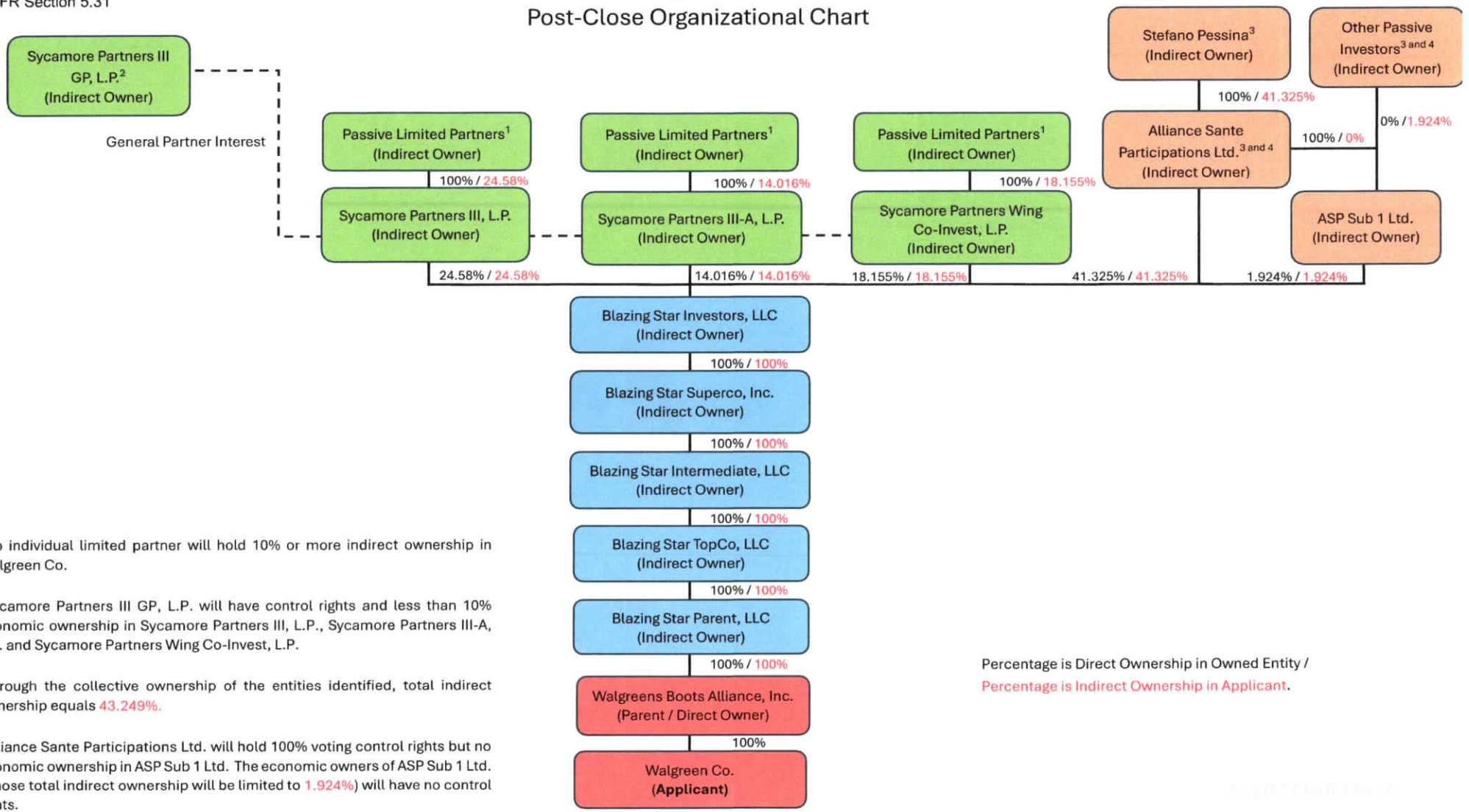
Walgreen Co.
Pre-Close Organizational Chart



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.

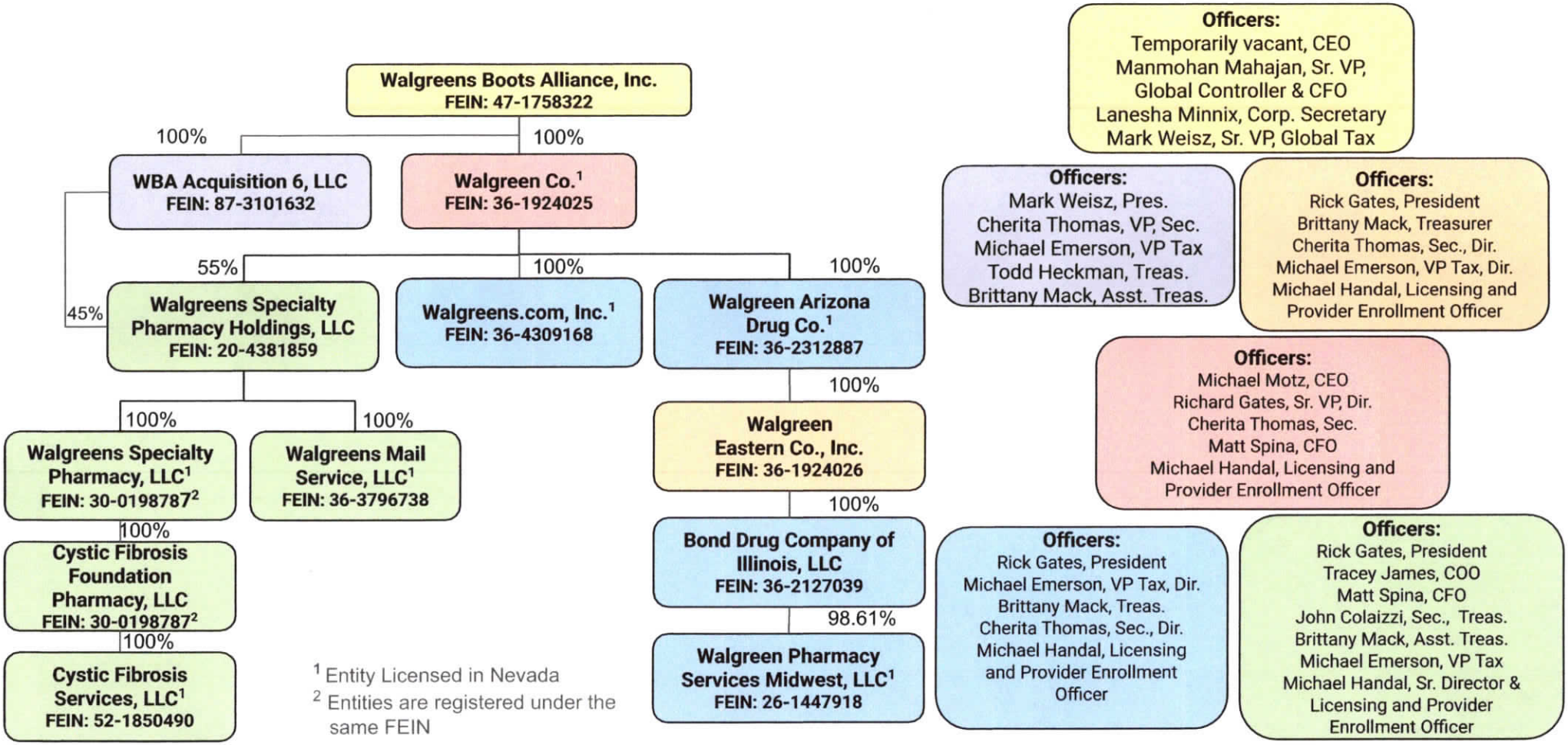
[2]Sycamore Partners III GP, L.P. will have control rights and less than 10% economic ownership in Sycamore Partners III, L.P., Sycamore Partners III-A, L.P. and Sycamore Partners Wing Co-Invest, L.P.

[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

SECRETARY OF STATE

4RRRRRR

NEVADA STATE BOARD OF PHARMACY

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

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility
☒ Ambulatory Surgical Center (ASC)
☐ Recovery Center (RC)

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

Section 1: General Information

ASC/RC Name: MHASC Smoke Ranch LLC dba Meadows Health ASC - Smoke Ranch

Physical Address: 7050 Smoke Ranch Rd

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): 1090 E Desert Inn Rd

City: Las Vegas State: NV Zip: 89109

Telephone: 702-450-6000 Fax: 725-910-0733

Contact Email: sblakely@meadowseye.com Website _____

Nevada Business License # NV20243256894

Employed/Contracted Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

Medical Director Name: Mazeyar Saboori, MD

Days of Operation

☒ Monday	☒ Tuesday	☒ Wednesday	☒ Thursday	☒ Friday	☐ Saturday	☐ Sunday

Section 2: 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 3: 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 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Meadows Healthcare LLC

Parent Company (if any): Osler, Inc.

Corporation/Organization Name: Meadows Eye Physicians & Surgeons

Mailing Address: 1090 E Desert Inn Rd

City: Las Vegas State: NV Zip: 89109

Telephone: 530-400-3333 Email: mlee@meadowseye.com

Contact Person Name: Martin Lee

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

Section 5: 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 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

As the employed/contracted pharmacist, for (ASC/RC Name): Meadows Health ASC :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	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?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. <u>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.</u>

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

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

Provide explanation below:

Michelle McCarthy
Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

8/11/25
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

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.

Martin Lee

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)

10/8/25

Date

Board Use Only	Date Received: 10/14/25	Amount: $500.00

MHASC Smoke Ranch LLC
1090 E Desert Inn Rd
Las Vegas, NV 89109

STATEMENT OF STOCKHOLDERS

October 17, 2025

To Whom It May Concern,

This letter serves as the official statement of ownership for MHASC Smoke Ranch LLC, a Nevada corporation. All ownership interests are held exclusively by its stockholders listed below.

Stockholders:

1. Martin Lee - 50% ownership
2. Claudia Krispel - 50% ownership

This statement is true and accurate to the best of knowledge and is provided for official and regulatory purposes.

Sincerely,

Martin Lee
Managing Member
MHASC Smoke Ranch LLC
1090 E Desert Inn Rd
Las Vegas, NV 89109
(530) 400-3333
mlee@meadowseye.com

Partnership List

MHASC Smoke Ranch LLC
7050 Smoke Ranch Rd.
Las Vegas, NV 89128

October 17, 2025

Our organization does not currently maintain any partnership arrangements. Ownership is held exclusively by its stockholders.



Martin Lee
Managing Member

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **MHASC SMOKE RANCH LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 12/17/2024, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 10/22/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202510226200755
You may verify this certificate online at https://www.nvsilverflume.gov/home

MHASC Smoke Ranch LLC
1090 E Desert Inn Rd
Las Vegas, NV 89109

LIST OF OFFICERS AND DIRECTORS

Entity Name: MHASC Smoke Ranch LLC dba Meadows Health ASC - Smoke Ranch
Address: 7050 Smoke Ranch Rd Las Vegas, NV 89128
Date: October 17, 2025

Name	Title/Position	Role Type	Email / Contact
Martin Lee	Managing Member	Officer	mlee@meadowseye.com
Claudia Krispel	Managing Member	Officer	ckrispel@meadowseye.com

Statement:
This document represents the current list of Officers and Directors for MHASC Smoke Ranch LLC. The information provided is accurate and complete as of the above date.

Martin Lee
Managing Member
MHASC Smoke Ranch LLC

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler MHASC Smoke Ranch LLC dba Meadows Health ASC - Smoke Ranch

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 7050 Smoke Ranch Rd

City Las Vegas State NV Zip 89109

Mailing Address (if different from physical address) 1090 E Desert Inn Rd

City Las Vegas State NV Zip 89109

Telephone 702-450-6000 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Martin Middle _____ Last Lee

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

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

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email mlee@meadowseye.com

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 California at Davis		09/2001 - 06/2005	
Address	**City**	**State**	**Zip**
1 Shields Ave	Davis	CA	95616
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
University of California at Davis		09/1996 - 06/2000	
Address	**City**	**State**	**Zip**
1 Shields Ave	Davis	CA	95616
Diploma/Degree obtained, if any			
Bachelor of Science, Microbiology with Honors			
School Name		**From - To (MM/YY – MM/YY)**	
Bellarmine College Preparatory		09/1992 - 06/1996	
Address	**City**	**State**	**Zip**
960 W Hedding St	San Jose	CA	95126
Diploma/Degree obtained, if any			
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
11/2019 - Current	[redacted]	Las Vegas	NV	[redacted]
11/2013 - 11/2019	[redacted]	Las Vegas	NV	
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			From - To (MM/YY – MM/YY)
Meadows Healthcare LLC dba Meadows Eye Physicians & Surgeons			11/2014 - present
Business Address	**City**	**State**	**Zip**
1090 E Desert Inn Rd	Las Vegas	NV	89109
Phone	**Title**		
702-358-0472	Owner		
Description of Duties			
Responsible for the overall direction, management, and financial health of the organization.			

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			

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.

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			

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			

Make copies of this page OR use a separate piece of paper 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?		✔

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date 10/7/25

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.

Martin Lee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/7/25

Date

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

State of NEVADA, ss. County of CLARK

I, Martin Lee, 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

10/7/25

Date

Subscribed and Sworn to before me this 7 day of OCTOBER 2025.

Notary Public Signature

CHARLES HARDING
NOTARY PUBLIC, STATE OF NEVADA
Appt. No. 20-6567-01
My Appt. Expires Nov. 1, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: MHASC Smoke Ranch LLC dba Meadows Health ASC - Smoke Ranch

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 7050 Smoke Ranch Rd

City Las Vegas State NV Zip 89128

Mailing Address (if different from physical address) 1090 E Desert Inn Rd

City Las Vegas State NV Zip 89109

Telephone 702-450-6000 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Claudia Middle M Last Krispel

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

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

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email ckrispel@meadowseye.com

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 California at Davis		09/2001 - 06/2007	
Address	**City**	**State**	**Zip**
1 Shields Ave	Davis	CA	95616
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
University of California at Davis		09/2001 - 06/2005	
Address	**City**	**State**	**Zip**
1 Shields Ave	Davis	CA	95616
Diploma/Degree obtained, if any			
Ph.D.			
School Name		**From - To (MM/YY – MM/YY)**	
University of California at Davis		06/1997 - 07/2001	
Address	**City**	**State**	**Zip**
1 Shields Ave	Davis	CA	95616
Diploma/Degree obtained, if any			
Bachelor of Science with Highest Honors, Physics			
School Name		**From - To (MM/YY – MM/YY)**	
Northgate High School		09/1993 - 06/1997	
Address	**City**	**State**	**Zip**
425 Castle Rock Rd	Walnut Creek	CA	94598
Diploma/Degree obtained, if any			
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
11/2019 - Current	[redacted]	Las Vegas	NV	[redacted]
11/2013 - 11/2019		Las Vegas	NV	
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			From - To (MM/YY – MM/YY)
Meadows Healthcare LLC dba Meadows Eye Physicians & Surgeons			11/2014 - Current
Business Address	**City**	**State**	**Zip**
1090 E Desert Inn Rd	Las Vegas	NV	89109
Phone	**Title**		
702-358-0472	Founder and Medical Director		
Description of Duties			
Provides clinical leadership and ensures that medical services meet regulatory, ethical, and quality standards.			

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			

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.

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				

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				

Make copies of this page OR use a separate piece of paper 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?		✔

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

10/7/2025
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.

Claudia Krispel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/7/2025

Date

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

State of NEVADA, ss. County of CLARK

I, Claudia Krispel, 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

10/7/2025

Date

Subscribed and Sworn to before me this 7 day of OCTOBER 2025

Notary Public Signature

CHARLES HARDING
NOTARY PUBLIC, STATE OF NEVADA
Appt. No. 20-6567-01
My Appt. Expires Nov. 1, 2028

(Seal)

4SSSSSS

NEVADA STATE BOARD OF PHARMACY

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

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility		
■ Ambulatory Surgical Center (ASC) ☐ Recovery Center (RC)		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
■ New ASC/RC ☐ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: _____	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9) ☐ Partnership (complete sections 1, 2, 5, 7, 8, 9) ☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: PAHRUMP COMMUNITY HEALTH CENTER

Physical Address: 136 S LOLA LANE

City: PAHRUMP State: NV Zip: 89048

Mailing Address (if different from physical address): 2027 DODGE STREET, SUITE 500

City: OMAHA State: NE Zip: 68102

Telephone: 928.846.7207 Fax: _____

Contact Email: pahrump.asc@convergencehealth.com Website communityhdp.com

Nevada Business License # NV20212077762

Employed/Contracted Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

Medical Director Name: JAMES STANSBURY, MD

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: 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 3: 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 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada/ Pahrump Community Health Center, LLC

Parent Company (if any): Community Health Development Partners, LLC

Corporation/Organization Name: _____

Mailing Address: 2027 Dodge St., Suite 500

City: Omaha State: NE Zip: 68102

Telephone: 402-35-8464 Email: david.lutz@communityhdp.com

Contact Person Name: David Lutz, Managing Partner

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

Section 5: 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 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

As the employed/contracted pharmacist, for (ASC/RC Name): Pahrump Community Health Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	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 <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. <u>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.</u>

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

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

Provide explanation below:

Michelle McCarty

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

7/17/25

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

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.

Courtney Stansbury

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)

8/29/2025

Date

Board Use Only	Date Received: 9/2/25	Amount: $500.00

Pahrump Community Health Center
136 South Lola Lane | Pahrump, NV 89048 | 928-846-7207

August 29, 2025

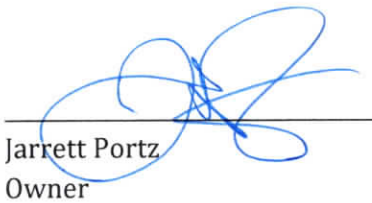
To Whom It May Concern:

This letter serves as formal confirmation that Courtney Stansbury is an authorized representative of Pahrump Community Health Center and is empowered to act on behalf of the organization in matters related to business operations, licensing, regulatory submissions, and contractual arrangements.

As one of the owners of Pahrump Community Health Center, I, Jarrett Portz, hereby affirm that Courtney Stansbury has the authority to sign, submit, and receive documents, and to represent the interests of the organization in dealings with state and federal agencies, vendors, and business partners.

If further verification is required, please feel free to contact me directly.

Sincerely,



Jarrett Portz
Owner
Pahrump Community Health Center, LLC

Pahrump Community Health Center, LLC

Officers and Directors

David Lutz

Jarrett Portz

Top Four Stockholders and Their Percent Ownership

CHDP Pahrump, LLC	90.10%
CHDP Investments III, LLC	9.90%

Stockholders Who Hold 10% or More of the Shares

CHDP Pahrump, LLC	90.10%
CHDP Investments III, LLC	9.90%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Pahrump Community Health Center, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/22/2021, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 09/23/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202509236110122
You may verify this certificate online at https://www.nvsilverflume.gov/home

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: Pahrump Comminity Health Center, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 136 South Lola Lane

City: Pahrump State: NV Zip: 89048

Mailing Address (if different from physical address): 2027 Dodge St. Suite 500

City: Omaha State: NE Zip: 68102

Telephone: 928-846-7207 Website: www.communityhdp.com/pahrump

Licensing Company Email:

Section 2: Personal Information

First: David Middle: Keith Last: Lutz

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)	
New York University School of Law		08/04 - 05/05	
Address	City	State	Zip
40 Washington Square South	New York	NY	10012
Diploma/Degree obtained, if any			
LLM (taxation)			

School Name		From - To (MM/YY – MM/YY)	
Chicago-Ken College of Law		08/01 - 05/04	
Address	City	State	Zip
565 West Adams Street	Chicago	IL	60661
Diploma/Degree obtained, if any			
Juris Doctor (JD)			

School Name		From - To (MM/YY – MM/YY)	
Creighton University		08/99 - 05/00	
Address	City	State	Zip
2500 California Plaza	Omaha	NE	68178
Diploma/Degree obtained, if any			
BA (Political Science)			

School Name		From - To (MM/YY – MM/YY)	
University of Nebraska - Omaha		08/97 - 05/99	
Address	City	State	Zip
6001 Dodge Street	Omaha	NE 6818	
Diploma/Degree obtained, if any			
n/a - transferred to Creighton University			

School Name		From - To (MM/YY – MM/YY	
Millard North High School		08/93 - 05/97	
Address	City	State	Zip
1010 S 144th Street	Omaha	NE	68154
Diploma/Degree obtained, if any			
High School Diploma			

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
10/16 - Current	[redacted]			
04/10 - 10/16				
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			From - To (MM/YY – MM/YY)
Community Health Development Partners			01/20 - Present
Business Address	**City**	**State**	**Zip**
4727 Center Street	Omaha	NE	68106
Phone	**Title**		
402-590-2121	Principal and Senior Managing Director		
Description of Duties			
Managing Partner			

Business Name			From - To (MM/YY – MM/YY)
Stinson LLP			10/14 - Present
Business Address	**City**	**State**	**Zip**
1299 Farnam Street, #1500	Omaha	NE	68102
Phone	**Title**		
402-342-1700	Partner		
Description of Duties			
Partner			

Business Name			From - To (MM/YY – MM/YY)
Husch Blackwell			09/09 - 09/14
Business Address	**City**	**State**	**Zip**
13330 California Street, #200	Omaha	NE	68154
Phone	**Title**		
402-964-5000	Partner		
Description of Duties			
Partner			

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?		✓

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 # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
	09/20/2024	OK	Alava	Woods
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
5:25-cv-00219-SLP		Federal District Court/Oklahoma		
Reason/Charge				
Financial Litigation				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendent			Lawsuit	
Name of Business/Industry/Entity				
Community Health Development Partners and affiliates				

Provide explanation below:

Affiliates of Community Health Development partners were involved in litigation proceedings with BancCentral National Assocation for a purported non-monentary default on a loan agreement. The case was subsequently dismissed and CHDP is now suing BancCentral for damages caused by the wrongful action brought by BancCentral.

Original Signature (electronic, copies or stamps not accepted)

8/19/2025
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.

David Lutz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/25/2025

Date

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

State of Nebraska, ss. County of Douglas

I, David Lutz, 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

8/25/2025

Date

Subscribed and Sworn to before me this 25 day of August 2025

Notary Public Signature

GENERAL NOTARY - State of Nebraska
ANEESH BHATTARAI
My Comm. Exp. February 21, 2027

(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: Pahrump Community Health Center, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 136 South Lola Lane

City: Pahrump State: NV Zip: 89048

Mailing Address (if different from physical address): 2027 Dodge Street, Suite 500

City: Omaha State: NE Zip: 68102

Telephone: 928-846-7207 Website: www.communityhdp.com/pahrump

Licensing Company Email:

Section 2: Personal Information

First: Jarrett Middle: Wayne Last: Portz

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

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

Mailing Address: [redacted]

City: [redacted] State: AZ Zip: 86406

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)	
Lake Havasu High School		1994 - 1997	
Address	**City**	**State**	**Zip**
2675 Palo Verde Blvd S	Lake Havasu City	AZ	86403
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Northern Arizona University		1997 - 1998	
Address	**City**	**State**	**Zip**
S San Francisco St	Flagstaff	AZ	86011
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			

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
2019 - Present	[redacted]			
2018 - 2019				
2010 - 2018				
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			From - To (MM/YY – MM/YY)
Community Health Development Partners			01/2019 - Present
Business Address	**City**	**State**	**Zip**
2027 Dodge Street, Suite 500	Omaha	NE	68102
Phone	**Title**		
928-486-8848	Managing Director		
Description of Duties			
Managing Partner			

Business Name			From - To (MM/YY – MM/YY)
LBJ Enterprises, LLC			2017 - Present
Business Address	**City**	**State**	**Zip**
5601 Hwy 95N Ste J906	Lake Havasu City	AZ	86404
Phone	**Title**		
928-486-8848	Manager		
Description of Duties			
Managing partner			

Business Name			From - To (MM/YY – MM/YY)
Sky Distributing, LLC			2016 - Present
Business Address	**City**	**State**	**Zip**
6320 Hinson St	Las Vegas	NV	89118
Phone	**Title**		
928-486-8848	Manager		
Description of Duties			
Managing Partner			

Business Name			From - To (MM/YY – MM/YY)
Rigz, LLC			2018 - Present
Business Address	**City**	**State**	**Zip**
5601 Hwy 95N Ste J906	Lake Havasu City	AZ	86404
Phone	**Title**		
928-486-8848	Manager		
Description of Duties			
Managing Parnter			

Business Name			From - To (MM/YY – MM/YY)
PF Opportunity Fund, LLC			2019 - Present
Business Address	**City**	**State**	**Zip**
5601 Hwy 95N Ste J906	Lake Havasu City	AZ	86404
Phone	**Title**		
928-486-8848	Manager		
Description of Duties			
Managing Partner			

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?		✓

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 # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/27/2021	Ongoing	AZ	Phoenix	Maricopa
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CV2021-008689		Superior Court of the State of Arizona in and for the County of Maricopa		
Reason/Charge				
To recover damages against individuals and entities related to fraud and breach of contract				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Lawsuit	
Name of Business/Industry/Entity				
As a member of PC Building Investments LLC and individually				

Provide explanation below:

With the assistance of counsel, and as Plaintiff in this case, I am seeking to recover damages associated with the defendants' fraudulent acts and breach of contract. This case is ongoing and no order, agreement, or other disposition is available for the entirety of the case.

Original Signature (electronic, copies or stamps not accepted)

8-29-25
Date

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 # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/06/2023	02/14/2024	AZ	Lake Havasu City	Mohave
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
S8015-CV-2023-00264		Mohave Superior Court		
Reason/Charge				
A former tenant of PF Opportunity Fund, LLC filed a lawsuit.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
PF Opportunity Fund, LLC				

Provide explanation below:

Provide explanation below: A former tenant filed a lawsuit. The tenant had a lease based upon the gross revenue of the business. The tenant closed the business, refused to pay the current rent and wanted to remain in the premises for another 30 days. This violated the lease. Under Arizona law, PF Opportunity retook possession of space. The matter was ultimately settled, as the cost of settlement was less than the ongoing attorney fees required to continue litigation.

Original Signature (electronic, copies or stamps not accepted)

8-29-25
Date

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 # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
August 2023	09/20/2024	OK	Alva	Woods
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
5:25-cv-00219-SLP		Federal District Court/Oklahoma		
Reason/Charge				
Financial Litigation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Community Health Development Partners and affiliates				

Provide explanation below:

Affiliates of Community Health Development Partners were involved in litigation proceedings with BancCentral National Association for a purported non-manentary default on a loan agreement. The case was subsequently dismissed and CHDP is now suing BancCentral for damages caused by the wrongful action brought by BancCental.

Original Signature (electronic, copies or stamps not accepted)

8-29-25
Date

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 # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/16/2025	Ongoing	AZ	Parker	LaPaz
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
S1500CV202500069		La Paz County Superior Court		
Reason/Charge				
negligence, breach of contract, fraud/fraudulent inducement, negligent misrepresentation, unlawful acts under AZ law				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Plaintiff		Lawsuit		
Name of Business/Industry/Entity				
Kofa Courtyard, LLC				

Provide explanation below:

Kofa Courtyard, LLC sued the Town of Parker for falsely claiming it had authority to issue permits and inspections for a $4M housing project. When it was revealed the Town lacked legal authority, Kofa faced costly delays and damages, leading to claims of negligence, breach of contract, fraud, and ultra vires acts

Original Signature (electronic, copies or stamps not accepted)

8-29-25
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.

Jarrett Portz
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/29/2025
Date

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

State of Arizona, ss. County of Mohave

I, Jarrett Portz, 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

8/29/2025
Date

Subscribed and Sworn to before me this 29 day of August.

Notary Public Signature

Stephanie Marie Wilson
Notary Public
Mohave County, Arizona
My Comm. Expires 10-17-26
Commission No. 637921

(Seal)

4TTTTTT

NEVADA STATE BOARD OF PHARMACY

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

Y

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 01799	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: BC1699442 ☐ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: jails/prisons & employees

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: NaphCare Pharmacy, LLC

Physical Address: 2086 Columbiana Rd, Ste 1100

City: Birmingham State: AL Zip: 35216

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (205) 552-1700 Toll Free # (NAC 639.708, NRS 639.23286): 1-800-859-7395

Fax: (205) 521-7085 Contact Email: danny.williamson@naphcare.com

Website: n/a

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Williamson

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21431

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 Williamson	NV Pharmacist Registration #: 21431
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: James S. McLane

Business Name: NaphCare Pharmacy, LLC

Business Address: 2086 Columbiana Rd, Ste 1100

City: Birmingham State: AL Zip: 35216

Telephone: (205) 536-8400 Email: jim@naphcare.com

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

Statement of Responsibility

1. I am the Sole Member/Owner (title) for NaphCare Pharmacy, 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).

James S. McLane

Print Name of Authorized Person

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

7/16/2025

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.

James S. McLane

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)

7/16/2025

Date

Board Use Only	Date Received: 7/24/25	Amount: $500 ea

NaphCare
Your independent health care choice.

Explanation

The Ohio State Board of Pharmacy (OBOP) initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs License Numbers 02-2124750 & 02-1450450, related to allegations regarding NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications within a jail facility in Dayton, Ohio. NaphCare denied and disputed all claims by the OBOP. On July 11, 2017, NaphCare agreed to provide a nominal payment to the Board in the amount of $7,000 and the OBOP agreed to dismiss its pending investigation. Further, NaphCare agreed to provide refresher training to its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs.

James S. McLane

7/16/2025

Date

2090 Columbiana Road, Suite 4000, Birmingham, Alabama 35216
(205)536-8400 • 1-800-834-2420 • Fax (205)536-8404

Steven W. Schlerholt, Esq.
Executive Director

STATE OF OHIO
BOARD OF PHARMACY

John R. Kasich
Governor

-THIS IS A RED INK STAMP-
I certify this to be a true and correct copy of the original document on file with the Ohio State Board of Pharmacy
Steven W. Schlerholt, Esq., Executive Dir
Date: 12/4/17
-MUST HAVE BOARD SEAL TO BE OFFICIAL-

IN THE MATTER OF:

CASE NO. 2014-1423

NaphCare, Inc. at Montgomery County Jail
c/o Bradford T. McLane
2090 Columbiana Rd, Ste. 1100
Birmingham, AL 35216

License No. 02-2127450
02-1450450

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 NaphCare, Inc. at Montgomery County Jail (NaphCare), for the purpose of resolving all issues between the parties relating to the Board investigation of NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications. Together, the Board and NaphCare are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.54 of the Ohio Revised Code.

2. NaphCare is a licensed Terminal Distributor of Dangerous Drugs under license numbers 02-2124750 and 02-1450450.

FACTS

1. On or about April 23, 2014, the Board initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs license numbers 02-2124750 and 02-1450450, related to NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications.

2. On or about March 14, 2017, the Board sent a Notice of Opportunity for Hearing to NaphCare which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

3. On or about March 27, 2017, NaphCare timely requested a hearing which was subsequently scheduled for September 12, 2017.

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. NaphCare neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated March 14, 2017; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. NaphCare agrees to pay to the Board a monetary penalty the amount of $7,000.00, by means of a cashier's check made payable to "Treasurer, State of Ohio," mailed with the enclosed form to the Board, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126, no later than 30 days from the Effective Date of this Agreement.

4. NaphCare agrees to train its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs. Further, after two years from the effective date of this agreement NaphCare may petition the Board to reduce or cease biannual training.

5. Effective no later than the sixtieth day after the Effective Date of this Agreement, Dr. Brenda Ellis shall no longer be NaphCare's Responsible Person, as defined in Ohio Administrative Code 4729-5-11. NaphCare shall submit a "Terminal Distributor Change of Responsible Person Notice" on license number 02-2127450 within 60 days of the Effective Date of this Agreement. Once Dr. Brenda Ellis has been replaced in accordance with this Agreement, NaphCare agrees to never use Dr. Ellis as a Responsible Person on any of its Ohio licenses.

6. NaphCare 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.

7. NaphCare agrees to comply with all federal and state requirements related to Terminal 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 NaphCare 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 NaphCare by the Board and will NOT discharge NaphCare from any obligation under the terms of this Agreement.

8. NaphCare agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

9. NaphCare understands that it has the right to be represented by counsel for review and execution of this agreement.

10. 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 NaphCare will operate.

11. NaphCare waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and specifically withdraws its request for a hearing, and waives any right to an appeal.

12. 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.

13. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

14. 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.

15. This Agreement shall become effective upon the date of the Board President's signature below ("Effective Date").

[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:

Bradford T. McLane, *on behalf of NaphCare* — Date of Signature: 6/22/2017

Ronald L. House, Attorney for Respondent — Date of Signature: 6/22/17

Fred Weaver, R.Ph., Acting President,
State of Ohio Board of Pharmacy — Date of Signature: 7-10-17

Steven Kochheiser, Ohio Assistant Attorney General — Date of Signature: July 11, 2017

Steven W. Schierholt, Esq.
Executive Director

John R. Kasich
Governor

STATE OF OHIO
BOARD OF PHARMACY

NOTICE OF OPPORTUNITY FOR HEARING
PROPOSAL TO TAKE DISCIPLINARY ACTION AGAINST LICENSEE

IN THE MATTER OF: **CASE NO. 2014-1423**

Naphcare, Inc. at Montgomery County Jail
c/o Brenda Ellis, MD
2090 Columbiana Rd, STE 1100
Birmingham, AL35216

License No. 02-2127450
02-1450450

3/14/17

March 14, 2017

Dear Naphcare, Inc. at Montgomery County Jail and Brenda Ellis,

You are hereby notified, in accordance with the provisions of Section 119.07 of the Ohio Revised Code the state of Ohio Board of Pharmacy (Board) proposes to take action against your license as a Terminal Distributor of Dangerous Drugs under authority of Section (TDDD) 4729.57 of the Revised Code.

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.55 of the Ohio Revised Code to practice as a TDDD in the state of Ohio. Additionally, Section 4729.57 of the Revised Code grants the Board the authority to impose a monetary penalty or forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or $1,000 if the acts committed have not been classified as an offense by the Revised Code.

2. Naphcare, Inc. at Montgomery County Jail has a current TDDD license with the Board under license numbers 02-2127450 and 02-1450450.

ALLEGATIONS AND POTENTIAL VIOLATIONS OF LAW

1. During several inspections by an agent of the Board, the agent discovered the following expired medications inside the facility. On or about June 1, 2011, an agent of the Board observed that there was no system in place to check for expired medication blister cards among active stock. On or about June 10, 2011, you submitted a corrective action plan that outlined the training and process to monitor for expired medications. During another inspection on or about August 4, 2011, the agent observed expired medication blister cards among active stock that dated back to October 2009. On or about June 2, 2014, the agent observed expired medications among active stock located in the refrigerator, medication carts, and storage rooms. The expired medication dated back to October 2013. On or about December 16, 2015,

the agent observed expired medications among active stock located in the medication room and the dental area with expiration dates from June 2014.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

   i. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

   ii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-17-03(B)(6) of the OAC, security and control of drugs in an institutional facility, punishable by a maximum fine of $1,000.

d. Such conduct, if proven, constitutes a violation of Rule 4729-9-17(A) of the OAC, storage of adulterated drugs, punishable by a maximum fine of $1,000.

e. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

2. On or about June 2, 2014, the Board issued you a written request to release records of administration of methadone administered to inmate S.K. After failing to respond to this initial request, the Board, on or about April 17, 2015, issued a written request for records of administration of methadone for all inmates from February 2013 through April 2013. You responded to the request; however, documents related specifically to inmate S.K. were not provided to the Board. On or about December 16, 2015, the Board issued an additional written request for records of administration of methadone administered to inmate S.K.

a. Such conduct, if proven, constitutes a violation of Rule 3719.27(A) of the ORC, inspection and checking of files and records, constituting an unclassified offense, punishable by a maximum fine of $1,000 if committed by an organization.

b. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

   i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

   ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

   iii. Violating any provision of the federal drug abuse control laws or Chapter 3719. of the Revised Code, ORC Section 4729.57(A)(5).

c. Such conduct, if proven, constitutes a violation of Rule 4729-5-29(C) of the OAC, confidentiality of patient records, punishable by a maximum fine of $1,000.

d. Such conduct, if proven, constitutes a violation of Rule 4729-9-14(A) of the OAC, records of controlled substances, punishable by a maximum fine of $1,000.

e. Such conduct, if proven, constitutes a violation of Rule 4729-9-22(E) of the OAC, records of dangerous drugs, punishable by a maximum fine of $1,000.

3. On or about March 23, 2014, Dr. Brenda Ellis instructed a nurse to remove an unknown quantity of methadone 10 mg tablets from a designated destruction container. The tablets were removed and administered to patient S.K.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

I. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

II. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

III. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

4. On or about August 11, 2015, patient D.M was administered expired medication during dental treatment. The patient received Septocaine 4% with epinephrine 1:200,000 which expired April 2015.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

I. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

II. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

III. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

5. On or about September 2, 2015, patient B.H. was administered expired medication during dental treatment. The patient received Lidocaine 2% with epinephrine which expired June 2015.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

I. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

II. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

III. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

6. During an inspection on December 16, 2015, the agent of the board reviewed the temperature log and observed that approximately 36% of the dates in 2015 did not have a temperature documented.

a. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

I. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

II. Violating any provision of this chapter, ORC Section 4729.57(A)(3).

b. Such conduct, if proven, constitutes a violation of Rule 4729-9-11(D) of the OAC, security and control of dangerous drugs, punishable by a maximum fine of $1,000.

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

7. During an inspection on December 16, 2015, a follow up inspection from the June 2, 2014 inspection, an agent of the board reviewed records of the facility and observed prescribers were not signing and dating end of day reports for positive identification.

a. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3).

b. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-22(A)(4) of the OAC, records of dangerous drugs, punishable by a maximum fine of $1,000.

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the State of Ohio Board of Pharmacy, if you request such a hearing within thirty 30 days of the date of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall either be mailed to the State of Ohio Board of Pharmacy, Attn: Legal, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126 or an e-mail request may be sent to legal@pharmacy.ohio.gov (please note faxes will not be accepted). YOUR REQUEST MUST BE MUST BE RECEIVED ON OR PRIOR TO THE 30TH DAY FOLLOWING THE MAILING DATE OF THIS NOTICE. Please note that if you submit a request via email, your request will be acknowledged within one business day of receipt. If you do not receive an acknowledgment, please contact the Board offices at 614-466-4143 and request the legal department. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing; and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you. If you are a corporation, you must be represented at the hearing by an attorney licensed to practice in the state of Ohio.

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the 30th day following the mailing of this notice, the State of Ohio Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

If you have questions regarding the Chapter 119. Administrative Hearing process, please e-mail your questions to legal@pharmacy.ohio.gov or call the Board office at 614-466-4143 and ask for the legal department.

BY ORDER OF THE STATE OF OHIO BOARD OF PHARMACY

Steven W. Schierholt, Esq., Executive Director

SWS/rlc
CMRRR: 7005 0390 0001 8571 7902

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
CV 00 1599	USDC for the Northern District of Alabama	PCR	Dismissed	6/7/2000	2/28/2005	Summary Judgment granted in Defendants' favor
CV 00 3574	Circuit Court of Jefferson County, Alabama	PCR	Dismissed	6/12/2000	1/1/2007	Confidential settlement & case dismissed
CV 01 205	USDC for the Northern District of Alabama	PCR	Dismissed	1/19/2001	3/28/2006	Summary Judgment granted in Defendants' favor
CV 01 6834 ER	Circuit Court of Jefferson County, Alabama	AWD	Dismissed	11/2/2001	3/1/2004	Confidential settlement & case dismissed
CV 01 3274	USDC for the Northern District of Alabama	PCR	Dismissed	12/19/2001	3/27/2006	Dismissed with Prejudice
1:02cv18GRO	USDC for the Southern District of Mississippi	ER	Dismissed	1/1/2002	11/1/2004	Summary Judgment granted in Defendants' favor
CV 02 41	Circuit Court of Jefferson County, Alabama	PCR	Dismissed	1/9/2002	8/13/2004	Dismissed without prejudice
03cv26	USDC for the Middle District of Alabama	PCR	Dismissed	1/10/2002	3/1/2004	Summary Judgment granted in Defendants' favor
02 CV 42	USDC for the Middle District of Alabama	PCR	Dismissed	1/14/2002	9/30/2002	Dismissed
02-cv-133	USDC for the Northern District of Alabama	PCR	Dismissed	1/16/2002	5/23/2003	Dismissed without prejudice
CV 02 62	USDC for the Middle District of Alabama	PCR	Dismissed	1/17/2002	11/22/2002	Dismissed without prejudice
02-cv-124	USDC for the Middle District of Alabama	PCR	Dismissed	1/31/2002	1/8/2003	Final Judgment in Defendants' Favor
02 cv 162	USDC for the Middle District of Alabama	PCR	Dismissed	2/11/2002	7/15/2002	Dismissed without prejudice
CV 02 438	USDC for the Northern District of Alabama	PCR	Dismissed	2/20/2002	3/31/2006	Dismissed without prejudice
02 CV 300	USDC for the Middle District of Alabama	PCR	Dismissed	3/8/2002	7/23/2002	Summary Judgment granted in Defendants' favor
02 CV 305	USDC for the Middle District of Alabama	PCR	Dismissed	3/11/2002	9/23/2002	Dismissed
CV 02 N 0640 S	USDC for the Northern District of Alabama	ER	Dismissed	3/11/2002	11/1/2002	Confidential settlement & case dismissed
CV 02 704	USDC for the Northern District of Alabama	PCR	Dismissed	3/19/2002	3/31/2006	Summary Judgment granted in Defendants' favor
CV 02 1836	Circuit Court of Jefferson County, Alabama	PCR	Dismissed	3/21/2002	7/22/2002	Summary Judgment granted in Defendants' favor
CV 02 137	Circuit Court of Limestone County, Alabama	PCR	Dismissed	4/1/2002	6/26/2002	Dismissed with Prejudice
CV 02 384	USDC for the Middle District of Alabama	PCR	Dismissed	4/2/2002	9/5/2002	Dismissed
CV 02 911	USDC for the Northern District of Alabama	PCR	Dismissed	4/10/2002	2/26/2004	Dismissed
CV 02 575	Circuit Court of Jefferson County, Alabama	PCR	Dismissed	4/23/2002	5/24/2004	Summary Judgment granted in Defendants' favor
CV 02 487	USDC for the Middle District of Alabama	PCR	Dismissed	5/1/2002	9/13/2004	Final Judgment in Defendants' Favor
02-CV-501	USDC for the Middle District of Alabama	PCR	Dismissed	5/3/2002	7/21/2003	Summary Judgment granted in Defendants' favor
CV 02 509	USDC for the Middle District of Alabama	PCR	Dismissed	5/6/2002	9/9/2002	Dismissed
02cv550	USDC for the Middle District of Alabama	PCR	Dismissed	5/15/2002	7/21/2003	Summary Judgment granted in Defendants' favor
02cv357	USDC for the Southern District of Alabama	PCR	Dismissed	5/16/2002	4/18/2003	Dismissed with Prejudice
CV 2002 1392	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	5/16/2002	2/24/2006	Dismissed with Prejudice
CV 02 1390	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	5/16/2002	2/6/2009	Summary Judgment granted in Defendants' favor
CV 02 1312	USDC for the Northern District of Alabama	PCR	Dismissed	5/28/2002	3/30/2006	Summary Judgment granted in Defendants' favor
02cv1435	USDC for the Northern District of Alabama	PCR	Dismissed	6/12/2002	3/19/2003	Dismissed
CV 02 270	Circuit Court of Elmore County, Alabama	PCR	Dismissed	6/19/2002	10/23/2003	Dismissed with Prejudice
CV 02 1517	USDC for the Northern District of Alabama	PCR	Dismissed	6/21/2002	8/26/2004	Confidential settlement & case dismissed
CV 02 1524	USDC for the Northern District of Alabama	PCR	Dismissed	6/21/2002	2/23/2006	Summary Judgment granted in Defendants' favor
02cv2044	USDC for the Nothern District of Iowa	PCR	Dismissed	7/1/2002	8/15/2003	Dismissed
CV 02 508	USDC for the Southern District of Alabama	PCR	Dismissed	7/8/2002	3/7/2006	Final Judgment in Defendants' Favor
CV 02 1936	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	7/15/2002	11/1/2002	Dismissed with Prejudice
CV 02 809	USDC for the Middle District of Alabama	PCR	Dismissed	7/16/2002	8/9/2004	Final Judgment in Defendants' Favor
CV 02 4318	Circuit Court of Jefferson County, Alabama	PCR	Dismissed	7/19/2002	10/22/2002	Dismissed without prejudice
02cv823	USDC for the Middle District of Alabama	PCR	Dismissed	7/22/2002	12/6/2002	Dismissed without prejudice
CV 02 2075	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	7/24/2002	4/21/2003	Dismissed with Prejudice

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
CV 02 574	USDC for the Southern District of Alabama	PCR	Dismissed	7/25/2002	2/1/2005	Dismissed
CV 02 2128	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	7/29/2002	3/21/2003	Dismissed without prejudice
02cv957	USDC for the Middle District of Alabama	PCR	Dismissed	8/19/2002	12/1/2003	NaphCare Defendants Dismissed
CV 02 2367	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	8/22/2002	2/5/2004	Dismissed with Prejudice
CV 03 990	USDC for the Middle District of Alabama	PCR	Dismissed	8/26/2002	3/1/2003	Final Judgment in Defendants' Favor
CV 02 1024	USDC for the Middle District of Alabama	PCR	Dismissed	9/4/2002	10/21/2003	Final Judgment in Defendants' Favor
CV 02 1023	USDC for the Middle District of Alabama	PCR	Dismissed	9/4/2002	9/29/2004	Dismissed
03cv 1038	USDC for the Middle District of Alabama	PCR	Dismissed	9/6/2002	11/24/2003	Dismissed
CV 02 1038	USDC for the Middle District of Alabama	PCR	Dismissed	9/6/2002	12/1/2004	Dismissed
CV 02 1124	USDC for the Middle District of Alabama	PCR	Dismissed	10/3/2002	3/25/2005	Final Judgment in Defendants' Favor
CV 02 290.60	Circuit Court of Escambia County, Alabama	PCR	Dismissed	10/8/2002	3/24/2003	Final Judgment in Defendants' Favor
CV 02 759	USDC for the Southern District of Alabama	PCR	Dismissed	10/11/2002	3/1/2005	Dismissed with Prejudice
CV 02 1194	USDC for the Middle District of Alabama	PCR	Dismissed	10/25/2002	6/30/2003	Final Judgment in Defendants' Favor
CV 02 2067	USDC for the Northern Distirct of Iowa	PCR	Dismissed	10/25/2002	10/31/2003	Dismissed
CV 02 316	Circuit Court of Escambia County, Alabama	PCR	Dismissed	11/4/2002	2/6/2003	Summary Judgment granted in Defendants' favor
CV 02 215	Circuit Court of St. Clair County, Alabama	WC	Dismissed	11/5/2002	6/1/2003	Confidential settlement & case dismissed
02-CV-2775	USDC for the Northern District of Alabama	PCR	Dismissed	11/12/2002	3/9/2005	Dismissed
CV 02 813	USDC for the Southern District of Mississippi	PCR	Dismissed	11/15/2002	3/25/2004	Dismissed
CV 02 2812	USDC for the Northern District of Alabama	PCR	Dismissed	11/18/2002	6/1/2004	NaphCare Defendants Dismissed
CV 02 581	Circuit Court of Elmore County, Alabama	PCR	Dismissed	11/22/2002	3/12/2003	Dismissed without prejudice
CV 02 3527	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	12/17/2002	10/28/2003	Summary Judgment granted in Defendants' favor
CV 02 3558	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	12/19/2002	1/2/2003	Dismissed without prejudice
02 3555	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	12/19/2002	3/9/2006	Dismissed without prejudice
02cv1405	USDC for the Middle District of Alabama	PCR	Dismissed	12/20/2002	8/1/2003	Dismissed without prejudice
03 CV 21	USDC for the Northern District of Alabama	AWD	Dismissed	1/6/2003	11/1/2005	Confidential settlement & case dismissed
CV 03 31	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	1/7/2003	1/7/2005	Final Judgment in Defendants' Favor
CV 03 20	USDC for the Middle District of Alabama	PCR	Dismissed	1/8/2003	12/13/2004	Dismissed without prejudice
CV 03 20	Circuit Court of Bibb County, Alabama	PCR	Dismissed	1/28/2003	4/17/2003	Dismissed with Prejudice
03-cv-99	USDC for the Middle District of Alabama	PCR	Dismissed	1/30/2003	2/1/2004	Final Judgment in Defendants' Favor
CV 03 536	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	2/12/2003	10/21/2008	Dismissed without prejudice
CV 03 351	USDC for the Northern District of Alabama	PCR	Dismissed	2/18/2003	8/17/2004	Summary Judgment granted in Defendants' favor
CV 03 30	Circuit Court of St. Clair County, Alabama	ER	Dismissed	2/18/2003	12/1/2005	Confidential settlement & case dismissed
CV 03 256	USDC for the District of Oregon	PCR	Dismissed	2/24/2003	9/1/2004	Summary Judgment granted in Defendants' favor
CV 03 534	Circuit Court of Montgomery County, Alabama	AWD	Dismissed	2/28/2003	11/1/2006	Confidential settlement & case dismissed
CV 03 283	USDC for the Middle District of Alabama	PCR	Dismissed	3/13/2003	12/16/2004	Summary Judgment granted in Defendants' favor
CV 03 669	USDC for the Northern District of Alabama	PCR	Dismissed	3/24/2003	8/24/2005	Summary Judgment granted in Defendants' favor
CV 03 836	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	4/1/2003	9/3/2003	Summary Judgment granted in Defendants' favor
CV 03 2135	Circuit Court of Jefferson County, Alabama	PCR	Dismissed	4/2/2003	10/28/2003	Dismissed with Prejudice
CV 03 354	USDC for the Middle District of Alabama	PCR	Dismissed	4/2/2003	8/31/2005	Final Judgment in Defendants' Favor
1:03 CV 112	USDC for the Southern District of Mississippi	PCR	Dismissed	4/3/2003	2/17/2005	Dismissed with Prejudice
03cv893	USDC for the Northern District of Alabama	PCR	Dismissed	4/16/2003	8/14/2004	NaphCare Defendants Dismissed
CV 03 3025	USDC for the Northern District of Alabama	PCR	Dismissed	4/17/2003	3/1/2003	Transferred to case where NC not a defendant

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CV 03 41	Circuit Court of Bullock County, Alabama	PCR	Dismissed	4/17/2003	7/23/2003	Dismissed without prejudice
CV 03 447	USDC for the Middle District of Alabama	PCR	Dismissed	4/25/2003	12/15/2003	Final Judgment in Defendants' Favor
CV 03 1711	Circuit Court of Montgomery County, Alabama	AWD	Dismissed	4/29/2003	6/14/2005	Confidential settlement & case dismissed
CV 03 464	USDC for the Middle District of Alabama	PCR	Dismissed	4/30/2003	8/22/2005	Final Judgment in Defendants' Favor
03cv462	USDC for the Middle District of Alabama	PCR	Dismissed	4/30/2003	1/20/2006	Dismissed
CV 03 1013	USDC for the Northern District of Alabama	PCR	Dismissed	5/1/2003	4/23/2004	Summary Judgment granted in Defendants' favor
CV 03 619	USDC for the Western District of Pennsylvania	PCR	Dismissed	5/1/2003	9/1/2004	Summary Judgment granted in Defendants' favor
03-CV-1114	USDC for the Northern District of Alabama	PCR	Dismissed	5/13/2003	3/9/2004	NaphCare Defendants Dismissed
CV 03 546	USDC for the Middle District of Alabama	PCR	Dismissed	5/23/2003	3/26/2004	Final Judgment in Defendants' Favor
CV 03 561	USDC for the Middle District of Alabama	PCR	Dismissed	5/27/2003	8/31/2005	Final Judgment in Defendants' Favor
CV 03 596	USDC for the Middle District of Alabama	PCR	Dismissed	6/4/2003	8/24/2005	Final Judgment in Defendants' Favor
CV 03 1472	USDC for the Northern District of Alabama	PCR	Dismissed	6/18/2003	1/26/2006	Dismissed
CV 03 654	Circuit Court of Jefferson County, Alabama	AWD	Dismissed	6/19/2003	10/14/2004	Summary Judgment granted in Defendants' favor
CV 03 650	USDC for the Middle District of Alabama	PCR	Dismissed	6/20/2003	8/18/2005	Final Judgment in Defendants' Favor
CV-03-PT-1499-M	USDC for the Northern District of Alabama	PCR	Dismissed	6/20/2003	1/4/2007	Summary Judgment granted in Defendants' favor
CV 03 571	USDC for the Middle District of Tennessee	PCR	Dismissed	6/24/2003	3/1/2004	Summary Judgment granted in Defendants' favor
CV 03 1534	USDC for the Northern District of Alabama	PCR	Dismissed	6/25/2003	9/18/2003	Dismissed without prejudice
CV 03 1535	USDC for the Northern District of Alabama	ER	Dismissed	6/25/2003	12/1/2003	Confidential settlement & case dismissed
CV 03 498	USDC for the Southern District of Alabama	PCR	Dismissed	6/26/2003	9/1/2004	Dismissed with Prejudice
CV 03 750	USDC for the Middle District of Alabama	PCR	Dismissed	7/17/2003	10/2/2003	Dismissed without prejudice
CV 03 1840	USDC for the Northern District of Alabama	PCR	Dismissed	7/17/2003	3/15/2005	Dismissed
CV 03 757	USDC for the Middle District of Alabama	PCR	Dismissed	7/22/2003	12/17/2004	Dismissed without prejudice
CV 03 703	Circuit Court of Morgan County, Alabama	PCR	Dismissed	8/11/2003	11/22/2005	Confidential settlement & case dismissed
CV 03 867	USDC for the Middle District of Alabama	PCR	Dismissed	8/20/2003	11/14/2003	Dismissed without prejudice
1:03 cv 722	USDC for the Southern District of Mississippi	AWD	Dismissed	8/26/2003	8/16/2005	Final Judgment in Defendants' Favor
CV 03 570	USDC for the Southern District of Alabama	PCR	Dismissed	8/26/2003	6/1/2006	Summary Judgment granted in Defendants' favor
CV 03 933	USDC for the Middle District of Alabama	PCR	Dismissed	9/11/2003	12/14/2005	Summary Judgment granted in Defendants' favor
CV 03 969	USDC for the Middle District of Alabama	PCR	Dismissed	9/22/2003	11/15/2005	Final Judgment in Defendants' Favor
CV 03 2640	USDC for the Northern District of Alabama	PCR	Dismissed	9/25/2003	3/1/2005	Confidential settlement & case dismissed
CV 03 989	USDC for the Middle District of Alabama	PCR	Dismissed	10/1/2003	3/16/2006	Summary Judgment granted in Defendants' favor
CV 03 2062	USDC for the Northern District of Iowa	PCR	Dismissed	10/6/2003	1/18/2006	Summary Judgment granted in Defendants' favor
03cv2764	USDC for the Northern District of Alabama	AWD	Dismissed	10/7/2003	12/14/2006	Summary Judgment granted in Defendants' favor
CV 03 1016	USDC for the Middle District of Alabama	PCR	Dismissed	10/8/2003	7/19/2006	Summary Judgment granted in Defendants' favor
03-231 A	Circuit Court of St. Clair County, Alabama	PCR	Dismissed	10/21/2003	9/13/2005	Summary Judgment granted in Defendants' favor
03cv840	USDC for the Southern District of Mississippi	PCR	Dismissed	10/21/2003	11/1/2005	NaphCare Defendants Dismissed
CV 03 1063	USDC for the Middle District of Alabama	PCR	Dismissed	10/27/2003	12/1/2004	Final Judgment in Defendants' Favor
CV 03 1093	USDC for the Middle District of Alabama	PCR	Dismissed	11/7/2003	8/9/2006	Summary Judgment granted in Defendants' favor
CV 03 3085	USDC for the Northern District of Alabama	PCR	Dismissed	11/18/2003	3/3/2004	Dismissed without prejudice
CV 03 1398	USDC for the Eastern District of Texas	PCR	Dismissed	11/21/2003	1/1/2005	Summary Judgment granted in Defendants' favor
7:03cv3217-rDF-JEO	USDC for the Northern Disrict of Alabama	PCR	Dismissed	12/3/2003	9/18/2006	Dismissed without prejudice
03cv1240	USDC for the Middle District of Alabama	PCR	Dismissed	12/19/2003	3/17/2004	Final Judgment in Defendants' Favor
CV 03 1241	USDC for the Middle District of Alabama	PCR	Dismissed	12/19/2003	1/19/2007	Summary Judgment granted in Defendants' favor

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03cv3394	USDC for the Northern District of Alabama	PCR	Dismissed	12/24/2003	1/12/2004	Dismissed
CV 04 2	USDC for the Southern District of Alabama	PCR	Dismissed	1/5/2004	3/17/2005	Dismissed without prejudice
CV 00 1189	USDC for the Northern District of Alabama	PCR	Dismissed	1/16/2004	1/1/2005	Confidential settlement & case dismissed
04cv59	USDC for the Middle District of Alabama	PCR	Dismissed	1/26/2004	2/7/2007	Summary Judgment granted in Defendants' favor
CV 04 65	USDC for the Middle District of Alabama	PCR	Dismissed	1/28/2004	4/1/2004	Dismissed without prejudice
CV 04 2009	USDC for the Northern District of Iowa	PCR	Dismissed	1/29/2004	4/20/2005	Summary Judgment granted in Defendants' favor
04cv209	USDC for the Northern District of Alabama	PCR	Dismissed	2/3/2004	3/26/2007	Dismissed with Prejudice
CV 04 146	USDC for the Middle District of Alabama	PCR	Dismissed	2/20/2004	7/14/2006	Summary Judgment granted in Defendants' favor
04cv428	USDC for the Northern District of Alabama	PCR	Dismissed	3/2/2004	2/1/2007	Confidential settlement & case dismissed
CV 04-195	USDC for the Middle District of Alabama	PCR	Dismissed	3/4/2004	5/17/2006	Dismissed without prejudice
CV 04 1776	Circuit Court of Montgomery County, Alabama	AWD	Dismissed	3/12/2004	12/20/2005	Confidential settlement & case dismissed
04C995	District Court of Wyandotte County, Kansas	PCR	Dismissed	3/16/2004	5/21/2004	Dismissed
1:04cv182	USDC for the Eastern District of Texas	PCR	Dismissed	3/31/2004	8/22/2006	Dismissed
50400410	Circuit Court of Montgomery County, Tennessee	PCR	Dismissed	4/23/2004	9/1/2005	Dismissed without prejudice
CV 04 504	Circuit Court of Jefferson County, Alabama	PCR	Dismissed	5/11/2004	6/27/2005	Summary Judgment granted in Defendants' favor
CV 04 PT 1693 M	USDC for the Northern Disrict of Alabama	PCR	Dismissed	6/1/2004	1/30/2006	Summary Judgment granted in Defendants' favor
CV 04 529	USDC for the Middle District of Alabama	PCR	Dismissed	6/2/2004	12/14/2006	Summary Judgment granted in Defendants' favor
CV 04-S-1220-NE	USDC for the Northern District of Alabama	PCR	Dismissed	6/15/2004	8/7/2007	Dismissed with Prejudice
3:04cv0219	USDC for the Southern District of Ohio	PCR	Dismissed	6/22/2004	3/30/2005	Final Judgment in Defendants' Favor
2:04cv619-A	USDC for the Middle District of Alabama	PCR	Dismissed	6/23/2004	9/27/2004	NaphCare Defendants Dismissed
CV 04 622	USDC for the Middle District of Alabama	PCR	Dismissed	6/24/2004	6/13/2006	Summary Judgment granted in Defendants' favor
SM 2004 342	Small Claims Court of Escambia County, Alabama	PCR	Dismissed	6/29/2004	1/10/2005	NaphCare Defendants Dismissed
CV 04 1165	USDC for the Western District of Pennsylvania	PCR	Dismissed	8/5/2004	10/4/2004	Dismissed
CV 04 2495	USDC for the Northern District of Alabama	PCR	Dismissed	8/18/2004	5/1/2006	Confidential settlement & case dismissed
3:03cv972-WHB-AGN	USDC for the Southern District of Mississippi	PCR	Dismissed	12/6/2004	2/17/2006	Final Judgment in Defendants' Favor
CV-04-C-3523-W	USDC for the Northern District of Alabama	AWD	Dismissed	12/27/2004	12/1/2007	Confidential settlement & case dismissed
CV-S-04-1253-RCJ-RJJ	USDC for Nevada	PCR	Dismissed	1/5/2005	6/28/2005	Dismissed with Prejudice
CV-S-04-1633-PMP(PAL	USDC for Nevada	PCR	Dismissed	1/27/2005	12/19/2005	Dismissed with Prejudice
04 1357	USDC for the Western District of Pennsylvania	PCR	Dismissed	2/9/2005	1/6/2006	Summary Judgment granted in Defendants' favor
05 3074 GTV	USDC for Kansas	PCR	Dismissed	2/9/2005	2/6/2006	Summary Judgment granted in Defendants' favor
2:05cv182-M	USDC for the Northern District of Alabama	AWD	Dismissed	2/25/2005	6/1/2007	Confidential settlement & case dismissed
CV S-05-25-RLH (LRL)	USDC for Nevada	PCR	Dismissed	2/28/2005	6/6/2007	Final Judgment in Defendants' Favor
1:05cv108-DMR-JMR	USDC for the Southern District of Mississippi	PCR	Dismissed	3/2/2005	3/22/2006	Summary Judgment granted in Defendants' favor
05cv609	District Court of Wyandotte County, Kansas	AWD	Dismissed	4/8/2005	6/7/2006	Confidential settlement & case dismissed
CV 05 281	USDC for the Western District of Pennsylvania	PCR	Dismissed	4/13/2005	3/6/2006	Dismissed
05-503	USDC for the Western District of Pennsylvania	AWD	Dismissed	4/18/2005	2/1/2007	Confidential settlement & case dismissed
2:05-cv-00871-UWC	USDC for the Northern District of Alabama	ER	Dismissed	4/26/2005	8/1/2007	Confidential settlement & case dismissed
5:05cv1041-IPJ-TMP	USDC for the Northern District of Alabama	PCR	Dismissed	5/18/2005	6/14/2007	Dismissed with Prejudice
05cv361	USDC for the Eastern District of Texas	PCR	Dismissed	5/24/2005	9/26/2007	Dismissed
2005 cv 05091	Court of Common Pleas of Montgomery County,	PCR	Dismissed	6/24/2005	2/14/2006	Dismissed without prejudice
4:06-cv-176-PWG	USDC for the Northern District of Alabama	ER	Dismissed	6/29/2005	7/1/2006	Confidential settlement & case dismissed
4:05cv269-RAS-DDB	USDC for the Eastern District of Texas	PCR	Dismissed	7/7/2005	7/7/2007	Dismissed with Prejudice

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2:05cv949-DSC-FXC	USDC for the Western District of Pennsylvania	PCR	Dismissed	7/11/2005	2/1/2007	Confidential settlement & case dismissed
6:05cv2042 LRR	USDC for the Northern District of Iowa	PCR	Dismissed	8/25/2005	12/20/2005	Summary Judgment granted in Defendants' favor
CV 05 5109	Circuit Court of Jefferson County, Alabama	PCR	Dismissed	8/29/2005	11/8/2005	Dismissed with Prejudice
3:05cv318-TMR-SLO	USDC for the Southern District of Ohio	PCR	Dismissed	9/19/2005	11/9/2006	Dismissed without prejudice
3:05cv0350	USDC for the Southern District of Ohio	AWD	Dismissed	10/20/2005	12/1/2007	Confidential settlement & case dismissed
5:05cv2176	USDC for the Northern District of Alabama	PCR	Dismissed	10/20/2005	4/16/2008	Dismissed without prejudice
4:05cv433	USDC for the Eastern District of Texas	PCR	Dismissed	11/7/2005	9/1/2006	NaphCare Defendants Dismissed
CV 2005 2267 LWH	Circuit Court of Madison County, Alabama	PCR	Dismissed	11/9/2005	12/15/2005	Dismissed
2:05cv01545-AJS-RCM	USDC for the Western District of Pennsylvania	PCR	Dismissed	11/28/2005	3/24/2006	Dismissed
CV 05 7248	Circuit Court of Jefferson County, Alabama	BC	Dismissed	12/6/2005	6/1/2007	Confidential settlement & case dismissed
05cv770	USDC for the Southern District of Mississippi	MTS	Dismissed	12/15/2005	4/25/2008	Dismissed with Prejudice
4:06cv39	USDC for the Eastern District of Texas	PCR	Dismissed	2/1/2006	11/6/2006	Dismissed with Prejudice
CV 06 331	Circuit Court of Madison County, Alabama	PCR	Dismissed	2/21/2006	12/21/2006	Dismissed with Prejudice
5:05cv2500-JEO	USDC for the Northern District of Alabama	PCR	Dismissed	2/21/2006	11/1/2008	Summary Judgment granted in Defendants' favor
2:06cv-520-TMH-FXC	USDC for the Western District of Pennsylvania	PCR	Dismissed	4/21/2006	6/19/2006	Dismissed without prejudice
2:06cv708	USDC for Nevada	AWD	Dismissed	5/3/2006	11/1/2008	Summary Judgment granted in Defendants' favor
1:06cv00313-RHC-KFG	USDC for the Eastern District of Texas	AWD	Dismissed	6/9/2006	1/1/2007	Confidential settlement & case dismissed
08cv1775 2	District Court of Wyandotte County, Kansas	PCR	Dismissed	6/16/2006	9/16/2010	Confidential settlement & case dismissed
2:06cv728-TFM-RCM	USDC for the Western District of Pennsylvania	PCR	Dismissed	6/24/2006	11/21/2006	Summary Judgment granted in Defendants' favor
1:06cv351-RHC	USDC for the Eastern District of Texas	PCR	Dismissed	6/27/2006	10/1/2007	Jury returned verdict in favor of Defendants. Case
06cv10312	Superior Court of Wake County, North Carolina	BC	Dismissed	7/17/2006	3/27/2009	Confidential settlement & case dismissed
5:06cv1923	USDC for the Northern District of Ohio	ER	Dismissed	7/18/2006	9/1/2007	Dismissed
CV 06 J 1583 S	USDC for the Northern District of Alabama	AWD	Dismissed	8/11/2006	9/18/2007	Summary Judgment granted in Defendants' favor
CV 06 2563	Circuit Court of Montgomery County, Alabama	AWD	Dismissed	10/2/2006	7/1/2007	Confidential settlement & case dismissed
2:06cv250 RLY WGH	USDC for the Southern District of Indiana	BC	Dismissed	12/5/2006	6/1/2007	Dismissed with Prejudice
2:06cv01620-DSC-FXC	USDC for the Western District of Pennsylvania	PCR	Dismissed	12/6/2006	8/1/2008	Dismissed
A-0178318	District Court of Jefferrson County, Texas	PCR	Dismissed	12/15/2006	5/2/2007	Dismissed with Prejudice
C06-2084-MWB	USDC for the Northern Distirct of Iowa	PCR	Dismissed	1/2/2007	3/1/2008	Summary Judgment granted in Defendants' favor
1:07cv112-RHC	USDC for the Eastern District of Texas	AWD	Dismissed	2/26/2007	8/1/2008	Confidential settlement & case dismissed
A536800, Dept XVI	Clark County District Court, Nevada	AWD	Dismissed	2/27/2007	2/1/2008	Confidential settlement & case dismissed
1:07cv0541-CC	USDC for the Northern District of Georgia	PCR	Dismissed	3/5/2007	2/20/2009	Summary Judgment granted in Defendants' favor
1:07cv00174	USDC for the Middle District of North Carolina	BC	Dismissed	3/9/2007	11/1/2008	Confidential settlement & case dismissed
4:07-cv-140-RAS-DDB	USDC for the Eastern District of Texas	PCR	Dismissed	3/26/2007	7/17/2007	Dismissed with Prejudice
E-0179056	District Court of Jefferrson County, Texas	PCR	Dismissed	4/2/2007	9/7/2007	Dismissed
1:07cv835-CAM	USDC for the Northern District of Georgia	PCR	Dismissed	4/13/2007	9/22/2009	Summary Judgment granted in Defendants' favor
2:07-cv-00511-NBF-LPL	USDC for the Western District of Pennsylvania	PCR	Dismissed	4/18/2007	9/1/2007	Dismissed
08cv53409	Superior Court of Forsyth County, North Carolina	PCR	Dismissed	5/8/2007	8/1/2009	Dismissed
3:07cv0183	USDC for the Southern District of Ohio	PCR	Dismissed	5/21/2007	10/1/2007	Dismissed
2:07cv900642-JCM-GWF	USDC for Nevada	PCR	Dismissed	6/20/2007	12/1/2008	Confidential settlement & case dismissed
07-cv-05889	Court of Common Pleas of Montgomery County,	PCR	Dismissed	7/17/2007	8/1/2009	Confidential settlement & case dismissed
07 2 01803 6	Superior Court of Washington, Kitsap County	Inj	Dismissed	7/24/2007	11/24/2008	Dismissed
CV 07 1408	USDC for the Northern Disrict of Alabama	PCR	Dismissed	7/31/2007	9/1/2008	Dismissed

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07-CV-2341	USDC for the Northern District of Ohio	AWD	Dismissed	8/1/2007	3/6/2009	NaphCare Defendants Dismissed
07 CV 1468	District Court of Wyandotte County, Kansas	AWD	Dismissed	8/24/2007	5/1/2008	NaphCare Defendants Dismissed
CV 07 1830	District Court of Wyandotte County, Kansas	PCR	Dismissed	10/19/2007	12/21/2007	Dismissed
07 10 7144	Court of Common Pleas of Summit County, Ohio	AWD	Dismissed	10/20/2007	2/1/2008	Confidential settlement & case dismissed
1:07cv787	USDC for the Eastern District of Texas	PCR	Dismissed	10/25/2007	7/31/2008	Dismissed with Prejudice
E-0180268	District Court of Jefferson County, Texas	PCR	Dismissed	11/5/2007	11/2/2010	Summary Judgment granted in Defendants' favor
3:07cv0375	USDC for the Southern District of Ohio	PCR	Dismissed	11/21/2007	7/31/2009	Summary Judgment granted in Defendants' favor
2:07cv348-LJM-WTL	USDC for the Southern District of Indiana	PCR	Dismissed	12/10/2007	8/20/2009	Dismissed with Prejudice
296-321-08	District Court of Collin County, Texas	AWD,	Dismissed	1/25/2008	12/23/2008	NaphCare Defendants Dismissed - plaintiff ordered to
2:08cv211-RCJ-RJJ	USDC for Nevada	AWD	Dismissed	2/20/2008	9/22/2009	Confidential settlement & case dismissed
1:08cv098-MRB-TSB	USDC for the Southern District of Ohio	PCR	Dismissed	2/27/2008	12/30/2008	NaphCare Defendants Dismissed
3:08-cv-0031	USDC for the Southern District of Ohio	PCR	Dismissed	4/11/2008	1/13/2009	Summary Judgment granted in Defendants' favor
1:08cv782	USDC for the Southern District of Ohio	PCR	Dismissed	6/2/2008	12/4/2008	Dismissed without prejudice
08cv535	Superior Court of Stokes County, North Carolina	PCR	Dismissed	6/18/2008	12/8/2009	Dismissed with Prejudice
1:08cv11048	USDC for Massachusetts	PCR	Dismissed	6/24/2008	7/13/2010	Confidential settlement & case dismissed
5:08 CT 3066	USDC for the Eastern District of North Carolina	PCR	Dismissed	6/25/2008	9/23/2009	Dismissed with Prejudice
2:08cv338-JFC-ARH	USDC for the Western District of Pennsylvania	PCR	Dismissed	7/15/2008	6/13/2011	Confidential settlement & case dismissed
07cv208-LRH-VPS	USDC for Nevada	PCR	Dismissed	8/13/2008	7/6/2009	Dismissed without prejudice
1:08cv3273	USDC for the Northern District of Georgia	PCR	Dismissed	10/2/2008	1/6/2009	Dismissed without prejudice
03cv081416	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	10/9/2008	3/3/2010	NaphCare Defendants Dismissed
2008 CV 09483	Common Pleas Court of Montgomery County,	PCR	Dismissed	10/20/2008	1/21/2009	Dismissed without prejudice
2:08cv1450	USDC for Nevada	PCR	Dismissed	10/23/2008	3/15/2010	Confidential settlement & case dismissed
2:08cv01534	USDC for Nevada	PCR	Dismissed	11/6/2008	11/17/2008	Final Judgment in Defendants' Favor
4:09cv26	USDC for the Eastern District of Texas	PCR	Dismissed	12/3/2008	5/21/2009	Final Judgment in Defendants' Favor
CVCU107514	District Court of Black Hawk County, Iowa	WB	Dismissed	12/3/2008	7/1/2009	Confidential settlement & case dismissed
2:08cv01743-RLH-RJJ	USDC for Nevada	PCR	Dismissed	12/11/2008	1/5/2009	Dismissed
2:09cv09	USDC for Nevada	PCR	Dismissed	1/14/2009	3/23/2012	Confidential settlement & case dismissed
6:09cv2020-LRR	USDC for the Northern District of Iowa	PCR	Dismissed	2/3/2009	4/14/2010	Dismissed without prejudice
3:09cv136	USDC for the Southern District of Ohio	PCR	Dismissed	4/7/2009	5/10/2010	Confidential settlement & case dismissed
2:09cv1305-KJD-RJJ	USDC for Nevada	PCR	Dismissed	5/26/2009	1/6/2010	Dismissed without prejudice
2:09cv1030	USDC for Nevada	PCR	Dismissed	6/5/2009	11/9/2009	Dismissed without prejudice
1:09cv432	USDC for the Southern District of Ohio	PCR	Dismissed	6/25/2009	8/18/2011	Dismissed with Prejudice
2:09cv956	USDC for the Western District of Pennsylvania	PCR	Dismissed	7/24/2009	3/15/2011	Summary Judgment granted in Defendants' favor
08cv1742	USDC for Nevada	PCR	Dismissed	8/10/2009	9/13/2010	Dismissed with prejudice & plaintiff ordered to pay
A-09-A597088	Clark County District Court, Nevada	UI	Dismissed	8/12/2009	5/7/2010	Petition not allowed and case closed
2:09cv1093	USDC for the Western District of Pennsylvania	AWD	Dismissed	8/17/2009	3/11/2011	Confidential settlement & case dismissed
ESCV2009-01274-D	Suffolk County Superior Court, MA	PCR	Dismissed	9/1/2009	5/25/2010	Dismissed without prejudice
CV 2007 32715	Superior Court of Maricopa County, Arizona	Fraud	Dismissed	10/14/2009	5/27/2010	Dismissed
2009-5445-1	Superior Court of Newton County, Gerogia	PCR	Dismissed	10/26/2009	10/27/2010	Summary Judgment granted in Defendants' favor
2:09cv2281-KJD-PAL	USDC for Nevada	PCR	Dismissed	11/30/2009	12/14/2011	Summary Judgment granted in Defendants' favor
1:09-cv-880	USDC for the Southern District of Ohio	PCR	Dismissed	12/1/2009	4/23/2010	Dismissed with Prejudice
A-0185426	District Court of Jefferson County, Texas	PCR	Dismissed	12/3/2009	5/28/2010	Summary Judgment granted in Defendants' favor

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
A0911606	Court of Common Pleas of Hamilton Co, Ohio	PCR	Dismissed	12/8/2009	2/23/2010	Plaintiff voluntarily dismissed lawsuit
09-CI-320 & 1296	Commonwealth of Kentucky, Floyd & Martin Cos	Neg	Dismissed	12/9/2009	3/17/2011	Confidential settlement & case dismissed
1:10cv09	USDC for the Southern District of Ohio	PCR	Dismissed	1/7/2010	9/10/2012	Dismissed with Prejudice
2:10cv335-KJD-LRL	USDC for Nevada	PCR	Dismissed	3/10/2010	10/30/2014	Dismissed with Prejudice
4:10cv558	USDC for the Northern District of Ohio	PCR	Dismissed	3/16/2010	11/16/2010	Motion to Quash Service Granted
2010-3-1857	Common Pleas Court of Summit County, Ohio	BC	Dismissed	3/16/2010	12/6/2011	Confidential settlement & case dismissed
A 2003655	Common Pleas Court of Hamilton County, Ohio	PCR	Dismissed	3/17/2010	7/30/2010	Dismissed
3-10-cv-104-WHR-SLO	USDC for the Southern District of Ohio	PCR	Dismissed	3/23/2010	11/8/2011	Summary Judgment granted in Defendants' favor
2-10-cv-414-AJS	USDC for the Western District of Pennsylvania	PCR	Dismissed	3/29/2010	12/30/2010	Summary Judgment granted in Defendants' favor
Charge No. 487-2010-736	US EEOC	ER	Dismissed	5/27/2010	5/4/2012	Dismissed
2:10cv857-RLH-LRL	USDC for Nevada	PCR	Dismissed	6/3/2010	5/2/2012	Confidential settlement & case dismissed
2:10-cv-00775-CB	USDC for the Western District of Pennsylvania	PCR	Dismissed	6/7/2010	5/2/2012	Summary Judgment granted in Defendants' favor
A1005990	Court of Common Pleas, Hamilton County, Ohio	ER	Dismissed	6/24/2010	2/10/2011	Confidential settlement & case dismissed
2:10cv2233	USDC for Nevada	PCR	Dismissed	7/2/2010	7/14/2011	Dismissed without prejudice
2010 cv 05367	Court of Common Pleas, Hamilton County, Ohio	PCR	Dismissed	7/6/2010	8/27/2010	Dismissed
2010 CV 5675	Court of Common Pleas, Hamilton County, Ohio	PCR	Dismissed	7/16/2010	1/5/2011	Dismissed
1:10cv492	USDC for Southern District of Ohio	PCR	Dismissed	7/26/2010	9/12/2011	Plaintiff voluntarily dismissed lawsuit
2:10cv525-RCJ-LRL	USDC for Nevada	PCR	Dismissed	8/13/2010	5/21/2015	Judgment of Dismissal (NaphCare awarded fees/costs
1:10cv712-RC-KFG	USDC for the Eastern District of Texas	PCR	Dismissed	11/5/2010	1/27/2012	Dismissed without prejudice
1:10cv00792	USDC for the Southern District of Ohio	PCR,	Dismissed	11/12/2010	11/17/2011	Confidential settlement & case dismissed
A-10-629472-C	Clark County District Court, Nevada	Neg,	Dismissed	11/16/2010	9/7/2011	Summary Judgment granted in Defendants' favor
CV 2010 1512	Circuit Court of Montgomery County, Alabama	PCR	Dismissed	11/29/2010	3/29/2011	Dismissed
A-10-630418-C	Clark County District Court, Nevada	PCR,	Dismissed	12/1/2010	5/1/2012	Dismissed
Charge No. 420-2011-006	US EEOC	ER	Dismissed	12/17/2010	8/24/2011	Dismissed
Charge No. 473-2011-004	US EEOC	ER	Dismissed	2/2/2011	8/15/2011	Dismissed
Charge No. 36B-2011-00(	US EEOC	ER	Dismissed	2/17/2011	5/16/2011	Dismissed
2:11cv351-ECR-PAL	USDC for Nevada	PCR	Dismissed	3/4/2011	5/11/2012	Dismissed
2:11cv312-LPL	USDC for the Western District of Pennsylvania	PCR	Dismissed	3/11/2011	12/17/2012	Dismissed with Prejudice
Charge No. 420-2011-013	US EEOC	ER	Dismissed	3/17/2011	12/28/2011	Dismissed
A-11-637616-C	Clark County District Court, Nevada	PCR	Dismissed	3/24/2011	10/20/2011	Dismissed with prejudice & plaintiff ordered to pay
Charge No. 420-2011-014	US EEOC	ER	Dismissed	4/1/2011	7/14/2011	Dismissed
2:11cv291	USDC for Nevada	PCR	Dismissed	4/22/2011	5/4/2011	Confidential settlement & case dismissed
2:11cv471-KJO-PAL	USDC for Nevada	PCR	Dismissed	4/26/2011	12/23/2013	Dismissed
2011-00541-B	Superior Court of Plymouth County, Massuchuetts	PCR	Dismissed	5/10/2011	7/7/2014	Confidential settlement & case dismissed
2011 cv 03442	Court of Common Pleas of Montgomery County,	WB	Dismissed	5/11/2011	10/5/2011	Confidential settlement & case dismissed
11-100770-WGY	USDC for Massachusetts	PCR	Dismissed	5/24/2011	9/13/2011	Dismissed without prejudice
Charge No. 473-2011-009	US EEOC	ER	Dismissed	6/1/2011	3/22/2012	Confidential settlement & case dismissed
11cv11073-NMG	USDC for Massachusetts	PCR	Dismissed	6/16/2011	5/17/2013	Dismissed
3:11cv00032	USDC for Southern District of Ohio	PCR	Dismissed	7/20/2011	2/12/2013	Summary Judgment granted in Defendants' favor
2:11cv1284-RCJ-RJJ	USDC for Nevada	PCR	Dismissed	8/9/2011	2/24/2012	Summary Judgment granted in Defendants' favor
2:11cv1301-PMP-LRL	USDC for Nevada	PCR,	Dismissed	8/11/2011	3/29/2016	Confidential settlement & case dismissed
11-1194	USDC for the Western District of Pennsylvania	AWD	Dismissed	9/6/2011	2/5/2013	Confidential settlement & case dismissed

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
(DAY) 76 (22467) 09142(	Ohio Civil Rights Commission	ER	Dismissed	9/14/2011	6/14/2012	Dismissed
1:11cv458 MAC	USDC for Eastern District of Texas	PCR	Dismissed	9/29/2011	3/20/2014	Dismissed
A-11-64939-C	Clark County District Court, Nevada	PCR	Dismissed	10/5/2011	5/5/2014	Dismissed w/o prejudice (NaphCare awarded atty fees
1:11-cv-783	USDC for Southern District of Ohio	PCR,	Dismissed	11/4/2011	1/16/2015	Confidential settlement & case dismissed
1:11-cv-821	USDC for Southern District of Ohio	PCR,	Dismissed	11/21/2011	9/12/2013	Dismissed with Prejudice
846-2012-09153	Ohio Civil Rights Commission	ER	Dismissed	12/23/2011	5/25/2012	Dismissed
846-2012-10006	Ohio Civil Rights Commission	ER	Dismissed	12/27/2011	1/31/2012	Dismissed
2:12-cv 01865	USDC for Nevada	PCR	Dismissed	2/1/2012	11/19/2014	Dismissed
1:12cv77	USDC for Southern District of Ohio	PCR	Dismissed	2/28/2012	2/21/2013	Dismissed
1:11 CV 4207-at	USDC for the Northern District of Georgia	PCR	Dismissed	3/6/2012	1/23/2015	Summary Judgment granted in Defendants' favor
MC SO (DAY) B6 (22827	Ohio Civil Rights Commission	ER	Dismissed	3/13/2012	1/14/2013	Dismissed
A12-658491-C	Clark County District Court, Nevada	AWD	Dismissed	3/21/2012	3/20/2013	Confidential settlement & case dismissed
A-12-658669-C	Clark County District Court, Nevada	PCR	Dismissed	3/22/2012	3/21/2013	Dismissed without prejudice
2:12-cv-00491-DSC	USDC for the Western District of Pennsylvania	ER	Dismissed	4/13/2012	2/18/2013	Dismissed
2:12-cv-00768-kjd-gwf	USDC for Nevada	PCR	Dismissed	5/8/2012	10/7/2014	Dismissed
CA 12-41	USDC for the Western District of Pennsylvania	PCR	Dismissed	7/2/2012	5/29/2013	Dismissed
473-2012-01145	US EEOC	ER	Dismissed	7/20/2012	1/23/2013	Dismissed
1:12-CV-347	USDC for the Southern District of Ohio	PCR	Dismissed	7/24/2012	7/29/2013	Dismissed
473-2012-01180	US EEOC	ER	Dismissed	7/31/2012	1/15/2013	Dismissed
577-2012-02319	US EEOC	ER	Dismissed	8/8/2012	8/3/2013	Dismissed
2:12cv1434-LDG-PAL	USDC for Nevada	PCR	Dismissed	8/14/2012	9/24/2012	Summary Judgment granted in Defendants' favor
473-2012-01185	US EEOC	ER	Dismissed	8/15/2012	1/4/2013	Dismissed
2:12-CV-481	USDC for the Eastern District of Virginia	PCR	Dismissed	8/24/2012	11/20/2014	Dismissed
12-11020-DJC	USDC for Massachusetts	PCR	Dismissed	8/24/2012	5/5/2015	Dismissed
2:12-cv-01523-MMD-CW	USDC for Nevada	PCR	Dismissed	8/30/2012	10/24/2014	Confidential settlement & case dismissed
2:12-cv-01725	USDC for Nevada	PCR	Dismissed	9/21/2012	6/2/2014	Summary Judgment granted in Defendants' favor
3-12-CV 326	USDC for the Southern District of Ohio	ER	Dismissed	10/4/2012	5/27/2016	Confidential settlement & case dismissed
1:10cv503	USDC for the Southern District of Ohio	PCR	Dismissed	10/10/2012	12/31/2012	Dismissed
410-2013-00785	US EEOC	ER	Dismissed	11/16/2012	close	no action in 3 years - closing file
C:12-2040	USDC for Northern District of Iowa	PCR	Dismissed	11/28/2012	11/28/2012	Dismissed with Prejudice
12-018946	Circuit Court of Hillsborough County, Florida	ER	Dismissed	12/4/2012	2/26/2014	Confidential settlement & case dismissed
2:12-cv-02074-LRH-CWH	USDC for Nevada	PCR	Dismissed	12/5/2012	12/27/2013	Dismissed
2:12cv2160-RCJ-VCF	USDC for Nevada	PCR	Dismissed	12/19/2012	3/25/2013	Summary Judgment granted in Defendants' favor
LACV120730	USDC for Northern District of Iowa	AWD	Dismissed	1/3/2013	6/25/2013	Confidential settlement (NaphCare not a defendant)
2:13cv111-CB	USDC for the Western District of Pennsylvania	PCR	Dismissed	1/23/2013	11/11/2014	Confidential settlement & case dismissed
3:13 CV 034	USDC for the Southern District of Ohio	PCR	Dismissed	2/4/2013	11/27/2013	Dismissed
2:13-cv-26	USDC for Southern District of Texas	AWD	Dismissed	2/4/2013	10/29/2014	Confidential settlement & case dismissed
2:12-CV-00918-APG-CW	USDC for Nevada	PCR	Dismissed	2/9/2013	3/30/2016	Summary Judgment granted in Defendants' favor
2013-248-C	Commonweath of MA Superior Court, Essex	AWD	Dismissed	2/15/2013	7/18/2014	Dismissed
16C-2013-00873	Commonwealth of Massachusetts Commission	ER	Dismissed	2/19/2013	12/9/2015	Dismissed
13-1131-A	Commonwealth of Massachusetts- Superior Court	PCR	Dismissed	3/27/2013	7/14/2014	Confidential settlement & case dismissed
420-2013-01732	US EEOC	ER	Dismissed	4/17/2013	7/3/2013	Dismissed

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642 of 213	Court of Common Pleas of Westmoreland County,	PCR	Dismissed	4/22/2013	1/21/2014	Judgment of Non Pros
13-10307-DJC	USDC for Massachusetts	PCR	Dismissed	5/6/2013	6/25/2015	Summary Judgment granted in Defendants' favor
2:13-CV-26	USDC for the Eastern District of Virginia	PCR	Dismissed	5/13/2013	1/13/2014	Dismissed
420-2013-02116	EEOC of Alabama	ER	Dismissed	5/23/2013	8/7/2013	Dismissed
12-984	USDC for the Western District of Pennsylvania	PCR	Dismissed	5/30/2013	9/24/2015	Dismissed
13-2152A	USDC for Massachusetts	PCR	Dismissed	6/13/2013	7/23/2013	Plaintiff voluntarily dismissed lawsuit
2:13-cv-01316-AD-CWH	USDC for Nevada	PCR	Dismissed	7/24/2013	3/3/2015	Summary Judgment granted in Defendants' favor
2013-01668-C	Worcester County Superior Court, Masachusetts	PCR	Dismissed	8/26/2013	3/23/2015	Judgment of Dismissal
16C-2013-02544	Commonwealth of Massachusetts MCAD	ER	Dismissed	10/7/2013	7/20/2014	Dismissed
420-2014-00297	EEOC of Alabama	ER	Dismissed	11/20/2013	5/10/2016	Dismissed
2:13-cv-00324-RCJ-PAL	USDC for Nevada	PCR	Dismissed	12/23/2013	7/6/2015	Summary Judgment granted in Defendants' favor
3:14-cv-00056	USDC for Nevada	PCR	Dismissed	1/27/2014	3/24/2016	Summary Judgment granted in Defendants' favor
3:14cv057	USDC for the Eastern District of Virginia	PCR	Dismissed	1/28/2014	5/18/2015	Summary Judgment granted in Defendants' favor
1:14-cv-62 -WMS	USDC for the Western District of New York	PCR	Dismissed	1/30/2014	8/21/2015	Dismissed
740CL-13004220-00	Portsmouth Circuit Court-Civil Division, Virginia	PCR	Dismissed	2/5/2014	6/4/2014	Dismissed
1:14-cv-10370-RWZ	USDC for Massachusetts	PCR	Dismissed	2/18/2014	5/14/2015	Judgment of Dismissal
2:13-cv-02249-JAD-GWF	USDC for Nevada	PCR	Dismissed	2/21/2014	4/29/2014	Summary Judgment granted in Defendants' favor
cv 14EV000567E	State Court of Fulton County Civil Division	AWD	Dismissed	3/17/2014	9/8/2016	Summary Judgment granted in Defendants' Favor -
14CV823	Court of Common Pleas Mahoning County, Ohio	BC	Dismissed	3/28/2014	5/12/2015	Plaintiff voluntarily dismissed lawsuit
2:13 cv 00545	USDC for the Eastern District of Virginia	PCR	Dismissed	3/31/2014	7/14/2014	Dismissed
487-2014-00770	EEOC of Nevada	ER	Dismissed	5/19/2014	3/18/2015	Dismissed
3:14-cv-158	USDC for the Southern District of Ohio	AWD	Dismissed	5/19/2014	1/17/2017	Confidential settlement & case dismissed
1:14 cv-01648-TWR	USDC for the Northern District of Georgia	PCR	Dismissed	5/29/2014	11/21/2014	Defendants' Motion to Dismiss granted
A-14-699236-C	Clark County District Court, Nevada	PCR	Dismissed	6/4/2014	8/11/2015	Dismissed without prejudice
1-14-v-657	USDC for the Eastern District of Virginia	PCR	Dismissed	6/4/2014	11/2/2015	Summary Judgment granted in Defendants' favor
1:13 cv 00907	USDC for the Southern District of Ohio	PCR	Dismissed	7/7/2014	10/6/2014	NaphCare dismissed without prejudice
2:13-cv-01181-jad-cwh	USDC for Nevada	AWD	Dismissed	7/9/2014	9/1/2015	Confidential settlement & case dismissed
420-2014-01706	EEOC of Alabama	ER	Dismissed	7/17/2014	7/6/2015	Dismissed
2:14-cv- 01175	USDC for Nevada	AWD	Dismissed	7/18/2014	6/30/2016	Summary Judgment granted in Defendants' favor
14-1411	Worcester County Superior Court, Masachusetts	PCR	Dismissed	7/27/2014	12/23/2014	Dismissed
14-2420	Suffolk County Superior Court, MA	PCR	Dismissed	7/30/2014	7/27/2018	Confidential settlement & case dismissed
5:14-CT-3204-FL	USDC for the Eastern District of Virginia	PCR	Dismissed	8/11/2014	11/15/2015	Dismissed
2:14 cv-01389	USDC for Nevada	PCR	Dismissed	8/27/2014	10/5/2015	Confidential settlement & case dismissed
093-14-0417L	EEOC of Nevada	ER	Dismissed	9/2/2014	12/8/2015	EEOC dismissal
14-cv-7123	USDC for the Northern District of Illinois	PCR	Dismissed	9/11/2014	8/9/2017	Confidential settlement & case dismissed
14-01534	Worcester County Superior Court, Masachusetts	PCR	Dismissed	9/15/2014	2/7/2018	Confidential settlement & case dismissed
2:14cv0066	USDC for the Southern District of Texas	PCR	Dismissed	10/7/2014	7/15/2019	Confidential settlement & case dismissed
02:14-cv550	USDC for the Eastern District of Virginia	PCR	Dismissed	10/15/2014	4/8/2016	Dismissed
16C-2015-00205	EEOC of Massachuetts - MCAD	ER	Dismissed	11/12/2014	8/31/2015	Dismissed
425-2015-00231	EEOC of Alabama	ER	Dismissed	11/26/2014	11/30/2016	Confidential settlement & case dismissed
2:14-cv-365	USDC for the Southern District of Indiana	PCR	Dismissed	12/4/2014	6/1/2017	Summary Judgment granted in Defendants' favor
14-CA-012460	Circuit Court of Hillsborough County, Florida	ER	Dismissed	12/15/2014	6/23/2015	Confidential settlement & case dismissed

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2:15 cv-27-JAD-PAL	USDC for Nevada	PCR	Dismissed	1/6/2015	12/3/2015	Dismissed
02:14 cv-1468	USDC for Nevada	PCR	Dismissed	1/21/2015	9/17/2015	Confidential settlement & case dismissed
A-15-715896-c	Clark County District Court, Nevada	PCR	Dismissed	1/26/2015	3/3/2016	Dismissed without prejudice
2:14-cv-1560	USDC for Nevada	PCR	Dismissed	1/26/2015	9/14/2018	Dismissed by the court
2:15-00324	USDC for Nevada	PCR	Dismissed	3/4/2015	4/19/2017	Dismissed with Prejudice
A-15-716917	Clark County District Court, Nevada	PCR	Dismissed	4/14/2015	7/13/2017	Dismissed by the court
433-2015-01713	EEOC of North Carolina	ER	Dismissed	5/7/2015	10/9/2015	Dismissed by EEOC
420-2015-02113	EEOC of Alabama	ER	Dismissed	6/25/2015	2/10/2016	Dismissed by EEOC
2:15-cv-1212	USDC for Nevada	PCR	Dismissed	6/25/2015	11/19/2017	Dismissed without prejudice
SUCV2015-1758-D	Commonwealth of Massachusetts- Superior Court	PCR	Dismissed	7/11/2015	1/23/2017	Judgment of Dismissal
2:15-cv-228-JMS-WGN	USDC for the Southern District of Indiana	PCR	Dismissed	7/27/2015	3/22/2018	Summary Judgment granted in Defendants' favor
3:15-cv-439	USDC for the Eastern District of Virginia	PCR	Dismissed	7/28/2015	3/31/2017	Dismissed without prejudice
cv-14-14767	USDC for Massachusetts	PCR	Dismissed	8/24/2015	2/10/2017	Defendants' Motion to Dismiss granted
1-15-cv-1099	USDC for the Eastern District of Virginia	PCR	Dismissed	8/31/2015	5/16/2016	Dismissed by the court
2:15-cv-1724	USDC for the District of Oregon	PCR	Dismissed	9/10/2015	1/3/2020	Summary Judgment granted in Defendants' favor
2:14-cv-01426	USDC for Nevada	PCR	Dismissed	9/17/2015	1/27/2017	Summary Judgment granted in Defendants' favor
2:15-cv-274	USDC for the Eastern District of Virginia	PCR	Dismissed	9/29/2015	1/29/2016	Defendants' Motion to Dismiss granted
2:15-cv-00260	USDC for the Eastern District of Virginia	PCR	Dismissed	9/30/2015	11/1/2016	Dismissed by the court
A-15-726182-C	Clark County District Court, Nevada	PCR	Dismissed	10/28/2015	8/24/2016	Motion to Dismiss granted - not collecting cost
2:15-cv-6627-BRO-AS	USDC for the Central District of California	PCR	Dismissed	11/5/2015	11/4/2016	Defendants' Motion to Dismiss granted
1:15-cv-00512	USDC for the Southern District of Ohio	AWD	Dismissed	11/6/2015	6/12/2019	Confidential settlement & case dismissed
3:15-cv-2173	USDC for the District of Oregon	PCR	Dismissed	11/20/2015	3/22/2017	Plaintiff voluntarily dismissed lawsuit
2:15-cv-816	USDC for Nevada	PCR	Dismissed	11/25/2015	6/18/2018	Dismissed without prejudice
1:15-cv-238	USDC for the Southern District of Ohio	AWD	Dismissed	12/4/2015	3/8/2016	Dismissed by the court
2:15-cv-02444	USDC for Nevada	AWD	Dismissed	12/21/2015	9/16/2016	Defendants' Motion to Dismiss granted
3:15-cv-2343	USDC for the District of Oregon	PCR	Dismissed	12/28/2015	11/21/2016	Summary Judgment granted in Defendants' favor
1:15-cv-4474	USDC for the Northern District of Georgia	AWD	Dismissed	12/28/2015	3/17/2017	Plaintiff voluntarily dismissed lawsuit
1:16-cv-10-B	USDC for the Southern District of Alabama	ER	Dismissed	1/6/2016	12/14/2016	Confidential settlement & case dismissed
1:16-cv-248	USDC for the Southern District of Ohio	AWD	Dismissed	1/19/2016	7/8/2016	Dismissed by the court
2:16-cv-31	USDC for the Eastern District of Virginia	PCR	Dismissed	1/27/2016	9/14/2017	Summary Judgment granted in Defendants' favor
2:15-cv-01670	USDC for Nevada	PCR	Dismissed	2/1/2016	8/3/2018	Dismissed without prejudice
15-cv-10936	USDC for the Northern District of Illinois	AWD	Dismissed	2/17/2016	5/27/2020	Confidential settlement & case dismissed
1:16-cv-10359	USDC for Massachusetts	PCR	Dismissed	2/22/2016	1/7/2019	Stipualation of Dismissal
420-2015-1342	EEOC of Alabama	ER	Dismissed	2/24/2016	7/25/2016	Dismissed by EEOC
1:15-cv-371	USDC for the Southern District of Alabama	PCR	Dismissed	3/1/2016	8/8/2018	Confidential settlement & case dismissed
A-16-732956	Clark County District Court, Nevada	PCR	Dismissed	3/4/2016	1/23/2017	Dismissed by the court
16-0923G	Suffolk County Superior Court, MA	PCR	Dismissed	3/19/2016	11/29/2017	Dismissed with Prejudice
2:16-cv-734	USDC for Nevada	PCR	Dismissed	4/1/2016	1/20/2021	Plaintiff voluntarily dismissed lawsuit
A6(25597)04052016	Ohio Civil Rights Commission	ER	Dismissed	4/12/2016	11/21/2016	Dismissed by EEOC
3:16-CV-5153	USDC for the Western District of Washington	PCR	Dismissed	4/25/2016	7/27/2017	Summary Judgment granted in Defendants' favor
2:16-cv-229	USDC for the Eastern District of Virginia	AWD	Dismissed	5/10/2016	5/17/2019	Confidential settlement & case dismissed
A-16-736910-C	Clark County District Court, Nevada	PCR	Dismissed	5/18/2016	1/11/2018	Plaintiff voluntarily dismissed lawsuit

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
8:16-cv-647	USDC for the Middle District of Florida	PCR	Dismissed	6/20/2016	9/20/2017	Summary Judgment granted in Defendants' favor
1:16-cv-638	USDC for the Eastern District of Virginia	PCR	Dismissed	7/11/2016	2/3/2017	Summary Judgment granted in Defendants' favor
1584cv-03738	Suffolk County Superior Court, MA	AWD	Dismissed	7/15/2016	9/22/2017	Plaintiff voluntarily dismissed lawsuit
3:16-cv-258	USDC for Nevada	PCR	Dismissed	7/20/2016	1/31/2017	Plaintiff voluntarily dismissed lawsuit
A-16-741293-C	Clark County District Court, Nevada	PCR	Dismissed	7/20/2016	10/1/2019	Confidential settlement & case dismissed
3:16-cv-5667	USDC for the Western District of Washington	AWD	Dismissed	7/31/2016	3/8/2018	Confidential settlement & case dismissed
5:15-ct-3251	USDC for the Eastern District of North Carolina	PCR	Dismissed	9/28/2016	3/18/2019	Summary Judgment granted in Defendants' favor
2:16-cv-536	USDC for the Eastern District of Virginia	PCR	Dismissed	10/3/2016	2/20/2017	Defendants' Motion to Dismiss granted
3:16-cv-437	USDC for the Southern District of Ohio	PCR	Dismissed	10/18/2016	5/26/2020	Confidential settlement & case dismissed
2:16-cv-298	USDC Eastern District of Washington	PCR	Dismissed	10/25/2016	7/19/2017	Dismissed for failure to serve S&C
16-1655A	Commonwealth of Massachusetts Worcester	PCR	Dismissed	10/28/2016	11/9/2017	Dismissed by the court
16-1687A	Commonwealth of Massachusetts Worcester	AWD	Dismissed	11/4/2016	8/9/2019	Dismissed, Judgment entered in favor of NaphCare and
1:16-cv-1060	USDC for the Eastern District of Virginia	PCR	Dismissed	11/7/2016	6/8/2017	Summary Judgment granted in Defendants' favor
1:16-cv-01056	USDC for the Southern District of Ohio	AWD	Dismissed	11/7/2016	3/16/2022	Confidential settlement & case dismissed
2:16-cv-1051	USDC for Nevada	PCR	Dismissed	11/21/2016	3/29/2018	Summary Judgment granted in Defendants' favor
3:16-cv-952	USDC for the Eastern District of Virginia	AWD	Dismissed	12/1/2016	11/2/2017	Confidential settlement & case dismissed
A-16-746052-C	Clark County District Court, Nevada	PCR	Dismissed	12/16/2016	3/29/2017	Motion to Dismiss Granted
A-16-748283	Clark County District Court, Nevada	PCR	Dismissed	12/16/2016	4/16/2018	Summary Judgment granted in Defendants' favor
3:16-cv-6054	USDC for the Western District of Washington	PCR	Dismissed	12/27/2016	11/15/2017	Plaintiff voluntarily dismissed lawsuit
3:16-cv-517	USDC for the Southern District of Ohio	PCR	Dismissed	12/27/2016	8/16/2018	Dismissed by the court
17-CA-000320	Circuit Court of Hillsborough County, Florida	PCR	Dismissed	1/5/2017	10/3/2017	Motion to Dismiss Granted
2:17cv352	USDC for Nevada	AWD	Dismissed	1/17/2017	12/17/2020	Summary Judgment in Defendants' Favor - Affirmed on
6:17-cv-2003	USDC for the Northern District of Iowa	PCR	Dismissed	1/25/2017	8/13/2018	Dismissed by the court
8:17-cv-248	USDC for the Middle District of Florida	PCR	Dismissed	2/2/2017	7/19/2017	Defendants' Motion to Dismiss granted
2:17-cv-562	USDC for the District Nevada	PCR	Dismissed	2/21/2017	4/21/2021	Confidential settlement & case dismissed
3:17-cv-167	USDC for the Eastern District of Virginia	AWD	Dismissed	2/28/2017	7/2/2018	Confidential settlement & case dismissed
A-17-754105-C	Clark County District Court, Nevada	PCR	Dismissed	3/6/2017	6/16/2017	Dismissed without prejudice
1:17-cv-219	USDC for the Southern District of Ohio	PCR	Dismissed	4/3/2017	7/7/2021	Summary Judgment granted in Defendants' favor
5:16-ct-3220	USDC for the Eastern District of North Carolina	PCR	Dismissed	4/4/2017	1/15/2019	Summary Judgment granted in Defendants' favor
A-17-755051-C	Clark County District Court, Nevada	PCR	Dismissed	5/5/2017	2/20/2019	Dismissed by the court
1:17-cv-430	USDC for the Eastern District of California	PCR	Dismissed	5/23/2017	8/30/2019	Summary Judgment granted in Defendants' favor
CL16-2476	City of Richmond Circuit Court, Virginia	PCR	Dismissed	5/23/2017	1/13/2020	Order of Voluntary NonSuit entered. Dismissed Without
8:17-cv-1242	USDC for the Middle District of Florida	PCR	Dismissed	5/25/2017	2/16/2021	Summary Judgment granted in Defendants' favor
1:17-cv-241	USDC for the Eastern District of Virginia	PCR	Dismissed	6/20/2017	9/27/2017	Plaintiff voluntarily dismissed lawsuit
4:17-cv-5086	USDC Eastern District of Washington	PCR	Dismissed	6/20/2017	6/7/2019	Dismissed - Motion to Dismiss granted
1:17-cv-767-CMH	USDC for the Eastern District of Virginia	PCR	Dismissed	7/6/2017	11/5/2019	Summary Judgment granted in Defendants' favor
3:17-cv-5522	USDC for the Western District of Washington	PCR	Dismissed	7/10/2017	6/7/2018	Dismissed without prejudice
2:17-cv-1886	USDC for Nevada	AWD	Dismissed	7/10/2017	8/4/2020	NaphCare's Motion to Dismiss Granted - Dismissed
2:17-cv-1964	USDC for Nevada	PCR	Dismissed	7/18/2017	2/22/2023	Summary Judgment granted in Defendants' favor
1:17-cv-827	USDC for Eastern District Virginia	PCR	Dismissed	7/21/2017	6/7/2019	Summary Judgment granted in Defendants' favor
3:17cv-5605	USDC for the Western District of Washington	PCR	Dismissed	8/2/2017	9/11/2018	Dismissed by the court
3:17-cv-00006	USDC for the Southern District of Ohio	PCR	Dismissed	8/22/2017	12/20/2017	Dismissed by the court

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2:17-cv-111	USDC for Nevada	PCR	Dismissed	8/30/2017	11/18/2021	Summary Judgment granted in Defendants' favor
3:17-cv-310-TMR	USDC for the Southern District of Ohio	PCR	Dismissed	9/6/2017	10/17/2017	NaphCare Defendants Dismissed
3:17-cv-5716	USDC for the Western District of Washington	PCR	Dismissed	9/7/2017	2/25/2019	Summary Judgment granted in Defendants' favor
3:17-cv-5800	USDC for the Western District of Washington	PCR	Dismissed	10/4/2017	7/30/2018	Defendants' Motion to Dismiss granted
3:17-cv-343	USDC for the Southern District of Ohio	AWD	Dismissed	10/5/2017	8/5/2019	Third party complaint against NaphCare dismissed
A-17-763488-C	Clark County District Court, Nevada	PCR	Dismissed	10/23/2017	5/11/2018	Motion to Dismiss Granted
1:17-cv-1000	USDC for the Eastern District of Virginia	PCR	Dismissed	10/24/2017	12/12/2018	Summary Judgment granted in Defendants' favor
1:17-cv-724	USDC for the Southern District of Ohio	AWD	Dismissed	10/27/2017	3/30/2021	Summary Judgment granted in Defendants' favor.
17-cv-479	USDC for the Southern District of Alabama	PCR	Dismissed	10/30/2017	6/8/2018	Dismissed without prejudice
2:17-cv-2765	USDC for Nevada	PCR	Dismissed	11/2/2017	2/19/2021	Dismissed with Prejudice
17-cv-9349	Court of Common Pleas, Franklin County Ohio	PCR	Dismissed	11/16/2017	11/26/2018	Dismissed by the court
2:17-cv-2892	USDC for Nevada	PCR	Dismissed	11/17/2017	6/27/2019	Motion to Dismiss Granted
2:17-cv-568	USDC for the Southern District of Indiana	PCR	Dismissed	11/22/2017	9/14/2018	Plaintiff voluntarily dismissed lawsuit
3:17-cv-6002	USDC for the Western District of Washington	CA	Dismissed	12/4/2017	11/1/2018	Plaintiff voluntarily dismissed lawsuit
2:18-cv-573	USDC for Nevada	PCR	Dismissed	12/14/2017	11/30/2020	Motion to Dismiss Granted
2:17-cv-2344	USDC for Nevada	PCR	Dismissed	12/19/2017	9/30/2024	Summary Judgment granted in Defentants' favor
1:17-cv-1468	USDC for the Eastern District of Virginia	PCR	Dismissed	12/26/2017	12/4/2018	Summary Judgment granted in Defendants' favor
2:17-cv-1700	USDC for Nevada	PCR	Dismissed	12/29/2017	1/12/2023	Confidential Settlement reached, pending dismissal
2:18-cv-25	USDC for Nevada	PCR	Dismissed	1/5/2018	11/8/2019	Motion to Dismiss Granted
3:18-cv-96	USDC for the District of Oregon	PCR	Dismissed	1/17/2018	6/25/2018	Dismissed by the court
1:18-cv-30	USDC for the Southern District of Alabama	PCR	Dismissed	1/24/2018	4/5/2019	Dismissed by the court
2:18-cv-169	USDC for Nevada	PCR	Dismissed	1/29/2018	3/31/2022	Summary Judgment granted in Defentants' favor
EEOC 511-2018-00796	EEOC of Florida	ER	Dismissed	2/7/2018	3/9/2018	Dismissed by EEOC
2018-L-997	Circuirt Court of Will County, Illinois	AWD	Dismissed	3/21/2018	1/6/2022	Dismissed for Want of Prosecution
3:18-cv-3022	USDC for the Northern District of Iowa	PCR	Dismissed	3/23/2018	2/8/2019	Summary Judgment granted in Defendants' favor
2:18-cv-568	USDC for Nevada	PCR	Dismissed	3/29/2018	1/29/2024	dismissed with prejudice
Day A6 (27134) 0402201	Ohio Civil Rights Commission	ER	Dismissed	4/2/2018	5/30/2018	Confidential settlement & case dismissed
18-cv-2023	USDC for Northern District of Iowa	PCR	Dismissed	4/11/2018	7/16/2018	Dismissed with Prejudice
3:18-cv-157	USDC for Nevada	PCR	Dismissed	4/13/2018	6/8/2020	Summary Judgment granted in Defendants' favor
Day 76(27150) 04092018	Ohio Civil Rights Commission	ER	Dismissed	4/17/2018	2/21/2019	Dismissed by OCRC - no probable cause
1:18-cv-508	USDC for Eastern District Virginia	PCR	Dismissed	4/18/2018	8/23/2019	Dismissed by the court
1:18cv-358	USDC for the Eastern District of Virginia	PCR	Dismissed	5/3/2018	1/15/2019	Summary Judgment granted in Defendants' favor
3:19-cv-00054-TMR	USDC for the Southern District of Ohio	AWD	Dismissed	5/3/2018	5/17/2023	Confidential settlement & case dismissed
2:18-cv-185	USDC Eastern District of Washington	PCR	Dismissed	6/8/2018	6/11/2019	Motion to Dismiss Granted
16C-2018-1767	EEOC of Massachuetts - MCAD	ER	Dismissed	6/12/2018	9/30/2020	Dismissed-insufficient evidence to support a
A-18-777746-C	Clark County District Court, Nevada	PCR	Dismissed	7/17/2018	12/7/2018	Motion to Dismiss Granted
18-11480	USDC for Massachusetts	PCR	Dismissed	7/17/2018	1/29/2019	Motion to Dismiss Granted
A-18-03177	Hamilton County Court of Common Pleas	PCR	Dismissed	7/21/2018	7/18/2019	Motion to Dismiss Granted
2:16-cv-2229	USDC for Nevada	PCR	Dismissed	8/24/2018	2/24/2020	Summary Judgment granted in Defendants' favor
18C-0256	Superior Court of the State of California, County	AWD	Pending	8/28/2018		
18-cv-4281	Court of Common Pleas, Hamilton County, Ohio	PCR	Dismissed	9/14/2018	3/8/2019	Motion to Dismiss Granted
18c-0200	Superior Court of Kings County, CA	PCR	Dismissed	9/21/2018	1/8/2021	Plaintiff voluntarily dismissed with prejudice.

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3:17-cv-540	USDC for Nevada	PCR	Dismissed	9/25/2018	10/31/2019	Summary Judgment granted in Defendants' favor
A-18-782428	Clark County District Court, Nevada	PCR	Dismissed	9/28/2018	6/4/2019	Court closed the matter
3:18-cv-1751	USDC for Oregon, Portland Division	PCR	Dismissed	10/1/2018	8/26/2020	Summary Judgment granted in Defendants' favor
2:18-cv-311	USDC Eastern District of Washington	PCR	Dismissed	10/3/2018	8/31/2020	Summary Judgment granted in Defendants' favor
18-cv-1553	USDC for the Western District of Washington	PCR	Dismissed	10/18/2018	5/31/2019	Dismissed by the court
MCAD 18bem03117	MCAD	ER	Dismissed	11/2/2018	12/15/2021	Dismissed by EEOC
2:18-cv-2135	USDC for Nevada	PCR	Dismissed	11/5/2018	10/23/2019	Motion to Dismiss Granted
3:19-cv-5329	USDC for the Western District of Washington	PCR	Dismissed	11/8/2018	1/4/2021	Summary Judgment granted in Defendants' favor
3:18-cv-1975	USDC for the District of Oregon	PCR	Dismissed	11/8/2018	7/25/2023	Dismissed with Prejudice
8:18-cv-2007	USDC for the Central District California	PCR	Dismissed	11/9/2018	2/4/2019	Dismissed by the court
4:18-cv-5179	USDC Eastern District of Washington	PCR	Dismissed	11/9/2018	8/2/2019	Dismissed by the court
2:18-cv-2193	USDC for Nevada	PCR	Dismissed	11/15/2018	11/7/2019	Dismissed by court after Stipulation of Dismissal With
2:18-cv-2207	USDC for the District Nevada	PCR	Dismissed	11/16/2018	7/27/2022	Motion to Dismiss Granted
487-2018-01857	EEOC of Nevada	ER	Dismissed	11/19/2018	4/5/2019	Confidential settlement & case dismissed
3:18-cv-835	USDC for the Eastern District of Virginia	AWD	Dismissed	12/5/2018	11/22/2019	Confidential settlement & case dismissed
3:18-cv-2091	USDC for Oregon, Portland Division	PCR	Dismissed	12/5/2018	7/7/2020	Stipulation of Dismissal with Prejudice filed by
16-c 2019462	EEOC/MCAD	ER	Dismissed	12/5/2018	8/12/2021	Dismissed
Mid-L-8211-18	Superior Court of New Jersey, Middlesex County	PCR	Dismissed	12/7/2018	1/9/2020	Summary Judgment granted in Defendants' favor
2:18-cv-188	USDC for the Eastern District of Virginia	PCR	Dismissed	12/18/2018	11/4/2022	Summary Judgment granted in Defendants' favor
2:19-cv-95	USDC for the District Nevada	PCR	Dismissed	1/15/2019	1/6/2025	Dismissed by the court
c-19-0093	USDC for the Western District of Washington	PCR	Dismissed	1/18/2019	3/23/2020	Motion to Dismiss Granted
2:19-cv-00124-RFB-VCF	USDC for Nevada	PCR	Dismissed	1/22/2019	3/29/2022	Summary Judgment granted in Defendants' favor
1:19-CV-122	USDC for Eastern District Virginia	PCR	Dismissed	1/24/2019	7/3/2019	Dismissed by the court
19-cv-0141	USDC for the Western District of Washington	PCR	Dismissed	1/30/2019	1/31/2020	Summary Judgment granted in Defendants' favor
19-cv-412	USDC for Southern District of New York	PCR	Dismissed	2/7/2019	12/7/2020	Dismissed by the court
19-2-210-21	Superior Court of Washington, Lewis County	PCR	Dismissed	2/28/2019	9/27/2019	Confidential settlement & case dismissed
2:18-cv-1184	USDC for the District Nevada	PCR	Dismissed	3/13/2019	9/13/2024	dismissed with prejudice
1:19-cv-297	USDC for Eastern District Virginia	PCR	Dismissed	3/14/2019	8/10/2020	Summary Judgment granted in Defendants' favor
16C-2019-1265	MCAD	ER	Dismissed	3/18/2019	3/17/2023	Dismissed
1:19-cv-10703	USDC for Massachusetts	ER	Dismissed	4/12/2019	6/19/2019	Plaintiff voluntarily dismissed lawsuit
3:19-cv-200	USDC for the District Nevada	PCR	Dismissed	4/15/2019	11/28/2022	Motion to Dismiss granted by the Court
1:19-cv-2226	USDC for Northern District of Georgia	PCR	Dismissed	5/15/2019	8/19/2020	Motion to Dismiss granted by the Court
1:19-cv-00373-SJD	USDC for the Southern District of Ohio	AWD	Dismissed	5/20/2019	7/25/2024	Stipultion of Dismissal filed by Plaintiff.
1:19-cv-02440-TWT	USDC for Northern Georgia (Atlanta)	AWD	Dismissed	5/29/2019	12/20/2023	Summary Judgment granted in Defendants' favor
1:19-cv-11349	USDC for Massachusetts	PCR	Dismissed	6/18/2019	3/8/2021	Summary Judgment granted in Defendants' favor
19-196H	Commonwealth of Massachusetts- Superior Court	ER	Dismissed	6/20/2019	10/28/2022	Confidential Settlement reached, pending dismissal
3:19-cv-00969-AC	USDC for Oregon, Portland Division	AWD	Pending	6/21/2019		Confidential Settlement, pending approval by court
CL 19-3807	Circuit Court of City of Virginia Beach, Virginia	PCR	Dismissed	6/26/2019	9/8/2020	Summary Judgment granted in Defendants' favor
5:19-cv-1320	USDC for the Central California, Eastern Division	ER	Dismissed	7/18/2019	1/31/2020	Dismissed with Prejudice
1:19-cv-1000	USDC for the Eastern District of Virginia	PCR	Dismissed	8/1/2019	1/8/2021	Summary Judgment granted in Defendants' favor
EEOC 410-2019-07905	EEOC of Georgia	ER	Dismissed	8/13/2019	2/5/2020	EEOC dismissal
8:19-cv-108-T-17SPF	USDC for the Middle District of Florida	PCR	Dismissed	8/19/2019	8/19/2019	Dismissed by the court

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
2:19-cv-136	USDC Eastern District of Washington	PCR	Dismissed	8/22/2019	1/15/2020	Dismissed with Prejudice
3:19-cv-5790	USDC for the Western District of Washington	PCR	Dismissed	8/26/2019	7/23/2020	Dismissed by the court
2:19-cv-03803-EAS-CMV	USDC for the Southern District of Ohio	PCR	Dismissed	9/3/2019	11/9/2020	Plaintiff voluntarily dismissed claims against NaphCare
1:19-cv-1202	USDC for the Eastern District of California	PCR	Dismissed	9/3/2019	11/7/2023	Failure to Prosecute
CL19004570-00	Circuit Court of the City of Richmond, Virginia	PCR	Pending	9/6/2019		Defendants' Motion to Dismiss granted at trial (On
2:19-cv-01638-JCM-BNW	USDC for Nevada	AWD	Dismissed	9/17/2019	9/11/2020	Confidential settlement & case dismissed
A1904458	Hamilton County Court of Common Pleas, Ohio	PCR	Dismissed	9/20/2019	3/3/2020	Motion to Dismiss Granted
1:19-cv-00706-JB-B	USDC for the Southern District of Alabama	PCR	Dismissed	9/24/2019	3/9/2019	NaphCare defendants dismissed without prejudice
MID-L-007080-19	Superior Court of New Jersey, Middlesex County	PCR	Dismissed	10/15/2019	1/29/2024	Confidentail Settlement & case dismissed
19204541-32	Superior Court of Washington, Spokane County	PCR	Dismissed	10/25/2019	3/10/2020	Plaintiff voluntarily dismissed lawsuit
19CV-10-8591	Court of Common Pleas, Franklin County Ohio	PCR	Dismissed	10/25/2019	2/3/2021	Plaintiff voluntarily dismissed lawsuit
3:19-cv-650	USDC for the District Nevada	PCR	Dismissed	10/25/2019	5/27/2021	Summary Judgment granted in Defendants' favor
19CV47201	Circuit Court of Oregon, County of Multnomah	ER	Pending	10/29/2019		
1:19-cv-4970	USDC for the District of Northern Georgia	PCR	Dismissed	11/1/2019	8/16/2021	Summary Judgment granted in Defendants' favor
19-2-04640-32	Superior Court of Washington, County of Spokane	PCR	Dismissed	11/4/2019	11/13/2020	Summary Judgment granted in Defendants' favor
2:19-cv-4857	USDC for the Southern District of Ohio	PCR	Dismissed	11/4/2019	6/2/2021	Confidential settlement & case dismissed
1:19-cv-5031	USDC for the District of Northern Georgia	PCR	Dismissed	11/5/2019	6/23/2021	Motion to Dismiss granted by the Court
1:19-cv-1957	USDC for the District Nevada	PCR	Dismissed	11/7/2019	10/19/2020	Dismissed by the court
1:19-cv-12371	USDC for the District of Massachusetts	PCR	Dismissed	11/18/2019	7/7/2020	Confidential settlement & case dismissed
1:19-cv-00980-MRB	USDC for the Southern District of Ohio	AWD	Dismissed	11/18/2019	11/15/2023	Confidential settlement & case dismissed
3:19-cv-6146	USDC for the Western District of Washington	PCR	Dismissed	11/27/2019	1/5/2021	Dismissed by the court
2:19-cv-05330	USDC for the Southern District of Ohio	PCR	Dismissed	12/4/2019	7/2/2024	Defendants' Motion to Dismiss Granted
3:19-cv-6171	USDC for the Western District of Washington	PCR	Dismissed	12/5/2019	7/23/2020	Motion to Dismiss Granted
3:19-cv-5352	USDC for the Western District of Washington	PCR	Dismissed	12/5/2019	9/17/2020	Summary Judgment granted in Defendants' favor
2:19-cv-01987-RSM	USDC for Western District of Washington	AWD	Dismissed	12/6/2019	4/18/2022	Confidential settlement & case dismissed
8:19-cv-2938	USDC for the Middle District of Florida	PCR	Dismissed	12/16/2019	4/10/2020	Summary Judgment granted in Defendants' favor
1:20-cv-10017	USDC for the District Massachusetts	PCR	Dismissed	1/3/2020	1/29/2021	Plaintiff voluntarily dismissed lawsuit
8:20-cv-00068-JLS-JDE	USDC for the Central District of California	PCR	Dismissed	1/13/2020	5/27/2021	Confidential settlement & case dismissed
A-20-8094860	Clark County District Court, Nevada	PCR	Dismissed	1/21/2020	11/2/2020	Dismissed by the court
1:20-cv-263	USDC for the District of Colorado	PCR	Dismissed	1/30/2020	6/25/2020	Dismissed by the court
3:20-cv-70	USDC for the District Nevada	PCR	Dismissed	2/3/2020	3/29/2024	Defendant's Motion for Summary Judgment Granted
1:20-cv-203	USDC for the Eastern District of California	PCR	Dismissed	2/10/2020	3/28/2025	Summary Judgment granted in Defendants' favor
1:20-cv-00288-DAD-BAM	USDC for the Eastern District of California	AWD	Dismissed	2/24/2020	10/24/2022	Confidential settlement & case dismissed
20BEM00522	MCAD/EEOC of Massachusetts	ER	Dismissed	2/28/2020	11/3/2022	Dismissed by EEOC
3:20-cv-00338-SI	USDC for Oregon, Portland Division	PCR	Pending	3/2/2020		
2:21-cv-1259	USDC for the District Nevada	PCR	Dismissed	3/16/2020	1/20/2022	Dismissed without prejudice
1:20-cv-738	USDC for the District of Colorado	PCR	Dismissed	3/17/2020	7/10/2020	Motion to Dismiss Granted
2:20-cv-556	USDC for the District of Nevada	PCR	Dismissed	3/19/2020	2/13/2023	Motion to Dismiss Granted
2:20-cv-00604-RFB-VCF	USDC for the District Nevada	AWD	Dismissed	4/1/2020	10/26/2022	Confidential settlement & case dismissed
1:20-cv-00538-NONE-SA	USDC for the Eastern District of California	AWD	Dismissed	4/15/2020	2/7/2024	Confidential settlement & case dismissed
2:20-cv-224	USDC for the Southern District of Indiana	PCR	Dismissed	4/27/2020	2/26/2021	Dismissed by the court
2:20-cv-00769-DJA	USDC for the District Nevada	PCR	Dismissed	4/28/2020	3/12/2021	Dismissed with Prejudice

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1:20-cv-1941	USDC for the District of Northern Georgia	ER	Dismissed	5/7/2020	6/4/2021	Confidential settlement & case dismissed
3:19-cv-347	USDC for the District Nevada	PCR	Dismissed	5/13/2020	3/18/2025	confidential settlement - dismissed with prejudice
2:20-cv-1250	USDC for the District of Minnesota	PCR	Dismissed	5/26/2020	12/16/2021	Dismissed by the court
3:20-cv-869	USDC for the District of Oregon	PCR	Dismissed	5/29/2020	7/9/2021	Summary Judgment granted in Defendants' favor
3:20-cv-324	USDC for the District Nevada	PCR	Dismissed	6/2/2020	11/8/2021	Plaintiff voluntarily dismissed lawsuit
CL20006662-00	Circuit Court of Virginia Beach, Virginia	AWD	Dismissed	6/12/2020	3/4/2021	Order of Voluntary NonSuit entered. Dismissed Without
420-2020-01616	EEOC of Alabama	ER	Dismissed	6/18/2020	9/24/2020	Confidential settlement & case dismissed
2:20-cv-03315-EAS-EPD	USDC for the Southern District of Ohio	PCR	Dismissed	6/30/2020	9/26/2022	Confidential settlement & case dismissed
1:20-cv-00943-NONE-JL	USDC for the Eastern District of California	PCR	Dismissed	7/7/2020	3/2/2025	Confidential settlement
3:20-cv-530	USDC for the Eastern District of Virginia	PCR	Dismissed	7/13/2020	12/22/2021	Confidential settlement & case dismissed
3:20-cv-05709-BHS	USDC for the Western District of Washington	PCR	Dismissed	7/20/2020	10/16/2024	Summary Judgment Granted in NaphCare's favor.
1:20-cv-03039-CAP	USDC for the Northern District of Georgia	AWD	Dismissed	7/22/2020	2/15/2021	Dismissed without prejudice
2:20-cv-04660-EAS-CMV	USDC for the Southern District of Ohio	AWD	Dismissed	7/23/2020	5/5/2023	Confidential settlement & case dismissed
MID-L-005446-20	Superior Court of New Jersey, Middlesex County	PCR	Dismissed	8/3/2020	6/8/2021	Defendants' Motion to Dismiss granted
551-2020-03454	Washington State Human Rights Commission	ER	Dismissed	8/12/2020	6/16/2021	Dismissed by EEOC
3:19-cv-542	USDC for the District Nevada	PCR	Dismissed	9/2/2020	8/15/2022	Stipulation of Dismissal with Prejudice filed by
511-2020-04799	EEOC of Florida	ER	Dismissed	9/9/2020	8/2/2021	EEOC dismissal
20-CA-007464	USDC for the Southern District of Ohio	MM,	Dismissed	9/22/2020	4/2/2023	Confidential settlement & case dismissed
18EANR-0413-20-1	Washington State Human Rights Commission	ER	Dismissed	10/5/2020	12/17/2021	Dismissed by WA Human Rights Commission - No
2:20-cv-00410-RMP	USDC Eastern District of Washington	AWD	Pending	11/4/2020		Appeal pending
3:20-cv-609	USDC for the District of Nevada	PCR	Dismissed	11/10/2020	5/1/2023	Motion for Summary Judgment granted
3:20-cv-06106-RAJ	USDC for the Western District of Washington	PCR	Pending	11/11/2020		
A-20-824945-C	District Court of Clark County, Nevada	AWD	Dismissed	11/17/2020	10/27/2021	Dismissed by Joint Stipulation
8:22-cv-01356-SDM-AEP	USDC for the Middle District of Florida	AWD	Dismissed	12/8/2020		Confidential Settlement
3:20-cv-6224	USDC for the Western District of Washington	PCR	Dismissed	12/17/2020	8/24/2021	Motion to Dismiss Granted
2:20-cv-06459-EAS-CMV	USDC for the Southern District of Ohio	AWD	Dismissed	12/17/2020	5/18/2023	Dismissed with Prejudice
2:20-cv-00467-TOR	USDC Eastern District of Washington	AWD	Dismissed	12/21/2020	9/19/2024	MSJ Granted in NaphCare's favor, Affirmed on Appeal
3:20-cv-6242	USDC for the Western District of Washington	PCR	Dismissed	12/22/2020	5/26/2021	Motion to Dismiss Granted
1:21-cv-00009-DRC	USDC for the Southern District of Ohio	PCR	Dismissed	1/6/2021	3/31/2022	Dismissed without prejudice
3:21-cv-5071	USDC for the Western District of Washington	PCR	Dismissed	1/27/2021	1/28/2022	Motion to Dismiss Granted
3:21-cv-00131-YY	USDC for the District of Oregon	PCR	Dismissed	1/27/2021	6/24/2025	Confidentail Settlement & case dismissed
2:21-cv-00140	USDC for the Western District of Washington	PCR	Dismissed	2/2/2021	1/3/2023	Confidential settlement & case dismissed
1:21-cv-00713-AT	USDC for the Northern District of Georgia	AWD,	Dismissed	2/18/2021	9/15/2023	Defendant's Motion for Summary Judgment Granted
7:21-cv-112	USDC for the W. District of Virginia	PCR	Dismissed	2/23/2021	9/7/2022	Summary Judgment granted in Defendants' favor
21-CA-001728	Circuit Court of Hillsborough County, Florida	Neg,	Dismissed	2/25/2021	2/10/2023	Confidential settlement & case dismissed
2:21-cv-00340-JAD-NJK	USDC for the District Nevada	PCR	Dismissed	3/1/2021	4/15/2021	NaphCare Defendants Dismissed Without Prejudice
21:cv-1956	USDC for the District of Northern California	PCR	Dismissed	3/19/2021	9/26/2022	Motion for Summary Judgment granted
21-00560-00	Circuit Court of Virginia Beach, Virginia	AWD	Dismissed	3/30/2021	5/3/2024	Confidential settlement & case dismissed
2:22-cv-01141	USDC for the Western District of Washington	PCR	Pending	3/31/2021		
3:21-cv-00538-HZ	USDC for the District of Oregon	AWD	Dismissed	4/9/2021	2/10/2023	Confidential settlement & case dismissed
3:21-cv-185	USDC for Nevada	PCR	Dismissed	4/20/2021	5/2/2023	Confidential settlement & case dismissed
511-2022-01408	EEOC of Florida	ER	Dismissed	4/22/2021	4/17/2023	Confidential settlement & case dismissed

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
21A02193	State Court of DeKalb County, Georgia	AWD	Pending	5/3/2021		
PM-21-CV-2789	Franklin County Common Pleas, OH	PCR	Dismissed	5/5/2021	8/2/2021	Motion to Dismiss granted by the Court
CV-2021-901418	Circuit Court of Jefferson County, Alabama	BC	Dismissed	5/10/2021	2/24/2023	Confidential settlement & case dismissed
3:20-cv-1597	USDC for the District of Oregon	PCR	Dismissed	5/11/2021	8/19/2021	Dismissed by the court
3:21-cv-5352	USDC for the Western District of Washington at	PCR	Dismissed	5/11/2021	12/2/2021	Dismissed by the court
1:21-cv-457	USDC for the Northern District of Georgia	PCR	Dismissed	5/11/2021	8/8/2022	Summary Judgment granted in Defendants' favor
8:21-cv-1198	USDC for the Middle District of Florida	PCR	Dismissed	5/17/2021	11/1/2023	Dismissed without prejudice
MID-L003546-21	Superior Court of New Jersey, Middlesex County	PCR	Dismissed	6/11/2021	3/18/2022	Summary Judgment granted in Defendants' favor
21-cv-696	USDC for the Eastern District of Wisconsin	PCR	Dismissed	6/23/2021	8/29/2022	Confidential settlement & case dismissed
1:21-cv-2620	USDC for the Northern District of Georgia	PCR	Dismissed	6/28/2021	6/20/2023	Motion for Summary Judgment granted
1:21-cv-02890-TCB	USDC for the Northern District of Georgia	AWD,	Dismissed	7/1/2021	12/21/2023	Confidential settlement & case dismissed
3:21-cv-5541	USDC for the Western District of Washington	PCR	Dismissed	7/28/2021	7/31/2024	Dismissed without prejudice
3:21-cv-01271-MK	USDC for the District of Oregon	PCR	Pending	8/26/2021		MSJ Granted - Plaintiff appealed
8:21-cv-02279-KKM-AAS	USDC for the Middle District of Florida (Tampa)	Neg,	Dismissed	8/30/2021	12/2/2022	Confidential settlement & case dismissed
2177CV00891	Superior Court of Essex County, Massachusetts	PCR	Dismissed	9/2/2021	9/18/2024	Confidential settlement – pending approval by court
420-2021-386	Georgia EEOC	ER	Dismissed	9/7/2021	1/4/2022	EEOC dismissal
551-2021-2938	EEOC of WA	ER	Dismissed	9/7/2021	3/29/2022	EEOC dismissal
511-2021-02750	EEOC of Florida	ER	Dismissed	9/16/2021	11/27/2023	Confidential settlement & case dismissed
5:21-cv-547	USDC for the District Southern District of West	PCR	Dismissed	10/4/2021	4/26/2022	Motion to Dismiss Granted
3-21-cv-5761	USDC for the Western District of Washington	PCR	Dismissed	10/12/2021	11/12/2024	Motions for Summary Judgment granted
1:21-cv-04365-SCJ	USDC for the Northern District of Georgia	PCR,	Dismissed	10/20/2021	9/25/2024	Confidential settlement & case dismissed
3:21-cv-05800	USDC for the Western District of Washington	PCR,	Pending	10/28/2021		
410-2021-06384	EEOC of Georgia	ER	Dismissed	11/9/2021	2/8/2022	Confidential settlement & case dismissed
21-cv-1365	USDC for the Eastern District of Wisconsin	PCR	Dismissed	11/29/2021	8/29/2022	Confidential settlement & case dismissed
7:21-cv-560	USDC for the W. District of Virginia	PCR	Dismissed	12/6/2021	4/7/2023	Dismissed by the court
7:21-cv-625	USDC for the W. District of Virginia	PCR	Dismissed	12/13/2021	5/10/2022	Dismissed by the court
A2200043	Hamilton County Court of Common Pleas, Ohio	MM,	Dismissed	1/6/2022	6/30/2024	Dismissal of all reminang claims filed by Plaintiff.
4:22-cv-10187	USDC for the Eastern District of Michigan	PCR	Pending	1/27/2022		
se 2:22-cv-00163-DJH-ES	USDC for the District of AZ	PCR	Dismissed	1/28/2022	11/22/2023	Dismissed by the court
2:22-cv-01302-EAS-EPD	USDC for the Southern District of Ohio (Eastern	AWD,	Dismissed	1/28/2022	3/14/2024	Confidential settlement & case dismissed
22cv-000677	Court of Common Pleas, Franklin County Ohio	PCR	Dismissed	1/31/2022	8/16/2023	Confidential settlement & case dismissed
3:22-cv-05069	USDC for the Western District of Washington	AWD	Dismissed	2/2/2022	3/19/2024	Confidential settlement & case dismissed
1:23-cv-420	USDC for the District of Colorado	PCR	Dismissed	3/10/2022	7/12/2022	Dismissed without prejudice
7:22-cv-71	USDC for the W. District of Virginia	PCR	Dismissed	3/14/2022	10/18/2022	Dismissed without prejudice
2022LA000534	Circuit Court of Will County, Illinois	AWD	Dismissed	3/31/2022	12/28/2022	Summary Judgment granted in Defendants' favor
22-cv-18	Mesa County Combined Court, CO	PCR	Dismissed	4/13/2022	7/12/2022	Motion to Dismiss Granted
1:22-cv-965-SBP	USDC for the District of Colorado	PCR	Pending	4/20/2022		
2:22-cv-571	USDC for the Northern District of Alabama	PCR	Dismissed	5/4/2022	9/26/2024	Dismissed with prejudice
150144368	Circuit Court of Hillsborough County, Florida	PCR	Pending	5/23/2022		Confidential settlement – pending approval by court
02-cv-2022-900899	Circuit Court of Mobile County, Alabama	PCR	Dismissed	6/1/2022	11/10/2022	Confidential settlement & case dismissed
A-22-853644-C	Clark County District Court, Nevada	AWD,	Pending	6/6/2022		
C20222400	Superior Court of Pima County, Arizona	AWD	Dismissed	6/16/2022	8/22/2022	Plaintiff Voluntarily Dismissed NaphCare entities

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
8:22-cv-1193	USDC for the Central District of California	PCR	Dismissed	6/17/2022	3/6/2024	Dismissed without prejudice
1:22-cv-479	USDC for the Middle District of North Carolina	PCR	Pending	6/21/2022		
8:22-cv-1504	USDC for the Middle District of Florida	PCR	Dismissed	7/1/2022	12/27/2023	Dismissed without prejudice
420-2022-01477	EEOC of Alabama	ER	Dismissed	7/11/2022	10/6/2022	Confidential settlement & case dismissed
02-cv-2022-901534	Circuit Court of Mobile County, Alabama	ER	Dismissed	9/1/2022	11/22/2022	Confidential settlement & case dismissed
2:22-cv-1438	USDC for the District of Nevada	PCR	Dismissed	9/6/2022	12/27/2022	Dismissed by the Court
2:22-cv-01248	USDC for the Western District of Washington	AWD	Dismissed	9/6/2022	5/23/2023	Confidential settlement & case dismissed
410-2022-06205	EEOC of Georgia	ER	Dismissed	9/9/2022	11/30/2022	Confidential settlement & case dismissed
5:22-cv-03320	USDC for the E. District of North Carolina	PCR	Dismissed	9/13/2022	6/10/2025	Confidential settlement & case dismissed
CIV SB 2220520	Superior Court of the State of Califoria, County of	ER	Dismissed	9/16/2022	12/7/2023	Confidential settlement & case dismissed
3:22-273	USDC for the District of Nevada	PCR	Dismissed	9/27/2022	10/7/2024	Dismissed by the court
C20223931	Superior Court of Pima County, Arizona	AWD,	Pending	9/28/2022		Confidential Settlement - pending approval by court
cv-21-1523	USDC for the District of Arizona	PCR	Dismissed	10/5/2022	11/22/2023	Motion for Summary Judgment granted
30-2022-01285153-cu-de-	Superior Court of the State of California for the	ER	Pending	10/7/2022		
2:22-cv-769	USDC for the District of Arizona	PCR	Dismissed	10/13/2022	8/5/2024	Joint Stipulation of Dismissal with Prejudice was
CV-22-682	USDC for the District of Arizona	PCR	Pending	10/13/2022		
2:22-cv-01851-JJT-ESW	USDC for the District of Arizona	PCR	Dismissed	10/27/2022	3/25/2025	
2:22-cv-256	USDC for the E. Washington	PCR	Dismissed	10/31/2022	5/8/2025	MSJ and Daubert motion Granted in NaphCare's favor
4:22-cv-00291-JAS	USDC for the District of Arizona	PCR	Dismissed	11/1/2022	8/10/2023	Joint Stipulation of Dismissal with Prejudice was
2:21-cv-1644	USDC for the District of Arizona	PCR	Dismissed	11/8/2022	5/24/2023	Motion for Summary Judgment granted
5:22-cv-1165 (BKS/TWD	USDC for the Northern District of New York	AWD	Dismissed	11/8/2022	2/27/2025	Joint Stipulation of Dismissal with Prejudice was
4:22-cv-00512-SHR-PSO	USDC for the District of Arizona	AWD	Pending	11/8/2022		
2:21-cv-00022-SPL-JFM	USDC for the District of Arizona	PCR	Dismissed	11/11/2022	7/3/2023	Motion to Dismiss Granted
471-2022-02419	EEOC of MI	ER	Dismissed	11/17/2022	8/18/2023	Confidential settlement & case dismissed
511-2023-00747	EEOC of Florida	ER	Dismissed	11/18/2022	4/24/2024	Confidential settlement & case dismissed
410-2022-07676	EEOC of Georgia	ER	Dismissed	11/21/2022	8/28/2023	Dismissed
2:22-cv-2071	USDC for the District of Arizona	PCR	Dismissed	11/23/2022	5/31/2024	Judgment of Dismissal
4:21-cv-00179-TUC-RM	USDC for the District of Arizona	PCR	Dismissed	11/23/2022	9/3/2024	Joint Stipulation of Dismissal with Prejudice was
8:22-cv-2719	USDC Middle District of Florida	PCR	Pending	11/28/2022		
2:22-cv-00042-GMS-MTM	USDC for the District of Arizona	PCR	Pending	11/29/2022		
3:22-ccv-5947	USDC for the W. District of Washington	PCR	Pending	12/7/2022		Confidential Settlement - pending approval by court
3:22-cv-539	USDC for the District of Nevada	PCR	Pending	12/7/2022		
2:22-cv-02076-SRB-MTM	USDC for the District of Arizona	PCR	Dismissed	12/8/2022	12/3/2024	Motion for Summary Judgment granted.
4:22-cv-02232	USDC for the Northern District of Ohio	PCR	Dismissed	12/9/2022	1/10/2023	Plaintiff voluntarily dismissed lawsuit
1:22-cv-3236	USDC for the District of Maryland	PCR	Dismissed	12/14/2022	5/25/2023	Dismissed without prejudice
3:22-cv-446	USDC for the District of Nevada	PCR	Dismissed	12/21/2022	7/25/2023	Motion to Dismiss Granted
1:22-cv-509-TFM-N	USDC for the Southern District of Alabama	PCR	Pending	12/22/2022		
cv-20-00459-phx-dlr	USDC for the District of Arizona	PCR	Dismissed	12/28/2022	9/6/2024	Joint Stipulation for Dismissal with Prejudice was
A2204748	Court of Common Pleas, Hamilton County, Ohio	AWD,	Dismissed	12/30/2022	4/25/2023	Motion to Dismiss Granted
23-CV-2003-LTS-KEM	USDC for the Northern District of Iowa - Eastern	PCR	Dismissed	1/5/2023	11/22/2024	Motion for Summary Judgment granted
C20230057	Superior Court of the State of Arizona, Pima	AWD	Pending	1/5/2023		
2:20-cv-00759-DGC	USDC for the District of Arizona	PCR	Dismissed	1/6/2023	2/6/2023	Dismissed by the court

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
2:21-cv-002219-GMS-ES	USDC for the District of Arizona	PCR	Dismissed	1/6/2023	6/1/2023	Motion to Dismiss Granted
2:22-cv-01239-GMS-JZB	USDC for the District of Arizona	PCR	Dismissed	1/6/2023	8/1/2023	Dismissed with prejudice
2:22-cv-00896-DWL-JFM	USDC for the District of Arizona	PCR	Dismissed	1/6/2023	11/16/2023	Motion for Summary Judgment granted
2:21-cv-02113-DGC-MHI	USDC for the District of Arizona	PCR	Dismissed	1/6/2023	12/28/2023	Motion for Summary Judgment granted
2:22-cv-01214-SRB-MHE	USDC for the District of Arizona	PCR	Dismissed	1/6/2023	8/30/2024	Judgment of Dismissal for failure to prosecute
2:20-cv-1778	USDC for the District of Arizona	PCR	Dismissed	1/9/2023	2/28/2023	Dismissed with Prejudice
2:22-cv-01029-JJT-JZB	USDC for the District of Arizona	PCR	Pending	1/9/2023		
4:21-cv-00376-SHR	USDC for the District of Arizona	PCR	Dismissed	1/23/2023	4/19/2023	Dismissed by Court
MID-L-000394-23	Superior Court of New Jersey, Middlesex County	ER	Pending	1/23/2023		
2:22-cv-00279-JJT-ESW	USDC for the District of Arizona	PCR	Dismissed	1/24/2023	3/11/2024	Motion for Summary Judgment granted
4:21-cv-00231-SHR	USDC for the District of Arizona	PCR	Dismissed	1/24/2023	3/29/2024	Motion for Summary Judgment granted
4:21-cv-00174	USDC for the District of Arizona	PCR	Pending	1/24/2023		
1:23-cv-00416-JPB	USDC for the Northern District of Georgia	AWD	Pending	1/27/2023		
2:23-CV-00194-JAT-JZB	USDC for the District of Arizona	PCR	Dismissed	1/30/2023	1/6/2025	Dismissed by Court
2:23-cv-10285-SJM-EAS	USDC Eastern District of Michigan	PCR	Dismissed	2/2/2023	4/3/2023	Dismissed by the Court
420-2023-00783	EEOC of Alabama	ER	Dismissed	2/8/2023	5/2/2024	Confidential settlement & case dismissed
CV 22-02030-PHX-DWL	USDC for the District of Arizona	PCR	Pending	2/8/2023		
001363/2023	Supreme Court of Onondaga County, New York	AWD,	Pending	2/9/2023		
2:22-CV-02060-SRB-MT	USDC for the District of Arizona	PCR	Dismissed	2/10/2023	8/13/2024	Motion for Summary Judgment granted
22-cv-970	USDC for the Eastern District of Wisconsin	PCR	Dismissed	2/15/2023	8/28/2023	Plaintiff's Third Amended Complaint filed August 28th
2:22-cv-01509-ROS-ESW	USDC for the District of Arizona	PCR	Dismissed	2/22/2023	4/3/2025	0
1:22-cv-292	USDC for the Southern District of Alabama	PCR	Dismissed	2/23/2023	7/20/2023	Dismissed without prejudice
2:22-cv-2143	USDC for the District of Arizona	PCR	Dismissed	2/24/2023	2/20/2024	Stipulation to Dismiss w/ Prejudice granted
2:23-cv-114-DLR-ESW	USDC for the District of Arizona	PCR	Dismissed	3/9/2023	2/3/2025	
2:23-cv-00508-GMS-JZB	USDC for the District of Arizona	PCR	Pending	3/24/2023		
cv-23-520-phx-ros	USDC for the District of Arizona	PCR	Pending	3/27/2023		
4:23-cv-00156-JGZ	USDC for the District of Arizona	PCR	Dismissed	4/3/2023	6/4/2024	Stipulation to Dismiss w/ Prejudice granted
2:23-cv-619-GMS	USDC for the District of Arizona	PCR	Pending	4/12/2023		
6:23-cv-2001	USDC for the Northern District of Iowa	PCR	Dismissed	4/14/2023	12/4/2023	Motion for Summary Judgment granted
23-C-02510-S7	State Court of Gwinnett County, State of Georgia	MM	Pending	4/14/2023		
23-CV-00181-JCH	USDC for the District of Arizona	PCR	Pending	4/14/2023		
2:22-cv-02079-ROS-ESW	USDC for the District of Arizona	PCR	Pending	4/17/2023		
2:23-cv-00657-MTL-JFM	USDC for the District of Arizona	PCR	Dismissed	4/18/2023	6/3/2024	Motion for Summary Judgment granted
2:23-cv-00666-DJH-	USDC for the District of Arizona	PCR	Pending	4/20/2023		
A-23-869414-C	District Court of Clark County, Nevada	AWD	Pending	4/21/2023		
3:23-cv-5285	USDC for the Western District of Washington	PCR	Dismissed	4/23/2023	7/12/2024	Motion to Dismiss granted
2:23-cv-10760	USDC for the Eastern District of Michigan	PCR	Dismissed	4/23/2023	5/6/2025	Court dismissed with prejudice for failing to respond to
1:23-cv-1041	USDC for the District of Colorado	PCR	Dismissed	4/24/2023	7/6/2023	Dismissed by the court
3:23-cv-785	USDC for the Southern District of California (San	AWD	Dismissed	4/28/2023	5/18/2023	Plaintiff voluntarily dismissed lawsuit
2:23-cv-00745-MTL-JFM	USDC for the District of Arizona	PCR	Dismissed	5/1/2023	12/26/2024	Stipulation to Dismiss w/ Prejudice granted
2:23-cv-790	USDC for the District of Arizona	PCR	Dismissed	5/8/2023	6/4/2025	Court granted the parties' Stipulation of Dismissal
2:23-cv-00840-ROS-DMF	USDC for the District of Arizona	PCR	Pending	5/15/2023		

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
3:23-cv-725-HZ	USDC for the District of Oregon	AWD	Dismissed	5/16/2023	2/6/2024	Court granted Motion to Dismiss
07-CA-318512	NLRB	ER	Pending	5/18/2023		
CV2023-008077	Superior Court of the State of Arizona, Maricopa	AWD	Dismissed	5/26/2023	6/28/2023	Plaintiff voluntarily dismissed lawsuit
2:21-cv-01265-JAT-ASB	USDC for the District of Arizona	PCR	Dismissed	6/1/2023	12/11/2023	MTD granted
23-C-03828-S2	State Court of Gwinnett County, State of Georgia	MM	Pending	6/2/2023		
26A-2023-00663	EEOC	ER	Dismissed	6/5/2023	9/1/2023	Dismissed
2:23-cv-01022-DLR-CDB	USDC for the District of Arizona	PCR	Dismissed	6/6/2023	7/25/2024	Judgment of Dismissal
8:23-cv-141-WFJ-AEP	USDC Middle District of Florida, Tampa Division	PCR	Dismissed	6/6/2023	3/24/2025	Motion to Dismiss granted
2306cv2432 EF	Commonwealth of Mass. West Roxbury District	ER	Dismissed	6/7/2023	6/27/2024	Confidential settlement & case dismissed
C20232694	Superior Court of Pima County, Arizona	AWD	Pending	6/15/2023		
23CV004344	Franklin County, Ohio Court of Common Pleas	AWD	Pending	6/16/2023		
540-2023-04488	EEOC of Arizona	ER	Dismissed	6/18/2023	9/27/2023	Notice of Right to Sue Issued
23-CV-00358-EWH-LRL	USDC for the Eastern District of Virginia	AWD	Dismissed	6/27/2023	4/23/2024	Confidential settlement & case dismissed
3:23-cv-00950-JR	USDC for Oregon, Portland Division	PCR	Pending	6/29/2023		
8:23-cv-1456	USDC for the Middle District of Florida	PCR	Pending	6/29/2023		
2:23-cv-355	USDC for the District of Indiana	PCR	Dismissed	7/17/2023	3/11/2025	Summary Judgment granted
CV2023-091833	USDC for the District of Arizona	PCR	Dismissed	7/18/2023	9/6/2023	Dismissed without prejudice by Court
23CV1357 CAB BLM	USDC for the Southern District of California	AWD	Dismissed	7/26/2023	8/25/2023	Plaintiff voluntarily dismissed lawsuit
CV2023-011277	AZ Superior Court - Maricopa County	PCR	Dismissed	7/26/2023	5/15/2024	Judgment of Dismissal
471-2023-05097	EEOC of MI	ER	Dismissed	7/27/2023	11/2/2023	Dismissed by EEOC
C20233645	Superior Court of Pima County, Arizona	AWD	Dismissed	8/9/2023	9/4/2024	Dismissed with prejudice
2:23-cv-01615-SRB-ASB	USDC for the District of Arizona	PCR	Dismissed	8/9/2023	12/4/2024	Court granted Motion to Dismiss without prejudice.
CV2023-094136	Superior Court of the State of Arizona, Maricopa	PCR	Dismissed	8/21/2023	3/8/2024	Court granted Motion to Dismiss.
2:23-cv-1161	USDC for the W. District of Washington	PCR	Dismissed	9/1/2023	8/28/2024	Dismissed by the court
2:23-cv-1284	USDC for the Disctict of Oregon	PCR	Pending	9/5/2023		
1-22-cv-00319	USDC for Southern District of Ohio, Western	PCR	Pending	9/15/2023		
01020/2023	Supreme Court of Onondaga County, New York	PCR	Pending	9/19/2023		
PB20230080	Superior Court of Arizona, County of Pima	AWD	Pending	9/20/2023		
4:23-cv-00297-RM-PSOT	USDC for the District of Arizona	PCR	Pending	9/21/2023	12/20/2024	Court granted Stipulation to Dismiss with prejudice
2384CV02132	Commonwealth of Massachusetts/ Suffolk	AWD	Pending	9/21/2023		
2:23-cv-6561	USDC Middle District of Alabama	PCR	Dismissed	9/22/2023	2/24/2025	Case dismissed without prejudice
2:23-cv-02007-SRB-ESW	USDC for the District of Arizona	PCR	Dismissed	9/25/2023	4/15/2025	Court granted Defendants' Motion for Summary Judgmen
2:23-cv-02008-DGC-MTN	USDC for the District of Arizona	PCR	Pending	9/25/2023		
2:23-cv-02039-JAT-ASB	USDC for the District of Arizona	PCR	Pending	9/27/2023		
471-2023-3606	EEOC of MI	ER	Pending	9/27/2023		
2:23-CV-02060-GMS-DM	USDC for the District of Arizona	PCR	Dismissed	10/2/2023	12/18/2024	Court granted Plaintiff's Motion to Dismiss with
3:23-cv-01819-BEN-BLM	USDC for the Southern District of California	PCR	Pending	10/2/2023		
C202334638	Superior Court of the State of Arizona, Pima	AWD	Dismissed	10/5/2023	12/18/2024	Confidential settlement & case dismissed
2:23-cv-01960-ROS-DMF	USDC for the District of Arizona	PCR	Dismissed	10/11/2023	3/4/2025	Motion for Summary Judgment granted in Defendants' fa
2:23-cv-1358	USDC Eastern Districe of Wisconsin	PCR	pending	10/12/2023		
STEMIW231018-41126	BOLI-OR	ER	Pending	10/18/2023		
1:23-cv-02772	USDC for the District of Colorado	AWD	Pending	10/23/2023		

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2:23-cv-00688-JJT-JZB	USDC for the District of Arizona	PCR	Pending	10/23/2023		
CV-22-00698-PHX-DWL	USDC for the District of Arizona	PCR	Dismissed	11/1/2023	3/3/2025	Dismissed without prejudice by Court
2:22-cv-01902-JAT-JFM	USDC for the District of Arizona	PCR	Dismissed	11/9/2023	5/6/2025	Dismissed without prejudice by Court
2:22-cv-04113-KNS	USDC for the E. District of Pensylvania	PCR	Pending	11/13/2023		Confidential Settlement - pending approval by court
23CV2158 BEN MSB	USDC for the Southern District of California	AWD	Pending	11/22/2023		
35A-2024-00076	EEOC - Arizona Civil Rights Division	ER	Dismissed	11/27/2023	5/10/2024	Confidential settlement & case dismissed
2:23-cv-13042-TGB-DRG	USDC for the Eastern District of Michigan,	PCR	Pending	11/30/2023	8/15/2024	Dismissed by the court
2:23-cv-02501-JJT-JFM	USDC for the District of Arizona	PCR	Pending	12/4/2023		
3:23-cv-623	USDC for the District of Nevada	PCR	Pending	12/6/2023		
2:23-cv-02534-JJT-DMF	USDC for the District of Arizona	PCR	Pending	12/7/2023		
2:23-cv-02562-GMS-JZB	USDC for the District of Arizona	PCR	Pending	12/8/2023		
2:23-cv-01671-DLR-DMF	USDC for the District of Arizona	PCR	Pending	12/14/2023		
cv-2023-019569	Superior Court of the State of Arizona, Maricopa	PCR	Dismissed	12/14/2023	3/11/2025	Dismissed without prejudice by Court
2:23-cv-724	USDC for the Middle District of Alabama	PCR	Pending	12/14/2023		
2:23-cv-02619-SPL-MTM	USDC for the District of Arizona	PCR	Pending	12/15/2023		
37-2023-00054895-CU-P	Superior Court of the State of California, San	PCR	Pending	12/19/2023		
3:23-cv-6145	USDC for the Western District of Washington	PCR	Dismissed	12/21/2023	6/21/2024	Motion to Dismiss Granted
2:24-cv-00289-EAS-EPD	USDC Southern District of Ohio, Eastern Division	AWD	Pending	12/21/2023	3/19/2025	Dismissed without prejudice by Court
3:23-cv-363	USDC for the District of Nevada	PCR	Dismissed	12/29/2023	5/13/2025	Summary judgment granted - case dismissed
23-cv-2089	USDC for the Eastern District of Iowa	PCR	Pending	12/29/2023		
3:23-cv-1979	USDC for the District of Oregon	PCR	Pending	12/29/2023		
6:24-cv-2001-CJW-KEM	USDC for the Northern District of Iowa	PCR	Pending	1/2/2024		
2:24-cv-00038-JAT-DMF	USDC for the District of Arizona	PCR	Pending	1/5/2024		
C20240113	Superior Court of the State of Arizona, Pima	AWD	Dismissed	1/8/2024	9/10/2024	Dismissed without prejudice by Court
1:24-cv-7	USDC for Southern District of Alabama	PCR	pending	1/8/2024	7/7/2025	Dismissed with projudice by the Court.
3:24-cv-15	USDC for the District of Nevada	PCR	Pending	1/8/2024		
3:24-cv-00071-W-SBC	USDC Southern District of California	AWD	Pending	1/10/2024		
420-2024-01163	EEOC of Georgia	ER	Dismissed	1/18/2024	2/27/2024	Dismissed by EEOC
37-2024-2535	Superior Court for the State of California, County	ER/CA	Pending	1/19/2024		
C20240427	Superior Court of Pima County, Arizona	NEG	Pending	1/23/2024		
CV2024-001985	Superior Court of Arizona, Maricopa County	PCR	Pending	1/31/2024		
3:24-cv-05185-TMC	USDC for the Western District of Washington	PCR	Pending	2/1/2024		
410-2024-04341	EEOC of Georgia	ER	Dismissed	2/2/2024	2/21/2024	Notice of Right to Sue Issued
3:24-cv-00234-BAS-MMI	USDC for the Southern District of California	PCR	Pending	2/2/2024		
22-15106	US Court of Appeals for the Ninth Circuit	PCR	Pending	2/13/2024		
24CV0352 CAB MSB	USDC Southern District of California	AWD	Pending	2/22/2024		
2:24-cv-255	USDC for the Eastern District of Wisconsin	PCR	Pending	2/26/2024		
24-2-00749-06	Superior Court of Clark County, Washington	NEG	Dismissed	3/5/2024	12/4/2024	Dismissed by Court
3:24-cv-05202-DGE	USDC Western District of Washington at Tacoma	PCR	Dismissed	3/8/2024		
24-CV-211	USDC Middle District of North Carolina	PCR	Pending	3/11/2024		
cv2024-005095	Superior Court of Arizona, Maricopa County	PCR	Dismissed	3/14/2024	3/14/2025	Dismissed without prejudice by Court.
2:24-cv-00762	USDC for the District of Arizona	ER	Pending	3/15/2024		

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
2:24-cv-00556-SPL-CDB	USDC for the District of Arizona	PCR	Pending	3/18/2024		
S1100cv202400718	Superior Court of the State of Arizona in and for	PCR	Dismissed	3/22/2024	1/2/2025	Motion to Dismiss granted
C20241718	Superior Court of the State of Arizona in and for	AWD	Pending	3/22/2024		
1:24-cv-4308	USDC District of New Jersey	PCR	Pending	3/28/2024		
2:23-cv-01579-MTL-MTI	USDC for the District of Arizona	PCR	Pending	4/15/2024		
2:24-cv-00903-GMS-ASB	USDC for the District of Arizona	PCR	Pending	4/19/2024		
24-C-03826-S1	State Court of Gwinett County, State of Georgia	NEG	Dismissed	4/24/2024	8/5/2024	Dismissed by the Court
4:24-cv-00220-RM-PSOT	USDC for the Distric to Arizona, Tucson Division	AWD	Pending	4/25/2024		
3:24-cv-00763-WQH-VET	USDC Southern District of California	AWD	Pending	4/29/2024		
2024CV30006	District Court of Mesa Co, Colorado	PCR	Pending	4/30/2024		
2:24-cv-01519-JJT-JFM	USDC for the District of Arizona	PCR	Pending	5/1/2024		
2:23-cv-01734-ROS-DMF	USDC for the District of Arizona	PCR	Dismissed	5/2/2024	12/3/2024	NaphCare's Motion to Dismiss Granted - Dismissed
24-cv-01242-GPG-STV	USDC for the District of Colorado	AWD	Pending	5/3/2024		
1:24-cv-02496-ELR	USDC Northehr District of Georgia, Atlanta	AWD	Pending	5/7/2024		
1:24-cv-409	USDC North Carolina Middle District	PCR	Pending	5/13/2024		
C20242914	Superior Court of the State of Arizona in and for	AWD	Pending	5/17/2024		
3:24-cv-05392	USDC Western District of Washington	PCR	Pending	5/22/2024		Confidential Settlement - pending approval by court
3:24-cv-839	USDC of Oregon	PCR	Pending	5/23/2024		
2:24-cv-01226-SPL-ESW	USDC for the District of Arizona	PCR	Pending	5/23/2024		
24-11432	USDC for the Eastern District of Michigan	MM,	Pending	5/30/2024		
3:24-cv-5455	USDC Western District of Washington at Tacoma	PCR	Dismissed	6/10/2024	3/26/2025	Motion for Summary Judgment granted
471-2024-05166	EEOC of Michigan	ER	Pending	6/13/2024		
7:24-cv-392	USDC for the Western District of Virginia	PCR	Dismissed	6/18/2024	3/13/2025	Dismissed without prejudice
3:24-cv-1017-SB	USDC for the District of Oregon	PCR	Pending	6/25/2024		
4:24-cv-509	USDC E. District of Washington	PCR	Dismissed	6/26/2024	5/28/2025	MTD granted
3:24-cv-277	USDC for the District of Nevada	PCR	Pending	6/30/2024		
3:24-cv-05123-DGE	USDC Western District of Washington at Tacoma	AWD	Pending	7/2/2024		Confidential Settlement - pending approval by court
3:24-cv-01156-WQH-JLB	USDC Southern District of California	AWD	Pending	7/3/2024		
2:24-cv-01132-DJH-DMF	USDC for the District of Arizona	PCR	Pending	7/8/2024		
2:24-cv-01276	USDC District of Nevada	AWD	Pending	7/15/2024		
4:24-cv-00363-CKJ	USDC for Arizona	PCR	Pending	7/22/2024		
2:24-cv-01000-NAD	USDC for the Northern District of Alabama,	PCR	Pending	7/24/2024		Confidential Settlement - pending approval by court
CV2024-020164	Superior Court of the State of Arizona in and for	PCR	Pending	7/29/2024		
2:24-cv-01956-ROS-JZB	USDC for the District of Arizona	PCR	Pending	8/6/2024		
3:24-cv-1293	USDC for the District of Oregon	PCR	Pending	8/7/2024	7/9/2025	Confidential settlement & case dismissed
3:24-cv-5487	USDC Western District of Washington at Tacoma	PCR	Pending	8/12/2024	6/17/2025	Order issued. Dismissed Without Prejudice.
CV2024-00645	Superior Court of the State of Arizona in and for	PCR	Pending	8/16/2024		
2 CA-CV 2024-0240	Arizona Court of Appeals Division Two	PCR	Dismissed	8/19/2024	5/5/2025	AZ Court of Appeals Affirmed Pinal Co. Superior
2:24-cv-01444-DWL-DM	USDC for the District of Arizona	PCR	Pending	8/19/2024		
2:24-cv-01407-SMM-MT	USDC for the District of Arizona	PCR	Pending	8/21/2024		
2:24-cv-01252-SMM-ASE	USDC for the District of Arizona	PCR	Pending	8/22/2024		
CV2024-022912	Superior Court of the State of Arizona in and for	PCR	Pending	8/22/2024		

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
24-CVD-4981	State of North Carolina - Forsyth Co.	PCR	Dismissed	8/27/2024	2/7/2025	Motion to Dismissed granted
2:24-cv-02343-JJT-ESW	USDC for the District of Arizona	PCR	Pending	9/4/2024		
C20245248	Superior Court of the State of Arizona in and for	PCR	Dismissed	9/4/2024	4/9/2025	Voluntary Dismissal of NaphCare without Prejudice
4:24-cv-00376-JGZ	USDC for the District of Arizona	PCR	Pending	9/9/2024		
CV2024-025000	Superior Court of the State of Arizona in and for	PCR	Pending	9/10/2024		
3:24-cv-05123 DGE	USDC for Western Distric of Washington	NEG	Pending	9/18/2024		
24-5765	US Court of Appeals for the Ninth Circuit	PCR	Pending	9/19/2024		
24CV1687W BJC	USDC, Southern District of California	AWD	Pending	9/20/2024		
2:24-cv-01808-JAT-DMF	USDC for the District of Arizona	PCR	Pending	10/3/2024		
2:24-cv-625	USDC for the Middle District of Alabama	PCR	pending	10/7/2024		
4:24-cv-00050-CKJ	USDC for the District of Arizona	PCR	pending	10/7/2024		
2:24-cv-02727-SMM-JZB	USDC for the District of Arizona	PCR	Pending	10/9/2024		
1:24-cv-04731-VMC	USDC Northern District of Georgia, Atlanta	PCR	Pending	10/17/2024		
25-cv-347	USDC for the E District of PA	PCR	Pending	10/23/2024		
C20246513	Superior Court of the State of Arizona in and for	PCR	Pending	10/29/2024		
2:24-cv-03022-DJH-DMF	USDC for the District of Arizona	PCR	pending	11/1/2024		
24-cv-1426	USDC for the E. District of WI	PCR	pending	11/5/2024		
2:24-cv-03068-DJH-DMF	USDC for the District of Arizona	PCR	pending	11/5/2024		
1:24-cv-05158-TWT	USDC for Northern District of Georgia	PCR	Pending	11/14/2024		
2:24-cv-13037	USDC for the E. District of Michigan	PCR	Pending	11/17/2024		
24cv014688	Superior Court of the County of Fulton	PCR	Pending	11/19/2024		
STK-cv-uoe-2024-16214	Superior Court of California County of San	ER/CA	Pending	11/19/2024		
4:24-cv-00139-RGE-WPK	USDC Southern District of Iowa Central Division	PCR	Pending	11/20/2024		
2:24-cv-00242-KHR	USDC for the District of Wyoming	PCR	Dismissed	11/26/2024	4/14/2025	Defendants' Motion to Dismiss granted.
2:24-cv-03403-SRB-JZB	USDC for the District of Arizona	PCR	pending	12/3/2024		
2:24-cv-1607	USDC for the E. District of Wisconsin	PCR	Pending	12/12/2024		
CV2024-037447	Superior Court of the State of Arizona in and for	AWD	Pending	12/23/2024		
CV2024037775	Superior Court of Arizona in Maricopa County	PCR	Pending	12/27/2024		
CV2024-037903	Superior Court of the State of Arizona in and for	PCR	Pending	12/30/2024		
16-2024-CA-007124-AXX	Circuit Court, Fourth Judicial Circuit, in and ofr	AWD	Pending	12/31/2024		
2:24-cv-01560-JJT-JFM	USDC for the District of Arizona	PCR	Pending	12/31/2024		
1:25-cv-14-CCE-LPA	USDC for the M. District of North Carolina	PCR	Pending	1/2/2025		
3:24-cv-1865	USDC fo the District of OR	PCR	pending	1/10/2025		
2:25-cv-00086-DJH-DMF	USDC for the District of Arizona	PCR	Pending	1/10/2025		
CV2025-002161	Superior Court of the State of Arizona in and for	PCR	Pending	1/14/2025		
25-cv-01709	Superior Court of the State of California County of	ER/CA	Pending	1/21/2025		
1:25-cv-0041-TFM-MU	USDC for the Southern District of Alabama	PCR	Pending	1/30/2025		
2:24-cv-00263-ABJ	USDC of Wyoming	PCR	Pending	1/31/2025		
2:25-cv-00340-SMB-DMF	USDC for the District of Arizona	PCR	Pending	2/3/2025		
2:25-cv-00039-KHR	USDC for the District of Wyoming	PCR	Pending	2/5/2025		
R 23A-2025-00088	Michigan Dept of Civil Rights and EEOC	ER	Pending	2/11/2025		
25-2676-NZ	Wayne County Circuit Court Case	PCR	Pending	2/19/2025		

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
S-1400-cv-202500166	Superior Court of the State of Arizona in and for	PCR	Pending	2/25/2025		
2:25-cv-00052-JJT-JZB	USDC for the District of Arizona	PCR	Pending	2/28/2025		
2:25-cv-00761-KML-	USDC for the District of Arizona	PCR	Pending	3/6/2025		
3:25-CV-0086	USDC Southern District of Ohio Western Division	AWD	Pending	3/10/2025		
MID-L-001525-25	Superior Court of New Jersey, Middlesex County	PCR	Pending	3/12/2025		
2:25-cv-00822-SRB-MTM	USDC for the District of Arizona	PCR	Pending	3/12/2025		
2:25-cv-00829-SMM-	USDC for the District of Arizona	PCR	Pending	3/12/2025		
7:25-cv-180	USDC for the W. District of Virginia	PCR	Dismissed	3/14/2025	4/30/2025	Dismissed without prejudice by Court
2025CV01960	State Court of Clayton County, State of Georgia	AWD	Pending	3/17/2025		
25EV003102	State Court of Fulton County, State of Georgia	Neg	Pending	3/20/2025		
3:25-cv-484-SB	USDC for the District of Oregon	AWD	Pending	3/21/2025		
25CL015481N	Superior Court of the State of California for the	PCR	Pending	3/24/2025		
S1400cv202500303	Superior Court of Arizona in Yuma County	PCR	Pending	3/27/2025		
CV2025-012128	Superior Court of Arizona in Maricopa County	PCR	Pending	4/4/2025		
S1400cv202500535	Superior Court State of AZ-Yuma County	ER/CA	Pending	4/10/2025		
25-2779	US Court of Appeals for the Ninth Circuit	PCR	Dismissed	4/28/2025	6/13/2025	The Court of Appeals issued a Mandate dismissing the
3:25-cv-1143-TWR-DDL	USDC for the Southern District of California	PCR	Pending	5/5/2025		
OCRC-	Ohio Civil Rights Commission	ER	Pending	5/14/2025		
3:25-cv-5381-TMC	USDC for the Western District of Washingston	PCR	Pending	5/15/2025		
487-2025-01513	EEOC of Nevada	ER	Pending	5/16/2025		
25-2-08863-0	Superior Court for the State of Washington	ER/CA	Pending	5/28/2025		
1:25-cv-4501-RMI	USDC for the Northern District of California	PCR	Pending	5/28/2025		
3:25-cv-08110-JJT-JZB	USDC for the District of Arizona	PCR	Pending	5/29/2025		
OCRC-	Ohio Civil Rights Commission	ER	Pending	6/2/2025		
420-2025-03391	EEOC of Arizona	ER	Pending	6/4/2025		
02-CV-2025-901666	Circuit Court of Mobile County, Alabama	AWD	Pending	6/26/2025		
3:25-cv-1659-JLS-MSB	USDC for the Southern District of California	AWD	Pending	6/27/2025		
25EV007099	State court of Fulton County	AWD	Pending	7/8/2025		

AWD = Allegations of Wrongful Death
BC = Breach of Contract
CA = Class Action
CS = Confidential Settlement
ER = Employment Related
Inj = Injunction
MM - Medical Malpractice
MTS = Misappropriation of Trade Secrets
Neg = Negligence
PCR = Prisoner Civil Rights Action
UI = Unemployment Insurance
USDC = United States District Court
WB = Whistleblower

Case Number	Jurisdiction	Type	Status	Date Filed	Date Closed	Disposition
WC = Worker's Compensation						

NaphCare
Your independent health care choice.

Explanation

The Ohio State Board of Pharmacy (OBOP) initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs License Numbers 02-2124750 & 02-1450450, related to allegations regarding NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications within a jail facility in Dayton, Ohio. NaphCare denied and disputed all claims by the OBOP. On July 11, 2017, NaphCare agreed to provide a nominal payment to the Board in the amount of $7,000 and the OBOP agreed to dismiss its pending investigation. Further, NaphCare agreed to provide refresher training to its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs.

James S. McLane

7/16/2025
Date

2090 Columbiana Road, Suite 4000, Birmingham, Alabama 35216
(205)536-8400 • 1-800-834-2420 • Fax (205)536-8404

Steven W. Schierholt, Esq.
Executive Director

STATE OF OHIO
BOARD OF PHARMACY

John R. Kasich
Governor

-THIS IS A RED INK STAMP-
I certify this to be a true and correct copy of the original document on file with the Ohio State Board of Pharmacy
Steven W. Schierholt, Esq., Executive Dir
Date: 12/4/17
-MUST HAVE BOARD SEAL TO BE OFFICIAL-

IN THE MATTER OF: **CASE NO. 2014-1423**

NaphCare, Inc. at Montgomery County Jail
c/o Bradford T. McLane
2090 Columbiana Rd, Ste. 1100
Birmingham, AL 35216

License No. 02-2127450
02-1450450

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 NaphCare, Inc. at Montgomery County Jail (NaphCare), for the purpose of resolving all issues between the parties relating to the Board investigation of NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications. Together, the Board and NaphCare are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.54 of the Ohio Revised Code.

2. NaphCare is a licensed Terminal Distributor of Dangerous Drugs under license numbers 02-2124750 and 02-1450450.

FACTS

1. On or about April 23, 2014, the Board initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs license numbers 02-2124750 and 02-1450450, related to NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications.

2. On or about March 14, 2017, the Board sent a Notice of Opportunity for Hearing to NaphCare which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

3. On or about March 27, 2017, NaphCare timely requested a hearing which was subsequently scheduled for September 12, 2017.

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. NaphCare neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated March 14, 2017; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. NaphCare agrees to pay to the Board a monetary penalty the amount of $7,000.00, by means of a cashier's check made payable to "Treasurer, State of Ohio," mailed with the enclosed form to the Board, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126, no later than 30 days from the Effective Date of this Agreement.

4. NaphCare agrees to train its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs. Further, after two years from the effective date of this agreement NaphCare may petition the Board to reduce or cease biannual training.

5. Effective no later than the sixtieth day after the Effective Date of this Agreement, Dr. Brenda Ellis shall no longer be NaphCare's Responsible Person, as defined in Ohio Administrative Code 4729-5-11. NaphCare shall submit a "Terminal Distributor Change of Responsible Person Notice" on license number 02-2127450 within 60 days of the Effective Date of this Agreement. Once Dr. Brenda Ellis has been replaced in accordance with this Agreement, NaphCare agrees to never use Dr. Ellis as a Responsible Person on any of its Ohio licenses.

6. NaphCare 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.

7. NaphCare agrees to comply with all federal and state requirements related to Terminal 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 NaphCare 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 NaphCare by the Board and will NOT discharge NaphCare from any obligation under the terms of this Agreement.

8. NaphCare agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

9. NaphCare understands that it has the right to be represented by counsel for review and execution of this agreement.

10. 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 NaphCare will operate.

11. NaphCare waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and specifically withdraws its request for a hearing, and waives any right to an appeal.

12. 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.

13. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

14. 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.

15. This Agreement shall become effective upon the date of the Board President's signature below ("Effective Date").

[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:

Bradford T. McLane, *on behalf of NaphCare* — Date of Signature: 6/22/2017

Ronald L. House, Attorney for Respondent — Date of Signature: 6/22/17

Fred Weaver, R.Ph., Acting President,
State of Ohio Board of Pharmacy — Date of Signature: 7-6-17

Steven Kochheiser, Ohio Assistant Attorney General — Date of Signature: July 11, 2017

Steven W. Schierholt, Esq.
Executive Director

John R. Kasich
Governor

STATE OF OHIO
BOARD OF PHARMACY

NOTICE OF OPPORTUNITY FOR HEARING
PROPOSAL TO TAKE DISCIPLINARY ACTION AGAINST LICENSEE

IN THE MATTER OF:

CASE NO. 2014-1423

Naphcare, Inc. at Montgomery County Jail
c/o Brenda Ellis, MD
2090 Columbiana Rd, STE 1100
Birmingham, AL 35216

License No. 02-2127450
02-1450450

3/14/17

March 14, 2017

Dear Naphcare, Inc. at Montgomery County Jail and Brenda Ellis,

You are hereby notified, in accordance with the provisions of Section 119.07 of the Ohio Revised Code the state of Ohio Board of Pharmacy (Board) proposes to take action against your license as a Terminal Distributor of Dangerous Drugs under authority of Section (TDDD) 4729.57 of the Revised Code.

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.55 of the Ohio Revised Code to practice as a TDDD in the state of Ohio. Additionally, Section 4729.57 of the Revised Code grants the Board the authority to impose a monetary penalty or forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or $1,000 if the acts committed have not been classified as an offense by the Revised Code.

2. Naphcare, Inc. at Montgomery County Jail has a current TDDD license with the Board under license numbers 02-2127450 and 02-1450450.

ALLEGATIONS AND POTENTIAL VIOLATIONS OF LAW

1. During several inspections by an agent of the Board, the agent discovered the following expired medications inside the facility. On or about June 1, 2011, an agent of the Board observed that there was no system in place to check for expired medication blister cards among active stock. On or about June 10, 2011, you submitted a corrective action plan that outlined the training and process to monitor for expired medications. During another inspection on or about August 4, 2011, the agent observed expired medication blister cards among active stock that dated back to October 2009. On or about June 2, 2014, the agent observed expired medications among active stock located in the refrigerator, medication carts, and storage rooms. The expired medication dated back to October 2013. On or about December 16, 2015,

the agent observed expired medications among active stock located in the medication room and the dental area with expiration dates from June 2014.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

   i. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

   ii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-17-03(B)(6) of the OAC, security and control of drugs in an institutional facility, punishable by a maximum fine of $1,000.

d. Such conduct, if proven, constitutes a violation of Rule 4729-9-17(A) of the OAC, storage of adulterated drugs, punishable by a maximum fine of $1,000.

e. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

2. On or about June 2, 2014, the Board issued you a written request to release records of administration of methadone administered to inmate S.K. After failing to respond to this initial request, the Board, on or about April 17, 2015, issued a written request for records of administration of methadone for all inmates from February 2013 through April 2013. You responded to the request; however, documents related specifically to inmate S.K. were not provided to the Board. On or about December 16, 2015, the Board issued an additional written request for records of administration of methadone administered to inmate S.K.

   a. Such conduct, if proven, constitutes a violation of Rule 3719.27(A) of the ORC, inspection and checking of files and records, constituting an unclassified offense, punishable by a maximum fine of $1,000 if committed by an organization.

   b. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

      i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

      ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

      iii. Violating any provision of the federal drug abuse control laws or Chapter 3719. of the Revised Code, ORC Section 4729.57(A)(5).

c. Such conduct, if proven, constitutes a violation of Rule 4729-5-29(C) of the OAC, confidentiality of patient records, punishable by a maximum fine of $1,000.

d. Such conduct, if proven, constitutes a violation of Rule 4729-9-14(A) of the OAC, records of controlled substances, punishable by a maximum fine of $1,000.

e. Such conduct, if proven, constitutes a violation of Rule 4729-9-22(E) of the OAC, records of dangerous drugs, punishable by a maximum fine of $1,000.

3. On or about March 23, 2014, Dr. Brenda Ellis instructed a nurse to remove an unknown quantity of methadone 10 mg tablets from a designated destruction container. The tablets were removed and administered to patient S.K.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

iii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

4. On or about August 11, 2015, patient D.M was administered expired medication during dental treatment. The patient received Septocaine 4% with epinephrine 1:200,000 which expired April 2015.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

iii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

5. On or about September 2, 2015, patient B.H. was administered expired medication during dental treatment. The patient received Lidocaine 2% with epinephrine which expired June 2015.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

I. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

II. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

III. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

6. During an inspection on December 16, 2015, the agent of the board reviewed the temperature log and observed that approximately 36% of the dates in 2015 did not have a temperature documented.

a. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

I. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

II. Violating any provision of this chapter, ORC Section 4729.57(A)(3).

b. Such conduct, if proven, constitutes a violation of Rule 4729-9-11(D) of the OAC, security and control of dangerous drugs, punishable by a maximum fine of $1,000.

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

7. During an inspection on December 16, 2015, a follow up inspection from the June 2, 2014 inspection, an agent of the board reviewed records of the facility and observed prescribers were not signing and dating end of day reports for positive identification.

a. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3).

b. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-22(A)(4) of the OAC, records of dangerous drugs, punishable by a maximum fine of $1,000.

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the State of Ohio Board of Pharmacy, if you request such a hearing within thirty 30 days of the date of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall either be mailed to the State of Ohio Board of Pharmacy, Attn: Legal, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126 or an e-mail request may be sent to legal@pharmacy.ohio.gov **(please note faxes will not be accepted). YOUR REQUEST MUST BE MUST BE RECEIVED ON OR PRIOR TO THE 30TH DAY FOLLOWING THE MAILING DATE OF THIS NOTICE.** Please note that if you submit a request via email, your request will be acknowledged within one business day of receipt. If you do not receive an acknowledgment, please contact the Board offices at 614-466-4143 and request the legal department. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing; and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you. **If you are a corporation, you must be represented at the hearing by an attorney licensed to practice in the state of Ohio.**

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the 30th day following the mailing of this notice, the State of Ohio Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

If you have questions regarding the Chapter 119. Administrative Hearing process, please e-mail your questions to legal@pharmacy.ohio.gov or call the Board office at 614-466-4143 and ask for the legal department.

BY ORDER OF THE STATE OF OHIO BOARD OF PHARMACY

Steven W. Schierholt, Esq., Executive Director

SWS/ric
CMRRR: 7005 0390 0001 8571 7902

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that NaphCare Pharmacy, LLC was formed in Jefferson County on October 5, 2020. The Alabama Entity Identification number for this entity is 000-739-451. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

07/11/2025

Date

Wes Allen **Secretary of State**

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 NaphCare Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable) PH01799

Physical Address 2086 Columbiana Road, Suite 1100

City Birmingham State AL Zip 35216

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (205) 552-1700 Website n/a

Licensing Company Email daniel.williamson@naphcare.com

Section 2: Personal Information

First Daniel Middle Oscar Last Williamson

Alias(es, nicknames, name changes, etc.) Danny Williamson

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 Georgia College of Pharmacy		09/92-06/95	
Address	**City**	**State**	**Zip**
250 W. Green Street	Athens	GA	30602
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Darton College		09/90-06/92	
Address	**City**	**State**	**Zip**
2400 Gillionville Road	Albany	GA	31707
Diploma/Degree obtained, if any			
Associate of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Lee County High School		09/86-06/90	
Address	**City**	**State**	**Zip**
224 4th Street	Leesburg	GA	31763
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
08/03-07/25	[redacted]			
From - To (MM/YY – MM/YY)				
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)	
NaphCare Pharmacy, LLC f/k/a NaphCare, Inc.			04/11-07/25	
Business Address		City	State	Zip
2086 Columbiana Road, Suite 4000		Birmingham	AL	35216
Phone	Title		Number of Employed Hours	
(205) 552-1706	Director of Pharmacy - Dispensing Operations		30,240	
Description of Duties				
Lead pharmacy dispensing operations				

Business Name			From - To (MM/YY – MM/YY)	
CVS Caremark			06/02-04/11	
Business Address		City	State	Zip
2700 Milan Court		Birmingham	AL	35211
Phone	Title		Number of Employed Hours	
	Pharmacist		20,800	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Publix Supermarkets, #816			02/02-06/02	
Business Address		City	State	Zip
920 Hwy 81 East		McDonough	GA	30252
Phone	Title		Number of Employed Hours	
	Pharmacist		1,000	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Publix Supermarkets, #545			07/95-02/02	
Business Address		City	State	Zip
11155 Tara Blvd		Hampton	GA	30228
Phone	Title		Number of Employed Hours	
	Pharmacist		16,640	
Description of Duties				
Pharmacist				

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, Daniel Williamson, **certify that as the designated representative for**

NaphCare Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DOW I am at least 21 years of age;
3. DOW 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. DOW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DOW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DOW 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. DOW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Williamson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07-15-2025

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.

Daniel Williamson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07-15-2025

Date

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

State of Alabama, ss. County of Jefferson

I, Daniel Williamson, 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

07-15-2025

Date

Subscribed and Sworn to before me this 15 day of July 2025.

Notary Public Signature

CHRISTIAN SHARPE COX
MY COMMISSION EXPIRES
DECEMBER 16, 2026
NOTARY PUBLIC
STATE OF ALABAMA

(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: NaphCare Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH01799

Physical Address: 2086 Columbiana Rd, Ste 1100

City: Birmingham State: AL Zip: 35216

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (205) 552-1700 Website:

Licensing Company Email: danny.williamson@naphcare.com

Section 2: Personal Information

First: James Middle: Sanford Last: McLane

Alias(es, nicknames, name changes, etc.): Jim McLane

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)	
Auburn University, Harrison College of Pharmacy		09/63-08/70	
Address	**City**	**State**	**Zip**
2316 Walker Building	Auburn	AL	36849
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
TN Military Institute		09/60-06/62	
Address	**City**	**State**	**Zip**
1314 Peachtree Street	Sweetwater	TN	37874
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			

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
10/05-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			From - To (MM/YY – MM/YY)
NaphCare Pharmacy, LLC			10/05/20-present
Business Address	**City**	**State**	**Zip**
2086 Columbiana Rd, Ste 1100	Birmingham	AL	35216
Phone	**Title**		
(205) 552-1700	Sole Member & Owner		
Description of Duties			
Ownership duties			

Business Name			From - To (MM/YY – MM/YY)
NaphCare Wholesale Distribution, LLC			03/19-present
Business Address	**City**	**State**	**Zip**
2086 Columbiana Rd, Ste 1400	Birmingham	AL	35216
Phone	**Title**		
(205) 536-8516	Sole Member & Owner		
Description of Duties			
Ownership duties			

Business Name			From - To (MM/YY – MM/YY)
NaphCare, Inc.			01/20-present
Business Address	**City**	**State**	**Zip**
2090 Columbiana Rd, Ste 4000	Birmingham	AL	35216
Phone	**Title**		
(205) 536-8400	Chairman of the Board		
Description of Duties			
Chairman of the Board duties			

Business Name			From - To (MM/YY – MM/YY)
NaphCare, Inc.			01/89-12/19
Business Address	**City**	**State**	**Zip**
2090 Columbiana Rd, Ste 4000	Birmingham	AL	35216
Phone	**Title**		
(205) 536-8400	Chief Executive Officer		
Description of Duties			
Chief Planner and Operational Director			

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?		✓

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.

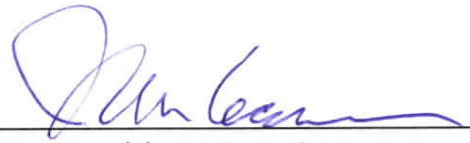
This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

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

Provide explanation below:

Regarding question numbers four and five, please be advised that NaphCare, Inc. contracts with governmental entities to provide health care services to incarcerated individuals in jails and prisons throughout the United States. Relating to my capacity with NaphCare, Inc. as reported in Section 7, NaphCare, Inc., and I have been party to prisoner civil rights actions, employment related litigation, and contract related litigation. Please find attached NaphCare, Inc.'s litigation history list which would include any lawsuit where I may have been named a party, as well.

Regarding question number 6, and as reported in the Pharmacy Application, the Ohio State Board of Pharmacy (OBOP) initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs License Numbers 02-2124750 & 02-1450450, related to allegations regarding NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications within a jail facility in Dayton, Ohio. NaphCare denied and disputed all claims by the OBOP. On July 11, 2017, NaphCare agreed to provide a nominal payment to the Board in the amount of $7,000 and the OBOP agreed to dismiss its pending investigation. Further, NaphCare agreed to provide refresher training to its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs. We have enclosed an explanation, and certified documentation regarding this matter.



Original Signature (electronic, copies or stamps not accepted)

7/14/2025

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.

James McLane

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/16/2025

Date

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

State of Alabama, ss. County of Jefferson

I, James S McLane, 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

7/16/2025

Date

Subscribed and Sworn to before me this 16 day of July 2025

Christian Sharpe Cox

Notary Public Signature

CHRISTIAN SHARPE COX
MY COMMISSION EXPIRES
DECEMBER 16, 2026
NOTARY PUBLIC
STATE OF ALABAMA

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: NaphCare Pharmacy, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH01799

Physical Address: 2086 Columbiana Road, Suite 1100

City: Birmingham State: AL Zip: 35216

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 205-552-1700 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 205-521-7085 Contact Email: kelly.lobdell@naphcare.com

Website: https://www.naphcare.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Williamson

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21431

Name of Designated Person(s) as defined by revised USP-797 guidelines: Kelly Lobdell

Email of Designated Person(s): kelly.lobdell@naphcare.com

Telephone of Designated Person(s): 205-406-2298

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ■ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 2/7/25

6. What is the frequency of the recertification for the ISO classified areas? Q6months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? N/A ☐ Yes ■ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

NaphCare Pharmacy would like to prepare and ship IV antibiotics (vancomycin, cefepime, ceftriaxone, ertapenem are the most common) for patients located in NaphCare contracted correctional facilities in the state of Nevada.

We do not utilize non-sterile components.

12. What laboratory performs your sterility or endotoxin testing?

Name: N/A

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

13. What is your procedure for visual inspection of compounded sterile products?
All CSPs will receive a final inspection prior to release from the pharmacy.
The final physical inspection shall include: inspection for particulate or precipitate matter, check the final fill amount, physical integrity of container, no leaks from ports upon squeezing IV bags, no cracks or breaks in vials or syringes, ports/stoppers which have been penetrated are properly covered.
The finished compounded products will be visually inspected against a contrasting-colored background along with the use of an inspecting light box to check for discoloration, precipitates and particulates.

14. How often do you perform glove fingertip and medial fill testing?
Initially and every 6 months thereafter.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
NaphCare Pharmacy's parenteral training program has been approved by the Alabama Board of Pharmacy to meet expectations for both initial and renewal of parenteral certification in AL.
Before being allowed to independently compound, all compounding staff must successfully complete an initial validation of sterile technique and competency evaluation, including visual observation, written/electronic testing, gloved fingertip and thumb sampling on both hands and media-fill testing. After successful completion of initial training, compounding staff will demonstrate competency in hand hygiene/garbing and media-fill testing every 6 months. All compounding staff will obtain a minimum of 8 contact hours (including didactic and hands-on expereince) for initial training and a minimum of 2 contact hours during each renewal cycle.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily cleaning is performed on days when compounding occurs. This includes interior surfaces of the PEC, equipment in PEC, removable work tray of PEC, pass-through chambers, high-touch work surfaces outside the PEC, surface of sink, and floors.
Monthly cleaning is performed once a month during the first 2 weeks of each month. This includes all components of the daily clean as well as walls, doors/door frame, ceilings, storage carts, contents of storage carts, outside of PEC, equipment outside of PEC, entire surface of sink and plumbing below, and all surfaces of the area underneath the work tray.
NaphCare utilizes PeridoxRTU as our EPA-registered one-step sporicidal disinfectant and our policy dictates the use of this sporicidal as a component of our DAILY clean. Application of PeridoxRTU is followed by sterile 70% IPA on surfaces within the PEC. Immediately prior to initiating compounding, we will again apply sterile 70% IPA within the PEC and at least every 30 minutes. If the compounding process takes longer than 30 minutes, sIPA will be applied immediately after compounding. Only the sterile form of PeridoxRTU and sterile cleaning supplies (low-lint wipes) are permitted inside the PEC. Non-sterile PeridoxRTU and non-sterile low-lint wipes are utilized outside the PEC. Within the PEC's and SEC's, cleaning is performed from cleanest to dirtiest areas and top down.

17. Who performs the sterile compounding process at your facility?

Pharmacists and pharmacy technicians who have been trained/certified by NaphCare's parenteral training program.

18. Who is responsible and accountable for the sterile compounding process at your facility?
All members of the sterile compounding team are responsible and accountable. The designated person, Kelly Lobdell, assumes ultimate responsibility for all processes and all compounded preparations.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Sterile compounds are shipped via Priority Next Day Air utilizing a nationally recognized logistics/transportation company. Each shipment is carefully packed in a cooler box designed to maintain temperature-sensitive integrity. The packaging includes insulating foam to minimize temperature fluctuations and refrigerant gel cold packs to keep the contents within the required cold temperature range throughout transit.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Air Science PurairBIO Class II, Type A2 Biological Safety Cabinet		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	■ Yes	No
9. If yes, list the name of the device: ChemoLock by ICU Medical		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

NaphCare Pharmacy's parenteral training program has been approved by the Alabama Board of Pharmacy to meet expectations for both initial and renewal of parenteral certification in AL.
None of our compounds are provided directly to patients. All compounds (hazardous and non-hazardous) are dispensed directly to NaphCare employees/nursing staff. Nurses who administer hazardous compounds are trained on appropriate practices for safely handling, administering, and disposing of hazardous medications in accordance wtih state, federal, and NaphCare guidelines. Nursing staff are required to wear appropriate PPE when handling hazardous drugs which may include gloves, gowns, eye protection, and respiratory protection. All unused, expired, or discontinued hazardous compounds will be disposed of in designated hazardous waste disposal containers. Nursing staff are trained on appropriate spill response procedures, including evacuating the area if necessary and using spill kits designed for hazardous drugs.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Before being allowed to independently compound, all compounding staff must successfully complete an initial validation of sterile technique and competency evaluation, including visual observation, written/electronic testing, gloved fingertip and thumb sampling on both hands and media-fill testing. After successful completion of initial training, compounding staff will demonstrate competency in hand hygiene/garbing and media-fill testing every 6 months. All compounding staff will obtain a minimum of 8 contact hours (including didactic and hands-on expereince) for initial training and a minimum of 2 contact hours during each renewal cycle.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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.

Kelly Lobdell, PharmD, BCPS

Name of Person who Completed the Form

Director of Clinical Pharmacy Services

Title

Kelly Lobdell

Signature (copies or stamps not accepted)

7/14/25

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

ALABAMA BOARD OF PHARMACY

Inspection Retail Pharmacy For NAPHCARE PHARMACY, LLC

DEMOGRAPHICS

☐ Not Licensed

AL License Number	DEA Number	Status
113161	BC1699442	Closed - Compliant
Supervising Pharmacist	**Supervising Pharmacist-License**	**Supervising Pharmacist Email**
DANIEL OSCAR WILLIAMSON	14355	wow5dogs@gmail.com
Pharmacist Assisting	**Pharmacist Assisting License**	**Pharmacist Assisting Email**
MAURY DONOVAN MOODY	16247	MDONOVAN@UABMC.EDU
Inspection Type	**Inspection Date**	**Inspector Name**
Routine	05/30/2024	Mdelk

☐ Case Number

NOT APPROVED FOR MORE THAN 5% USP 795 NON-STERILE COMPOUNDING

SEE SEPARATE USP 797 STERILE INSPECTION REPORT

ADDRESS INFORMATION

Address 1 : 2086 COLUMBIANA ROAD

Address 2 : SUITE 1100

City : BIRMINGHAM

State / Zip : AL 35216

REQUIREMENT

Pharmacy space and layout 16 sq. ft counter space; 24 sq ft if 2 or more pharmacists.	☑ Yes	☐ No	☐ N/A	34-23-71
Reference Books or online data: Facts and Comparisons.	☑ Yes	☐ No	☐ N/A	
All required licenses and permits are displayed prominently	☑ Yes	☐ No	☐ N/A	34-23-70(b)
Private consultation area available.	☑ Yes	☐ No	☐ N/A	680-X-2-.27
Is the method used to collect patient signatures to approve or refuse pharmacist counseling HIPAA compliant? (Signatures should not be visible to other customers)	☑ Yes	☐ No	☐ N/A	
Pharmacy Staff makes verbal offer to counsel on each new prescription.	☑ Yes	☐ No	☐ N/A	680-x-2-.21
Access to pharmacy (keys or code) with pharmacist only.	☑ Yes	☐ No	☐ N/A	680-X-2-.11
Designated Key Holder (List Name) (Approval Form must be posted in pharmacy)	☐ Yes	☐ No	☑ N/A	680-X-2-.11
Refrigerator is clean, temperature between 2 – 8 degrees C, or 36-46 degrees F.	☑ Yes	☐ No	☐ N/A	

TEMPERATURE MONITORED

Only drug related products stored in refrigerator.	☑ Yes	☐ No	☐ N/A

Prescription area is clean and orderly. Minimal chance to confuse orders.	✔ Yes	No	N/A
Drugs in date;	✔ Yes	No	N/A
	34-23-9		
Drugs purchased from reputable sources.	✔ Yes	No	N/A
AMERISOURCEBERGEN	34-23-32-1		
Do you provide prescriptions to patients in a Skilled Nursing Facility (SNF) and/or Intermediate Care Facility (ICF)?	Yes	No	✔ N/A

TECHNICIANS

Pharmacy technicians: supervised, registered, have name tag.	✔ Yes	No	N/A
	34-23-131		
Pharmacist:technician ratio of 1:2, 1:3 if one tech is certified.	✔ Yes	No	N/A
Pharmacy technician manual: may use www//albop.com	✔ Yes	No	N/A
	680-X-2-.14(5)		
Technicians have been trained in all assigned tasks.	✔ Yes	No	N/A
	680-X-2-.14(5)		
Are technicians prevented from processing/receiving prescriptions before a pharmacist arrives or after the pharmacist leaves?	✔ Yes	No	N/A
Does a pharmacist verify all work performed by technicians and document this verification?	✔ Yes	No	N/A

CONTROLS/MONITORED MEDICATIONS

Pharmacy connected to NPLEX if selling ephedrine pseudoephedrine products (Those selling by prescription only, do not have to submit to database)	✔ Yes	No	N/A
	20-2-190		
Pharmacy is reporting to PDMP (Pharmacies should be uploading every day) (Should be uploading a zero balance even if no CS filled)	✔ Yes	No	N/A
	20-2-213		
Controlled Substance Inventory (Date of Last Inventory)	✔ Yes	No	N/A
VIEWED JANUARY 11,2024 INVENTORY.	680-X-3-.08		

PRESCRIPTIONS

refills limited to prescriber's orders.	✔ Yes	No	N/A
Record keeping of prescriptions (initials, number, date, label, notes compounding notes)	✔ Yes	No	N/A
VIEWED MULTIPLE PRESCRIPTIONS.	680-X-2-.05 680-X-2-.14		
all controlled substance prescriptions shall bear full name and address of the patient along with date, drug, strength, dosage form, quantity, directions for use, and name, address and registration number of practitioner.	✔ Yes	No	N/A

DRUG RETURN

Pharmacy takes back non-controlled medication from patients for destruction.	☐ Yes	☐ No	☑ N/A
Pharmacy takes back controlled medication from patients for destruction.	☐ Yes	☐ No	☑ N/A
Quarantined all out-dated medications (both prescription and OTC)? Note: This includes compounding supplies and items in the refrigerator.	☐ Yes	☐ No	☑ N/A

COMPOUNDING

Have a separate, clean area for any compounding (only compounding equipment, orderly, clean)	☑ Yes	☐ No	☐ N/A
34-23-152			
Compounding area has washable counter, floors, ceiling, shelves.	☑ Yes	☐ No	☐ N/A
Sink with potable hot and cold water, sink clean, available to hand washing before compounding.	☑ Yes	☐ No	☐ N/A
Prescription Balance/scale and Weights, , Technical Equipment commensurate with its level of practice.	☑ Yes	☐ No	☐ N/A
680-X-2-.04			
Purified water used for compounding or reconstitution	☑ Yes	☐ No	☐ N/A
Last time calibrated balance or scale Date: _____	☐ Yes	☐ No	☑ N/A
34-23-153			
Prepares a compounding record with each compound which includes amount of each ingredient, lot number and expiration date.	☑ Yes	☐ No	☐ N/A
34-23-156			
Master Formula and compounding instructions available for commonly used formulas.	☑ Yes	☐ No	☐ N/A

PROVIDED A COPY OF ALBOP APPROACH TO HAZARDOUS DRUGS FORM.

Compounding of hazardous drugs follows USP 800.	☑ Yes	☐ No	☐ N/A

ALBOP STERILE INSPECTION BY INV. BROOKS ON APRIL 17,2024.

Any staff who compound hazardous drugs have been trained and have signed an informed consent.	☑ Yes	☐ No	☐ N/A

AUTOMATED FILLING DEVICES

Are you able to identify brand name, or generic name & manufacturer; strength; lot number; expiration date; or an internal control number which references the manufacturer and lot number used for medications placed into all cells in automated dispensing machines ?	☑ Yes	☐ No	☐ N/A

DOSIS REPACKAGE SYSTEM.

Does pharmacist verify technician filling of automated dispensing machines?	☑ Yes	☐ No	☐ N/A

COMMENTS

HOODS AND CLEAN ROOM INSPECTION BY STERIS FEBRUARY 2024. VECTOR SECURITY ALARM. PERPETUAL INVENTORY REVIEWED.

Alabama Board of Pharmacy

USP 797 INSPECTION REPORT

DEMOGRAPHICS

License #

113161

Name:

Naphcare Pharmacy

DEA#

BC1699442

Address

2086 Columbiana Road, Suite 1100

ZIP

35216

City

Birmingham

State

AL

Phone

Inspection Type

Pre-license

Inspection Date

4/17/2024

Supervising Pharmacist

Daniel Williamson

Supervising Pharmacist License Number

14355

Sterile Compounding Manager / Designated Person

Kelly Lobdell 205-587-4792 kelly.lobdell@naphcare.com

Sterile Compounding Manager / Designated Person License Number

17264

Type of Practice

Licensed Retail	X	Institutional	
Nuclear Pharmacy		Veterinary Pharmacy	
Mail Deliver (in State)		Mail Delivery (out of state)	

Number of PEC's

Number of LAFW

2

Number of IVLFZ

0

Number of CAI's

0

Number of BSC's

1

Number of CACI's

0

Volume Dispensed

Total prescripitons/orders filled per day

Pre-license inspection

% Sterile compounded prescriptions/orders

% Compounded Controlled Substance Prescriptions

% Compounded Hazardous Prescriptions

% Comounded Veterinary Prescriptions

Personnel

Number of Compounding Pharmacists

6

Number of Compounding Technicians

3

Ratio of Pharmacists to Technicians

Pharmacy Operations

	Yes	No	N/A
1. Does the pharmacy dispense sterile compounded preparations pusuant to a prescription/order?	X		
2. Does the pharmacy compound an approved commercially available product? - The compounded preparation produces a clinical difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner.		X	
3. Does the pharmacy compound Category 1 sterile products?		X	
4. Does the pharmacy compound Category 2 sterile products?	X		
5. Are Category 2 CSPs compounded from non-sterile components?		X	
6. Does the pharmacy compound Category 3 sterile products?		X	
7. Does the pharmacy compound Immediate-Use sterile products?		X	
8. Does the pharmacy perform compounding with hazardous drugs?	X		
9. Does the pharmacy perform central prescripiton filling		X	
10. Pharmacy has Policy/Procedure manual to outline and explain all components and operations of compounding sterile products.	X		
11. Is the pharmacy licensed in other states?	X		
12. Does the pharmacy hold any accreditations?		X	

13. Has the pharmacy been inspected by any other agencies or organizations?	Yes	No	N/A
		X	

14. Is the pharmacy under any restrictions, limitations, or waivers by any state the pharmacy is licensed in?	Yes	No	N/A
		X	

15. All pharmacists and technicians hold an active registration with the Alabama Board of Pharmacy.	Yes	No	N/A
	X		

Personnel Training and Evaluation

1. Personnel who compound or have direct oversite of compounding personnel, have demonstrated knowledge of principles and completed competency skills in at least the following. Must be completed initially and at least every 12 months after. (USP 797 - (2.1) - *Cleaning and disinfection* - *Calcualtions, measuring and mixing* - *Use of equipment* - *Documentation of the compounding process* - *Principles of HEPA filtered unidirectional airflow in ISO 5* - *Proper use of PEC's* - *Principles of movement of materials and personnel within the compounding area*	Yes	No	N/A
	X		

2. Before beginning to compound or have direct oversite over compounding personnel, personnel have successfully completed an initial garbing competency evaluation 3 separate times in succession. (USP 797 - (2.2) - *Three separate and complete full hand hygiene and full garbing procedure*	Yes	No	N/A
	X		

- *Three separate gloved fingertip and thumb sampling of both hands after garbing*
- *Visual evaluation during hand hygiene and garbing*
- *0 CFU's total from both hands*

3. Compounding personnel have completed garbing and hand hygiene competency evalutations every six months for Category 1 and Category 2 compounds. (USP 797 - (2.2)	Yes	No	N/A
- *0 CFU's total from both hands*	X		
Initial completed.			

4. Personnel compounding Category 3 compounds have completed garbing and hand hygiene competency evaluations every 3 months. (USP 797 - (2.2)	Yes	No	N/A
- *0 CFU's total from both hands*			X
Pharmacy does not compound Category 3 compounds			

5. Personnel who have direct oversite of compounding personnel, but do not compound, have completed hand hygiene and garbing competency evaluations every 12 months. (USP 797 - (2.2)	Yes	No	N/A
- *0 CFU's total from both hands*	X		
Initial completed.			

6. The pharmacy has documentation of any failed hand hygiene and garbing competency evaluation. (USP 797 - (2.2)	Yes	No	N/A
Discussed. No failures on initial evaluations			X

Box 1. Gloved Fingertip and Thumb Sampling Procedures

- Use one sampling media device (e.g., plates, paddles, or slides) per hand, containing general microbial growth agar (e.g., trypticase soy agar [TSA]) supplemented with neutralizing additives (e.g., lecithin and polysorbate 80) as this agar supports both bacterial and fungal growth.
- Label each media device with a personnel identifier, right or left hand, and the date and time of sampling.
- Do not apply sterile 70% isopropyl alcohol (IPA) to gloves immediately before touching the media device because this could cause a false-negative result. Using a separate media device for each hand, collect samples from all gloved fingertips and thumbs from both hands by rolling fingertip pads and thumb pad over the agar surface.

- Incubate the media device at 30°–35° for no less than 48 h and then at 20°–25° for no less than 5 additional days. Samples must be incubated in an incubator. Handle and store media devices to avoid contamination and prevent condensate from dropping onto the agar during incubation and affecting the accuracy of the cfu reading (e.g., invert plates).
- Record the number of cfu per hand (left hand, right hand).
- Determine whether the cfu action level is exceeded by counting the total number of cfu from both hands.

7. Compounding personnel or personnel who have direct oversite of compounding personnel, have completed an initial aseptic manipulation competency evaluation. (USP 797 - (2.3)

Yes	No	N/A
X		

- ***visual observation***
- ***Media-fill testing***
- ***Gloved fingertip and thumb sampling after media fill***
  - ***No more than 3 CFU's total from both hands***
- ***Surface sampling of the direct compounding area after media fill***
  - ***No more than 3 CFU's in ISO class 5***

8. Personnel compounding Category 1 and Categroy 2 compounds have completed an aseptic manipulation competency evaluation every 6 months. (USP 797 - (2.3)

Yes	No	N/A
X		

- ***visual observation***
- ***Media-fill testing***
- ***Gloved fingertip and thumb sampling after media fill***
  - ***No more than 3 CFU's total from both hands***
- ***Surface sampling of the direct compounding area after media fill***
  - ***No more than 3 CFU's in ISO class 5***

Initial completed.

9. Personnel compounding Category 3 compounds have completed an aseptic manipulation competency evaluation every 3 months. (USP 797 - (2.3)

Yes	No	N/A
		X

- ***visual observation***
- ***Media-fill testing***
- ***Gloved fingertip and thumb sampling after media fill***
  - ***No more than 3 CFU's total from both hands***
- ***Surface sampling of the direct compounding area after media fill***
  - ***No more than 3 CFU's in ISO class 5***

Pharmacy will not compound Category 3 CSPs

10. Personnel who have direct oversite of compounding personnel, but do not compound, have completed an aseptic manipulation competency evaluation every 12 months. (USP 797 - (2.3) - *visual observation* - *Media-fill testing* - *Gloved fingertip and thumb sampling after media fill* - *No more than 3 CFU's total from both hands* - *Surface sampling of the direct compounding area after media fill* - *No more than 3 CFU's in ISO class 5*	Yes	No	N/A
	X		
Initial completed			

11. Media-fill tets simulate the most difficult and challenging aseptic compounding procedures and capture elements that could potentially affect the sterility of the CSP. (USP 797 - (2.3) - *Factors associated with length of process* - *Number of aseptic additions or transfers* - *Number, type, and complexity of manipulations* - *Number of personnel in the buffer room or SCA*	Yes	No	N/A
	X		

12. The pharmacy has documentation of any failed aseptic manipulation competency evaluation. (USP 797 - (2.3)	Yes	No	N/A
Discussed - No failure on last evaluation			X

13. Training policy outlined in the pharmacies policy and procedure manual. (USP 797 - (20)	Yes	No	N/A
	X		

Box 2. Media-Fill Testing Procedures

- If all of the starting components are sterile to begin with, manipulate them in a manner that simulates sterile-to-sterile compounding activities, and transfer the sterile soybean–casein digest media into the same types of container closure systems commonly used at the facility. Do not further dilute the media unless specified by the manufacturer.
- If some of the starting components are nonsterile to begin with, dissolve a commercially available nonsterile soybean–casein digest powder in nonbacteriostatic water to make a 3% nonsterile solution. Manipulate it in a manner that simulates nonsterile-to-sterile compounding activities. Prepare at least 1 container as the positive control to demonstrate growth promotion, which is indicated by visible turbidity upon incubation.
- Once the compounding simulation is completed and the final containers are filled with the test media, perform a gloved fingertip and thumb sample on each hand and surface sample of the direct compounding area inside the PEC. Take the samples prior to disinfecting gloves and PEC. Handle and store samples to avoid contamination and prevent condensate from dropping onto the agar during incubation and affecting the accuracy of the cfu reading (e.g., invert containers).
- Incubate the final containers at 20°–25° and 30°–35° for a minimum of 7 days at each temperature band to detect a broad spec-

trum of microorganisms. The order of the incubation temperatures must be described in the facility's SOPs. Final containers must be incubated in an incubator.

- Failure is indicated by visible turbidity or other visual manifestations of growth in the media in one or more container closure unit(s) on or before 14 days.

Personal Hygiene and Garbing

	Yes	No	N/A
1. Before entering a compounding area, individuals must remove any items that are not easily cleanable or are not necessary for compounding. (USP 797 - (3.1) ***- Remove personal outer garments, cosmetics, exposed jewelry/piercings, artificail nails*** ***- no earbuds or headphones*** ***- No electronic devices that are not necessary for compounding*** ***- Wipe eyeglasses if worn*** ***The designated person may permit accomodations as long as the quality of the CSP and environment will not be affected.***	X		

	Yes	No	N/A
2. Hand washing includes removing debris under fingernails, washing hands and forearms with soap for at least 30 seconds, and low-lint disposable towels or wipes to dry hands. (USP 797 - (3.2) ***- If hand washing is performed outside of the ante-room, alcohol based hand rub must be applied before donning garb. (USP 797 - (3.3)***	X		

	Yes	No	N/A
3. Garb must be donned and doffed in an order that reduces risk of contamination and is documented in the policies and procedures. (USP 797 - (3.3)	X		

	Yes	No	N/A
4. Category 1 and Category 2 garbing includes the following. (USP 797 - (3.3) ***- Low-lint garment with sleeves that fit snugly around the wrists with an enclosed neck*** ***- Low-lint covers for shoes*** ***- Low-lint cover for head that covers the hair and ears, and if applicable, a cover for facial hair.*** ***- Low-lint face mask*** ***- Sterile powder-free gloves***	X		

5. Category 3 garbing includes the following additional requirements. (USP 797 - (3.3) - *No exposed skin in the buffer room* - *Alll low-lint outer garb must be sterile* - *Disposable garbing items must not be reused, and laundered garb must not be reused without being laundered and resterilized with a validation cycle*	Yes	No	N/A
			X
Pharmacy will not compound Category 3 CSPs			

6. Alcohol based hand rub is applied before donning sterile gloves. (USP 797 - (3.2) - *Sterile gloves are donned in a classified room or SCA.*	Yes	No	N/A
	X		

Facility Design - Cleanroom Suite

1. The pharmacy has an ISO classified anteroom and buffer room separated from the surrounding unclassified areas of the facility by fixed walls and doors with controlls in place to minimize the flow of lower-quality air in the the more controlled areas. USP 797 - (4.2.1)	Yes	No	N/A
Pharmacy is equipped with an ISO 7 ante room that services HD and Non-HD buffer rooms.	X		

2. The anteroom and buffer room is supplied with High-efficiency Particulate Air Filtration (HEPA). (USP 797 - (4.2.1) - *HEPA filters are located in ceiling* - *Air returns in the cleanroom suite are low on the wall.* - *If air returns are not low on the wall, a visual smoke study has been performed to show the absence of stagnant airflow.*	Yes	No	N/A
	X		

3. The anteroom has a line of demarcation to separate the clean side from the dirty side. (USP 797 - (4.2.1)	Yes	No	N/A
	X		

4. A sink with hot and cold running water is available for hand hygiene is located in the ante room. (USP 797 - (4.4) - *If located outside of ante room, it is in a clean space to minimize the risks of bringing contaminents into the anteroom.*	Yes	No	N/A
	X		
Sink is located in the ante room.			

	Yes	No	N/A
5. All surfaces of ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets in the classified area must be smooth, impervious, free from cracks and crevices, and nonshedding. (USP 797 - (4.3.1)	X		

	Yes	No	N/A
6. Floors must include coving to the sidewall, or the juncture between the floor and the wall must be caulked. (USP 797 - (4.3.1)	X		

	Yes	No	N/A
7. Walls must be constructed of, or may be covered with, durable material (e.g., epoxy painted wall or heavy-gauge polymer) and the integrity of the surface must be maintained. (USP 797 - (4.3.1)	X		

	Yes	No	N/A
8. If ceilings consist of inlaid panels, the panels must be caulked around each panel to seal them to the support frame. (USP 797 - (4.3.1)	X		

	Yes	No	N/A
9. Junctures between the ceiling and the walls and between the walls and floor must be sealed to eliminate cracks and crevices. (USP 797 - (4.3.1)	X		

	Yes	No	N/A
10. Doors in the anteroom and buffer room are coordinated to prevent both being open at the same time by interlocking, training, or sinage. (USP 797 - (4.2.1) **- *No tacky mats in ISO rated areas.***	X		

	Yes	No	N/A
11. Pass-through chambers are coordinated to prevent both from being open at the same time by interlocking, training, or sinage. USP 797 - (4.2.1)	X		

	Yes	No	N/A
12. Buffer room does not contain plumbed water sources such as a sink, eyewash station, showers, or floor drains. (USP 797 - (4.4)	X		

Environmental Controls - cleanroom suite

1. Certification of the cleanroom suite must be performed initially and recertification must be performed at least every 6 months and includes: (USP 797 - (5) - *Airflow testing* - *HEPA filter integrity testing* - *Total particle count testing* - *Dynamic airlow smoke pattern test in each PEC*	Yes	No	N/A
initial - Steris 2/29/2024	X		

2. Total airborn particle count testing is conducted in all classified areas every 6 months. (USP 797 - (5.1)	Yes	No	N/A
Discussed. Initial by Steris 2/29/2024	X		

3. Anteroom is certified as ISO 8 having less than 3,520,000 particles, greater than or equal to 0.5 microns, per cubic meter of air. (USP 797 - (4.1.2) - (Table 4)	Yes	No	N/A
Ante room is ISO 7. Ante room services HD and Non- HD buffer rooms			X

4. Buffer room is certified as ISO 7 having less than 352,000 particles, greater than or equal to 0.5 microns, per cubic meter of air. (USP 797 - (4.1.2) - (Table 4)	Yes	No	N/A
	X		

5. A minimum differential positive pressure of 0.02 inch water column is required between adjacent ISO-classified areas. (USP 797 - (4.2.5) - *Anteroom is at least 0.02" w.c. postive pressure to unclassified area.* - *Buffer room is at least 0.02" w.c. positive pressure to anteroom* - *Pressures are continuously monitored by a pressure differential monitoring device.* - *The results from the pressure monitoring device are reviewed and documented at least daily.*	Yes	No	N/A
Personnel will log the pressures of each room before entering to compound.	X		

6. ISO 7 buffer room is certified as having a minimum of 30 total HEPA filtered Air Changes Per Hour (ACPH). (USP 797 - (4.2.4)

- *At least 15 ACPH of thee total air change rate in a room must come from the HVAC through HEPA filter located in the ceiling.*
- *The HEPA filtered air from the PEC, when added to the HVAC supplied HEPA filtered air, must increase the total HEPA filtered ACPH to at least 30 ACPH.*
- *The ACPH from HVAC, ACPH contibuted from the PEC, and the total ACPH must be documented on the certification report.*

Yes	No	N/A
X		

7. ISO 8 anteroom is certifed as having a minimum of 20 total HEPA filtered ACPH. (USP 797 - (4.2.4)

- *At least 15 ACPH of the total air change rate in a room must come from the HVAC through HEPA filters located in the ceiling*
- *The total ACPH must be documented on the certification report.*

Yes	No	N/A
		X

ISO 7 ante room services HD and Non-HD buffer room. Ante room had a minimum of 30 ACPH

8. All HEPA filters in the cleanroom suite are leak tested. (USP 797 - (5)

Yes	No	N/A
X		

9. The temperature and humidity of each room in the cleanroom suite is monitored. (USP 797 - (4.2)

- *Temperature should be 20 degrees C (68 degrees F) or cooler and a realitive humidity of 60%.*
- *Readings are documented at least daily or stored on continuous reading device.*
- *Must be controlled by HVAC system*
- *No free-standing air conditioners, humidifiers, or dehumidifiers*
- *Monitoring devices must be verified for accuracy every 12 months or as required by manufacturer.*

Yes	No	N/A
X		

Humidity readings reach above 60% on rainy days. The pharmacist is aware and has implimented an action plan.

10. Microbiological air and/or surface monitoring is conducted in all classified areas during dynamic operations. (USP 797 - (6.1)

- *In conjunction with the certification of new facilities and equipment*
- *After any servicing of facilities or equipment*
- *In response to identified problems (e.g., positive growth in sterility tests of CSP's)*
- *In respose to identified trends*

Yes	No	N/A
X		

- ***In response to changes that could impact the sterile compounding environment.***

Initial by Steris 2/29/2024

11. Viable air sampling is conducted in all classified areas during dynamic operating conditions. (USP 797 - (6.1) - ***Sampling is performed using a volumetric impaction air sampler*** - ***At least 1 cubic meter or 1000 Liters of air is sampled.*** - ***Diagram of sampling locations and procedures for collecting samples (frequency, time of day, action levels)***	Yes	No	N/A
	X		

12. Pharmacies that compound category 1 and category 2 compounds, viable air sampling is performed every 6 months. (USP 797 - (6.2.1)	Yes	No	N/A
Initial by Steris 2/29/2024	X		

13. Category 3 compounding pharmacies perform monthly viable air sampling. (USP 797 - (6.2.1) - ***Must be completed at least 30 days prior to the commencement of any categroy 3 compounding.***	Yes	No	N/A
			X
Pharmacy will not compound Category 3 CSPs			

14. Viable air sampling procedures are in compliance with Active Air Sampling Procedures for Viable Airborne Monioring outlined in USP 797. (USP 797 - (Box 5)	Yes	No	N/A
	X		

Box 5

1. Follow the manufacturer's instructions for operation of the impaction air sampler, including placement of media device(s).
2. Using the impaction air sampler, test at least 1 cubic meter or 1000 L of air from each location sampled.
3. At the end of each sampling period, retrieve the media device and cover it. Handle and store media devices to avoid contamination and prevent condensate from dropping onto the agar during incubation and affecting the accuracy of the cfu reading (e.g., invert plates).
4. Incubate the media device at 30°–35° for no less than 48 h. Examine for growth. Record the total number of discrete colonies of microorganisms on each media device as cfu per cubic meter of air on an environmental sampling form based on sample type (i.e., viable air), sample location, and sample date.

viable air), sample location, and sample date.

5. Then incubate the media device at 20°–25° for no less than 5 additional days. Examine for growth. Record the total number of discrete colonies of microorganisms on each media device as cfu per cubic meter of air on an environmental sampling form based on sample type (i.e., viable air), sample location, and sample date.
6. Alternatively, to shorten the overall incubation period, two sampling media devices may be collected for each sample location and incubated concurrently.
   A. Both media devices could be TSA or one media device could be TSA and the other fungal media (e.g., malt extract agar [MEA] or Sabouraud dextrose agar [SDA]).
   B. Incubate each media device in a separate incubator. Incubate one media device at 30°–35° for no less than 48 h, and incubate the other media device at 20°–25° for no less than 5 days. If fungal media are used as one of the samples, incubate the fungal media sample at 20°–25° for no less than 5 days.
   C. Count the total number of discrete colonies of microorganisms on each media device, and record these results as cfu per cubic meter of air.
   D. Record the results of the sampling on an environmental sampling form based on sample type (i.e., viable air), and include the sample location and sample date.

15. A general microbiological growth media that supports the growth of bacteria and fungi is used. (USP 797 - (6.2.2)

Yes	No	N/A
X		

- COA's from the manufacturer verify that the sampling media devices meet the expected growth promotion, pH, and sterilization requirements

16. Total CFU count of viable air samples at each ISO rated location did not exceed action levels. (USP 797 - (Table 7)

Yes	No	N/A
X		

- ISO 5 No more than 1
- ISO 7 No more than 10
- ISO 8 No more than 100

17. If the total CFU count of vialbe air samples at each ISO rated location exceeded action levels. (USP 797 - (6.2.3)

Yes	No	N/A
		X

- Cause investigated
- Corrective action taken
- Data collected in response to corrective action must be reviewed to confirm the actions have been effective.

- Attemp made to identify any microorganism recovered to genus level
- corrective action should include resampling of failed areas to confirm corrective action was successful

Action levels were not exceeded.

18. Surface sampling includes diagram of sampling locations and procedures for collecting samples (frequency, time of day, action levels) (USP 797 - (6.1)	Yes	No	N/A
Initial by Steris 2/29/2024. The pharmacy has conducted monthly surface sampling.	X		

19. Surface sampling is conducted in each each of the following. (USP 797 - (6.3.1) - ***Each ISO rated area*** - ***Pass through chambers*** - ***Equipment contained withing the PEC*** - ***Staging or work areas near the PEC*** - ***Frequently touched surfaces***	Yes	No	N/A
	X		

20. Pharmacies that compound category 1 and category 2 compounds, surface sampling is conducted monthly. (USP 797 - (6.3.1)	Yes	No	N/A
Initial by Steris 2/29/2024. The pharmacy has conducted montlhy surface sampling.	X		

21. Category 3 compounding pharmacies perform surface sampling weekly and prior to assigning extended beyond use dating. (USP 797 - (6.3.1) - ***Conducted in the PEC at the end of each batch before cleaning and disinfection.***	Yes	No	N/A
			X
Pharmacy will not compound Category 3 CSPs			

22. Surface sampling is in compliance with surface sampling procedures outlined in USP 797. (USP 797 - (Box 6)	Yes	No	N/A
	X		

Box 6

1. Remove the cover from the surface sampling media device. Using a rolling motion, firmly press the media surface onto the surface to be sampled. The media device will leave a residue of growth media on the sample site. After sampling, clean and disinfect the sampled area to remove the residue from the surface.
2. Cover each media device. Handle and store media devices to avoid contamination and prevent condensate from dropping onto the agar during incubation and affecting the accuracy of the cfu reading (e.g., invert plates).
3. Incubate media device(s) at 30°–35° for no less than 48 h. Examine for growth. Record the total number of discrete colonies of microorganisms on each media device as cfu per media device on an environmental sampling form based on sample type (i.e., surface), sample location, and sample date.
4. Incubate the media device at 20°–25° for no less than 5 additional days. Examine for growth. Record the total number of discrete

colonies of microorganisms on each media device (cfu per sample) on the environmental sampling record based on sample type (i.e., surface), sample location, and sample date.

5. Alternatively, to shorten the overall incubation period, two surface sampling media devices may be collected for each sample location and incubated concurrently.
   A. Both media devices could be TSA or one media device could be TSA and the other fungal media (e.g., malt extract agar [MEA] or Sabouraud dextrose agar [SDA]). Media must be supplemented with neutralizing additives (e.g., lecithin and polysorbate 80).
   B. Incubate each media device in a separate incubator. Incubate one media device at 30°–35° for no less than 48 h, and incubate the other media device at 20°–25° for no less than 5 days. If fungal media are used, incubate the fungal media device at 20°–25° for no less than 5 days.
   C. Count the total number of discrete colonies of microorganisms on each media device, and record these results as cfu per media device.
   D. Record the results of the sampling on an environmental sampling form based on sample type (i.e., surface), and include the sample location and sample date.

23. Surface sampling media contains a general microbial growth media (e.g., TSA) supplemented with neutralizing additives (e.g., lecithin and plysorbate 80). (USP 797 - (6.3.2)

Yes	No	N/A
X		

- COA's from the manufacturer verify that the sampling media devices meet the expected growth promotion, pH, and sterilization requirements

24. Total CFU count of each surface location does not exceed action levels. (USP 797 - (Table 8)

- ***ISO 5 No more than 3***
- ***ISO 7 No more than 5***
- ***ISO 8 No more than 50***

Yes	No	N/A
X		

25. If the total CFU count of surface sample locations exceed action levels. (USP 797 - (6.3.3)

- ***Cause investigated***
- ***Corrective action taken***
- ***Data collected in response to corrective action must be reviewed to confirm the actions have been effective.***
- ***Attemp made to identify any microorganism recovered to genus level***

Yes	No	N/A
		X

Action levels were not exceeded.

26. The designated person is familiar with viable air and surface monitoring requirments, interpretation of the results, esures all testing is performed appropriatley, and evaluates results to detect issues or trends. (USP 797 - (4.2) (6.1)	Yes	No	N/A
	X		

Primary Engineering Control(s)

1. The PEC(s) is located in an ISO 7 buffer room of a clean room suite that minimizes conditions that could increase the risk of microbial contamination. (USP 797 - (4.2.1) - *Away from strong air currents from open doors.* - *Away from air streams from the HVAC system that could disrupt unidirectional airflow of an open faced PEC.*	Yes	No	N/A
	X		
The pharmacy is equipped with 2 LAFWs and 1 BSC			

2. PEC(s) is free from visible damage and unsanitary conditions. (USP 797 - (4)	Yes	No	N/A
	X		

3. PEC(s) have been certified within the last six months to meet ISO 5 having less than 3,520 particles, greater than or equal to 0.5 microns, per cubic meter of air. (USP 797 - (4.2.3) - *Dynamic airflow smoke pattern test performed to demonstrate unidirectional airlfow.* - *HEPA filter integrity testing conducted.*	Yes	No	N/A
	X		
Steris 2/29/2024			

4. Only equipment necessary for performing compounding activities is permitted in PEC. (Usp 797 - (4.5)	Yes	No	N/A
	X		

5. Viable air sampling is conducted in PEC(s) during dynamic operating conditions. (USP 797 - (6.1) - *Sampling is performed using a volumetric impaction air sampler* - *At least 1 cubic meter or 1000 Liters of air is sampled.* - *Diagram of sampling locations and procedures for collecting samples (frequency, time of day, action levels)*	Yes	No	N/A
	X		

6. Pharmacies that compound category 1 and category 2 compounds, viable air sampling in PEC(s) is performed every 6 months. (USP 797 - (6.2.1)	Yes	No	N/A
Initial by Steris 2/29/2024	X		

7. Category 3 compounding pharmacies perform monthly viable air sampling in PEC(s). (USP 797 - (6.2.1) - *Must be completed at least 30 days prior to the commencement of any categroy 3 compounding.*	Yes	No	N/A
			X

8. Viable air sampling procedures are in compliance with Active Air Sampling Procedures for Viable Airborne Monioring outlined in USP 797. (USP 797 - (Box 5)	Yes	No	N/A
	X		

9. Total CFU count of viable air samples taken in the PEC did not exceed action levels. (USP 797 - (Table 7) - *ISO 5 No more than 1*	Yes	No	N/A
	X		

10. If the total CFU count of vialbe air samples taken in the PEC(s) exceeded action levels. (USP 797 - (6.2.3) - *Cause investigated* - *Corrective action taken* - *Data collected in response to corrective action must be reviewed to confirm the actions have been effective.* - *Attemp made to identify any microorganism recovered to genus level* - *corrective action should include resampling of failed areas to confirm corrective action was successful*	Yes	No	N/A
			X

0 CFUs in all PECs

11. Surface sampling is conducted monthly for pharmacies that compound category 1 and category 2 compounds,. (USP 797 - (6.3.1) - *Includes equipment contained in PEC(s)*	Yes	No	N/A
	X		

Initial by Steris 2/29/2024. Pharmacy has conducted monthly surface sampling.

12. Surface sampling weekly and prior to assigning extended beyond use dating for category 3 compounding pharmacies. (USP 797 - (6.3.1) - *Conducted in the PEC at the end of each batch before cleaning and disinfection.* - *Includes equipment contained in PEC(s)*	Yes	No	N/A
			X

Pharmacy will not compound Category 3 CSPs

13. Surface sampling is in compliance with Surface Sampling Procedures outlined in USP 797. (USP 797 - (Box 6)	Yes	No	N/A
	X		

14. Total CFU count of each surface location in PEC(s) did not exceed action levels. (USP 797 - (Table 8) - *ISO 5 No more than 3*	Yes	No	N/A
	X		

15. If the total CFU count of surface sample locations exceed action levels In PEC(s). (USP 797 - (6.3.3) - *Cause investigated* - *Corrective action taken* - *Data collected in response to corrective action must be reviewed to confirm the actions have been effective.*	Yes	No	N/A
			X

- *Attemp made to identify any microorganism recovered to genus level*

0 CFUs in all PECs

16. Pharmacy is utilizing a RABS (CAI) to prepare Category 2 CSP's - *it is located in a cleanroom suite (USP 797 - (4.2.3)* - *Sterile gloves are worn over the gloves attached to the RABS sleeve. (USP 797 - (3.3)* - *Recovery time after opening the transfer chamber to achieve ISO 5 is documented. (USP 797 - (4.2.3)*	Yes	No	N/A
			X

Pharmacy is not equipped.

17. If the PEC(s) used for non-sterile compounding is placed in the same room as the PEC(s) for sterile compounding, they are at least 1 meter apart. (USP 797 - (4.2.1) - *Particle generating activity must not be performed when sterile compounding is in process.*	Yes	No	N/A
			X

Pharmacy is not equipped.

PEC located in a Segregated Compounding Area (SCA)

1. All surfaces (walls, floors, counters, equipment) is clean, uncluttered and dedicated to compounding. (USP 797 - (4.3.2) (4.2.1) - *The area within 1 meter of the PEC is dedicated only for sterile compounding*	Yes	No	N/A
			X

- *The compounding area shall have cleanable surfaces to include walls, ceilings, and floors. (34-23-152)*

	Yes	No	N/A
2. Located away from unsealed windows or doors that connect to the outdoors, restrooms, wharehouses, or food preparation areas. (USP 797 - (4.2.1)			X
3. Access to the SEC is restricted to authorized personnel and required materials. (USP 797 - (4.2.1)			X
4. The hand washing sink is at least 1 meter away from the PEC. (USP 797 - (4.4 - *The sink may be either inside the SCA or in close proximity to the SCA.*			X
5. The PEC inside the SCA is in a location that minimizes conditions that could increase the risk of microbial contamination. (USP 797 - (4.2.1) - *The PEC is free from visible damage and unsanitary contions (USP 797 - (4)*			X
6. PEC(s) have been certified within the last six months to meet ISO 5. (USP 797 - (4.2.3) - *Dynamic airflow smoke pattern test performed to demonstrate unidirectional airlfow.* - *HEPA filter integrity testing conducted.*			X
7. Only equipment necessary for performing compounding activities is permitted in PEC. (USP 797 - (4.5)			X
8. All garbing requirements are followed by personnel compounding sterile products. (USP 797 - (3.3)			X

9. Viable air sampling in PEC(s) located in the segregated compounding area is performed every 6 months. (USP 797 - (6.2.1)	Yes	No	N/A
			X

10. Viable air sampling is conducted in PEC(s) during dynamic operating conditions. (USP 797 - (6.1) - *Sampling is performed using a volumetric impaction air sampler* - *At least 1 cubic meter or 1000 Liters of air is sampled.* - *Diagram of sampling locations and procedures for collecting samples (frequency, time of day, action levels)*	Yes	No	N/A
			X

11. Total CFU count of viable air samples taken in the PEC did not exceed action levels. (USP 797 - (Table 7) - *ISO 5 No more than 1*	Yes	No	N/A
			X

12. Viable air sampling procedures are in compliance with Active Air Sampling Procedures for Viable Airborne Monioring outlined in USP 797. (Box 5)	Yes	No	N/A
			X

13. If the total CFU count of vialbe air samples taken in the PEC(s) exceeded action levels. (USP 797 - (6.2.3) - *Cause investigated* - *Corrective action taken* - *Data collected in response to corrective action must be reviewed to confirm the actions have been effective.* - *Attemp made to identify any microorganism recovered to genus level* - *corrective action should include resampling of failed areas to confirm corrective action was successful*	Yes	No	N/A
			X

14. Surface sampling is conducted monthly. (USP 797 - (6.3.1) - *Includes equipment contained in PEC(s)*	Yes	No	N/A
			X

15. Total CFU count of each surface location in PEC(s) did not exceed action levels. (USP 797 - (Table 8) - *ISO 5 No more than 3*	Yes	No	N/A
			X

16. Surface sampling is in compliance with Surface Sampling Procedures outlined in USP 797. (USP 797 - (Box 6)	Yes	No	N/A
			X

17. If the total CFU count of surface sample locations exceed action levels In PEC(s). (USP 797 - (6.3.3) - *Cause investigated* - *Corrective action taken* - *Data collected in response to corrective action must be reviewed to confirm the actions have been effective.* - *Attemp made to identify any microorganism recovered to genus level*	Yes	No	N/A
			X

18. The designated person is familiar with viable air and surface monitoring requirments, interpretation of the results, esures all testing is performed appropriatley, and evaluates results to detect issues or trends. (USP 797 - (4.2) (6.1)	Yes	No	N/A
			X

19. Compounded sterile products compounded in the SCA are given a beyond use date of 12 Hr. room temperature and 24 Hrs. refrigerated. (USP 797 - (Table 12)	Yes	No	N/A
			X

Cleaning, Disinfecting, Applying Sporicidal Disinfectants and Sterile 70% IPA. (7)

1. All cleaning and disinfecting activities are perfromed by trained and appropriately garbed personnel using facility-approved agents and procedures. (USP 797 - (7)	Yes	No	N/A
Performed by pharmacy staff	X		

2. Pharmacies compounding Category 1 and Category 2 CSP's, the PEC and equipment inside the PEC is cleaned and disinfected daily when compounding occurs. (USP 797 - (7) (Table 10)

- ***70% sterile IPA is applied after cleaning and disinfecting***
- ***All cleaning, disinfecting and sporicidal agents used in PEC are sterile (USP 797 - (7.1.1)***
- ***Sporicidal disinfectant applied Monthly.***
- ***Manufacturers directions for contact time is followed.***

Yes	No	N/A
X		

Peridox / S-IPA

3. Category 3 compounding pharmacies clean and disinfect the PEC and equipment inside the PEC daily when compounding occurs. (USP 797 - (7) (Table 10)

- ***70% sterile IPA is applied after cleaning and disinfecting***
- ***All cleaning, disinfecting and sporicidal agents used in PEC are sterile (7.1.1)***
- ***Sporicidal disinfectant is applied Weekly***
- ***Manufacturers direction for contact time is followed.***

Yes	No	N/A
		X

Pharmacy will not compound Category 3 CSPs

4. Pharmacies compounding Category 1 and Category 2 CSP's, work surfaces, floors, sink(s) and pass-through chamber(s) are cleaned and disinfected daily when compounding occurs. (USP 797 - (7) (Table 10)

- ***Sporicidal disinfectant applied Monthly.***
- ***Manufacturers directions for contact time is followed.***

Yes	No	N/A
X		

Peridox / S-IPA daily

5. Categroy 3 compounding pharmacies perform daily cleaning and disinfecting of work surfaces, floors, sink(s) and pass-through chambers daily. (USP 797 - (7) (Table 10)

- ***Sporicidal disinfectant is applied Weekly***
- ***Manufacturers direction for contact time is followed.***

Yes	No	N/A
		X

6. Pharmacies compounding Category 1, Category 2, and Categroy 3 CSP's, walls, doors, ceiling, storage shelving, bins, and equipment is cleaned and disinfected monthly. (USP 797 - (7) (Table 10)

- ***Ceilings of SCA are only required to be cleaned and disinfected when visibly soiled or when surface contamination is suspected.***
- ***Manufacturers direction for contact time is followed.***

Yes	No	N/A
X		

Peridox / S-IPA

7. All cleaning and disinfecting supplies (wipers, sponges, pads, and mop heads) must be low lint. (USP 797 - (7.1.2)	Yes	No	N/A
	X		

Compounding Procedures

1. Compounding personnel verify that CSP components are the correct identity, quantity, storage conditions, and within expiration date before compounding. (USP 797 - (9.3.3)	Yes	No	N/A
Discussed. Pre-license inspection. Pharmacy was not compounding for patients at the time of the inspection.			X

2. Compounding was observed or simulated during the inspection.	Yes	No	N/A
Pre-license inspection. Pharmacy was not compounding for patients at the time of the inspection.			X

3. Before items are introduced into the clean side of the ante room, placed into pass-through chambers, or brought into the SCA, they are wiped with a disinfectant. (USP 797 - (8.1) - *sporicidal disinfectant, EPA-registered disinfectant or sterile 70% IPA is used.* - *Low lint wipers are used by personnel wearing gloves.*	Yes	No	N/A
	X		
Verified in competency evaluations			

4. The PEC is disinfected with sterile 70% IPA before initiating compounding. (USP 797 - (7)	Yes	No	N/A
Verified in competency evaluations	X		

5. Before items are introducted into the PEC, items are wiped with sterile 70% IPA and allowed to dry. (USP 797 - (8.2)	Yes	No	N/A
Verified in competency evalautions	X		

6. Critical sites (vial stoppers, ampule necks, and intravenous bag septums) are wiped with sterile 70% IPA. (USP 797 - (8.3)	Yes	No	N/A
Verified in competency evaluations	X		

7. Compounding personnel use appropriate aseptic technique. (USP 797 - (2) - *Proper use of 1st air* - *Gloves are disinfected with sterile 70% IPA before compouding and regularly throughout the compounding process*	Yes	No	N/A
	X		
Verified in competency evaluations			

Equipment, Supplies, and Components

1. The equipment used in compounding is appropriate, clean and capable of operating properly. (USP 797 - (9.1)	Yes	No	N/A
- *Equipment is of suitable composition and not reactive or sorptive.* - *Calibration and maintenance is based on manufacturer's recommendations.* - *Daily record of accuracy assesment is maintained.*	X		

2. Automated Compounding Devices (ACD's) have an accuracy assesment conducted each day before being used to compound CSP's. (USP 797 - (9.1)	Yes	No	N/A
- *Daily record maintained*			X
Pharmacy is not equipped.			

3. Equipment designed to deliver a specific volume of solution(s) and/or scales have an accuracy assesment conducted each day before being used to compound CSP's. (USP 797 - (9.1) / (34-23-153)	Yes	No	N/A
- *Daily record maintained*			X
Phamacy was not equipped at the time of the inspection.			

4. All Active Pharmaceutical Ingredients (API's) are evaluated for suitablity for use in sterile drug preparations. (USP 797 - (9.3.1)	Yes	No	N/A
- *Components or API's are NOT labeled "not for pharmaceutical use", "not for injetable use", "not for human use", or an equivalent statement.*			X
Discussed. Pre-license inspection.			

5. Active Pharmaceutical Ingredients (API's) and Components: (USP 797 - (9.3.1)	Yes	No	N/A
- *Comply with the criteria in the USP-NF monograph if one exists* - *Have a Certificate of Analysis (COA) that includes the specifications and meets the expected quality.* - *Manufacturered in a FDA registered facility* - *In expiry date and stored within manufacturers guidelines* - *Stored in a manner to prevent contamination, mix-ups, and deterioration*			X
Discussed. Pre-license inspection			

6. Components that cannot be obtained from FDA-registered facilities, the compounding facility must establish the identity, strength, purity, and quality of the ingredients. (USP 797 - (9.3.1)	Yes	No	N/A
Discussed.			X

7. The temperature and humidity where all API's and components are stored is monoitored. (USP 797 - (9.3.4) - *Daily log maintained* - *Monitoring equipment is calibrated or verified for accuracy as recommended by the manufacturer or every 12 months.*	Yes	No	N/A
	X		

8. Any API or component found to be of unacceptable quality is labeled as rejected and segregated from active stock. (USP 797 - (9.3.3)	Yes	No	N/A
Discussed.			X

If a component is transferred from the origional container, the new container has the following information: (34-23-157) - *Component name* - *Manufacturer* - *Lot number* - *Expiration date*	Yes	No	N/A
			X
Discussed.			

<u>Compounding Records (CR), Visual Inspection, and Final Check</u>

1. A master formulation (MFR) is created for all CSP's prepared from nonsterile ingredients or CSP's prepared for more than one patient. (USP 797 - (11.1) - *Name, strength or activity, and dosage from of the CSP* - *Identies and amounts of all ingredients* - *Type and size of container closure system* - *Complete instructions for preparing the CSP, including equipment, supplies, description of the compounding steps, and any special precautions* - *Physical description of the final CSP* - *BUD and storage requirements* - *Reference source to support the stability of the CSP* - *Quality control procedures (e.g., pH testing, filter integrity testing)* - *Other information needed to describe the compounding process to ensure repeatability*	Yes	No	N/A
			X

All compounded products will be patient specific

2. A Compounding Record (CR) is created for all Category 1, Category 2, and Category 3 CSP's. (USP 797 - (11.2)

- ***A prescription or medication order or label may serve as the CR***
- ***Required information may be stored electronically***

Yes	No	N/A
X		

3. The Compounding Record (CR) contains the following information. (USP 797 - (11.2)

- ***Name, strength or activity, and dosage form of the CSP***
- ***Date and time of preparation of the CSP***
- ***Assigned internal identification number (Prescription, order, lot number)***
- ***A method to identify the individuals involved in the compounding process***
- ***Name of each componnent***
- ***Weight or volume of each component***
- ***Strength or activity of each component***
- ***Total quantity compounded***
- ***Final yield (quantity, containers, number or units)***
- ***Assigned BUD and storage requirements***
- ***Results of QC procedures***
- ***If Applicable***

Yes	No	N/A
X		

- *Vendor, lot number, and expiration date for each component for CSP's prepared for more than one patient and for CSP's prepared from nonsterile ingredients*
- *MFR reference for the CSP*
- *Calculations made to determine and verify quantities and/or concentrations of components*

4. A visual inspection of the final compounded product is performed. (USP 797 - (12.1)

- *Physical appearance (particulate matter, discoloration)*
- *Container closure integrity*

Yes	No	N/A
X		

Discussed. Pharmacy is equipped with a box with light and dark background

5. The label on the CSP contains the following. (680-x-2-.13) (USP 797 - (13)

- *Name and address of the dispensing pharmacy*
- *Directions for use*
- *Assigned internal identification number (prescription, barcode, lot number)*
- *Activie ingredients and their amounts, activities, or concentration*
- *Storage conditions*
- *Beyond Use Date*
- *Dosage form*
- *Total amount or volume*
- *Type of dose container (single, multiple)*
- *Routes of administration*
- *Special handling instructions and warning statements*

Yes	No	N/A
		X

Discussed. Pre-license inspection

6. A final verification and check is performed by a pharmacist before the CSP is dispensed. (680-x-2-.14e) (USP 797 - (12) - (12.1)	Yes	No	N/A
- *Visual check of the CSP and container* - *Prescription/orders and label* - *Compounding record (medications, amounts, calculations, quality control)*	X		
Discussed. Pre-license inspection.			

7. If a CSP is dispensed or administered before the results of release testing (endotoxin and sterility testing) are known, the following procedures are in place. (USP 797 - (18.1)	Yes	No	N/A
- *Immediately notify the pescriber of the failure* - *Recall any unused dispensed CSP's and quarantine any remaining stock* - *Investigate if other lots are affected* - *Procedure to determine the distribution of any affected CSP* - *Procedre to identify patients who may have received CSP* - *Procedure to investigate and document the reason for the failure*			X
Pharmacy will follow USP 797 beyond use dating.			

8. The pharmacy has a SOP for handling complaints such as quality, labeling, or possible adverse reactions. (USP 797 - (18.2)	Yes	No	N/A
- *Investigation into the cause of the problem* - *Corrective action* - *Documentation (nature, date received, response)*	X		

Product Dating / Beyone Use Dates

1. Comounded products are assigned beyone use dates in compiance with USP 797 limits. (Table 12 / Tabe 13 / Table 14)	Yes	No	N/A
Discussed. Verified in policy and procedures.	X		

Table 12. BUD Limits for Category 1 CSPs[a]

Storage Conditions	
Controlled Room Temperature (20°–25°)	**Refrigerator (2°–8°)**
≤12 h	≤24 h

[a] A shorter BUD must be assigned when the physical and chemical stability of the CSP is less than the BUD limit stated in the table.

Table 13. BUD Limits for Category 2 CSPs[a]

Preparation Characteristics	Storage Conditions

Compounding Method	Sterility Testing Performed and Passed	Controlled Room Temperature (20°–25°)	Refrigerator (2°–8°)	Freezer (–25° to –10°)
Aseptically processed CSPs	No	Prepared from one or more non-sterile starting component(s): 1 day	Prepared from one or more non-sterile starting component(s): 4 days	Prepared from one or more non-sterile starting component(s): 45 days
		Prepared from only sterile starting components: 4 days	Prepared from only sterile starting components: 10 days	Prepared from only sterile starting components: 45 days
	Yes	30 days	45 days	60 days
Terminally sterilized CSPs	No	14 days	28 days	45 days
	Yes	45 days	60 days	90 days

[a] A shorter BUD must be assigned when the physical and chemical stability of the CSP is less than the BUD limit stated in the table.

Table 14: BUD Limits for Category 3 CSPs[a]

Preparation Characteristics	Storage Conditions		
Compounding Method	Controlled Room Temperature (20°–25°)	Refrigerator (2°–8°)	Freezer (–25° to –10°)
Aseptically processed, sterility tested, and passing all applicable tests for Category 3 CSPs	60 days	90 days	120 days
Terminally sterilized, sterility tested, and passing all applicable tests for Category 3 CSPs	90 days	120 days	180 days

[a] A shorter BUD must be assigned when the physical and chemical stability of the CSP is less than the BUD limit stated in the table.

2. A manufactured single dose container may be used up to 12 hrs. after initial entry if entered in an ISO 5. (USP 797 - (15.1)	Yes	No	N/A
Discussed. Pre-license inspection	X		

3. Opened single dose ampules are not stored. (USP 797 - (15.1)	Yes	No	N/A
Discussed	X		

4. Manufactured multiple-dose containers are given a beyond use date of 28 days after initial entry if entered in ISO 5. (USP 797 - (15.2)	Yes	No	N/A
Discussed	X		

5. Manufactured pharmacy bulk packages are used according to the manufacturer's labeleing and entered in ISO 5. (USP 797 - (15.3)	Yes	No	N/A
Discussed	X		

6. A CSP used a component is assigned a BUD consistant with USP Table 14 (Establishing Beyond-Use Dates). (USP 797 - (16)	Yes	No	N/A

- The final CSP is assigned a BUD consistant with USP Table 14 (Establishing Beyond-Use Dates)			X
Pharmacy will not compound			

	Yes	No	N/A
7. A compounded multiple dose product that contains a preservative must be compounded as a Category 2 or Category 3 compound, pass antimicrobial effectiness testing in accordance with <51> and have a container closure integrity test conducted. (USP 797 - (14.5)			
- Antimicrobial effectivness testing is conducted once for each formulation in the particular container closure system in which it will be packaged.			X
- antimicrobial effectivenss testing results from an FDA-registered facility or published in peer-reviewed literature sources if the formulation and container closure system are exactly the same.			
- Antimicrobial effectivness testing may be performed on a low concentration and on a high concentration of the active ingredient			
Pharmacy will not compound			

	Yes	No	N/A
8. Nonpreserved compounded multiple-dose aqueous topical and topical opthamic products, antimicrobial effectiveness testing is not required if. (USP 797 - (14.5)			
- Prepared as a Category 2 or Category 3, and			X
- For use by a single patient, and			
- Labeled to indicate that once opened, it must be discarded after 24 hr. room temperature once opened and 73 hr. when refrigerated.			
Pharmacy will not compound			

	Yes	No	N/A
9. Compounded stock solutions and compounded single dose products. (USP 797 - (16.2)			
- Must be entered in ISO and stored under conditions BUD is based.			X
- May be used for compounding up to 12 hrs. or its assigned BUD and remainder discarded.			
- The time limit for entering or puncturing is not intended to restrict the final BUD of the CSP.			
Pharmacy will not compound			

<u>Extended Beyond Use Dating / Non-Sterile Components</u>

	Yes	No	N/A
1. If preparing Category 2 or Category 3 CSP's from nonsterile components, presterilization procedures, such as weighing and mixing, are completed in an ISO 8 or better environment. (USP 797 - (4.2.6)			

- *Performed in a containment ventilated enclosure (CVE), single use containment glove bag, BCS, or CACI.* - *The CVE used is certified at least every six months.*			X

Pharmacy follows USP 797 beyond use dating.

2. Injectable CSP's that contain nonsterile components or that come in contact with nonsterile devices (e.g., containers, tubing) during any phase of the compounding process are sterilized within 6 hr. after completing the preparation. (USP 797 - (10)	Yes	No	N/A
			X

3. Sterility testing is performed on Category 2 CSP's assigned a BUD that requires sterility testing. (USP 797 - (12.2) - *Sterility testing is performed according to <71>* - *Appropriate number of CSP's are sent for testing.* - *Or a validated alternative method (see 1223) that is not inferior to <71>.*	Yes	No	N/A
			X

4. Bacterial endotoxin testing is performed on Category 2 injectable CSP's compounded from one or more nonsterile components and assigned a BUD that requires sterility testing. (USP 797 - (12.3) - *In the absence of a bacterial endotixin limit in an official USP-NF monograph, must not exceed limit calculated in <85> for the appropriate route of administration for humans.*	Yes	No	N/A
			X

5. Depyrogenation by dry heat. (USP 797 - (10.1) - *Glass, metal, or other thermostable containers that come in contact with the CSP are depyrogenated by dry heat. (9.2)* - *Duration and exposure period must include sufficient time for the items to reach the depyrogenation temperature.* - *The effectiveness of the cycle is verified using endotoxin challenge vials (ECV's) initially and at least once annually after.*	Yes	No	N/A
			X

6. Sterilization by filtration. (USP 797 - (10.2) - *Sterilizing filter are 0.22 micron or smaller, sterile, depyrogenated and appropriate for pharmaceutical use.* - *Chemically and physically compatiable with all ingredients of the CSP*	Yes	No	N/A
			X

- Filters are certified by the manufacturer to retain at least 10 7 microorganisms of a strain of Brevundimonas Diminuta on each square centimeterof upstream filter survace area under conditions similar to those in which the CSP will be filtered (pressure, flow rate, volume)

- Filters do not contain a lable that states "for laboratory use only" or similar wording.

- Each filter used to sterilize the CSP must undergo the manufacturers recommended integrity testing.

7. Sterilization of CSP's by steam heat. (Usp 797 - (10.3)

Yes	No	N/A
		X

- CSP's must be directly exposed to steam under adequate pressure for the length of time necessary (e.g., 20-60 minutes at 121 degrees saturated steam under a pressure of 15 psi, depending on the volume or size fo the CSP being sterilized)

- CSP must be placed to allow steam to reach the CSP without entrapment of air and must include sufficient time for the entire contents of the CSP to reach sterilizing temperature.

- Immediately before filling containers that will be steam sterilized, solutions must be passed through a filter with a nominal pore size of not larger that 1.2 micron for removal of particulate matter.

- The effectiness of steam sterilization must be verified with each sterilization run or load by using appropriate biological indicators, such as spores of Geobacillus Stearothermophilus.

8. Sterilization by dry heat. (USP 797 - (10.4)

Yes	No	N/A
		X

- The duration of the exposure period must include sufficient time for the entire contents of the CSP to reach sterilizing temperature and remain for the duration of the sterilizing period.

- Immediately before filling containers that will be sterilized by dry heat, solutions must be passed through a filter with a nominal pore size of not larger that 1.2 micron for removal of particulate matter.

- The dry heat oven must be certified and equipped with temperature controlls and a timer.

- The effectiness of dry heat sterilization must be verified with each sterilization run or laod by using appropriate biological indicators, such as spores of Bacillus Astophaeus.

9. Each time a Category 3 CSP is prepared, sterility testing is performed. (USP 797 - (14.4.4) - *Sterility testing is performed according to <71>* - *Appropriate number of CSP's are sent for testing.* - *Or a validated alternative method (see 1223) that is not inferior to <71>.*	Yes	No	N/A
			X

10. Each time a Category 3 CSP is prepared, bacterial endotoxin testing is performed. (USP 797 - (14.4.4) - *In the absence of a bacterial endotixin limit in an official USP-NF monograph, must not exceed limit calculated in <85> for the appropriate route of administration for humans.*	Yes	No	N/A
			X

11. The BUD assigned to Category 3 CSP's must be supported by stability data obtained using a stability-indicating analytical method validated based on characteristics described in <1225>. (USP 797 - (14.4.3) - *Able to distinguish the active ingredient from its degradants and impurities (e.g., by forced degradation studies) and quantify the amount of the active ingredient.* - *Must be prepared according to the exact formulation from which the stability data are derived and same container closure system.* - *Documentation of the stability study, description of methodology, validation of the method, the stability-indicating analytical method, and all results of the study.*	Yes	No	N/A
			X

12. If the Category 3 CSP is an injection or ophthalmic solution, particulate-matter testing has been conducted once for each formulation and container closure system. (USP 797 - (14.4.3)	Yes	No	N/A
			X

13. Category 3 CSP's do not exceed to BUD's permitted by USP 797. (USP 797 - (Table 14)	Yes	No	N/A
			X

Hazardous Drugs. USP 800

	Yes	No	N/A
1. For final dosage forms of hazardous drugs that do not require further manipulation and are not required to follow the containment requirements of USP 800, an assesment of risk with alternative containment strategies/and or work practives has been performed. (USP 800 - (2), (Box 1)	X		

- *Type of HD*
- *Dosage form*
- *Risk of exposure*
- *Packaging*
- *Manipulation*
- *Reviewed every 12 months*

	Yes	No	N/A
2. Antineoplastic HDs and all HD API's are unpacked in an area that is neutral/normal or negative pressure areas. (USP 800 - (5.1) / (10)	X		

- *PPE, including chemotherapy gloves must be worn when unpacking antineoplastic and API HDs.*
- *HDs are delivered to the storage area immediately after unpacking*

verified in policies and procedures

	Yes	No	N/A
3. Antineoplastic HD's requiring manipulation and any HD API are stored separatley from non-HDs. (USP 800 - (5.2)	X		

- *Stored in an externally ventilated room*
- *Negative pressure room with at least 12 air changes per hour*
- *Dedicated refrigerator*

Will be stored in HD buffer room

	Yes	No	N/A
4. The pharmacy has a hazard communication program to ensure worker safety during all aspects of HD handling. (USP 800 - (8)	X		

- *A written plan that describes how the standard will be implimented*
- *Have SOPs for proper labeling, transport, storage, and disposal of HDs*
- *Have an Safety Data Sheet (SDS) for each hazardous chemical they use and are readily accesible to personnel during each work shift.*
- *Personnel who may be exposed to hazardous chemicals when working must be provided information and training before being able to work with hazardous chemicals*
- *Personnel of reporoductive capability must confirm in writing that they understand the risks of handling HDs*

5. All personnel who handle HDs have recived initial training and competency evaluations and at least every 12 months after on the following. (USP 800 - (9)

- *Overview of entity's list of HDs and their risks*
- *Review of the entity's SOP's related to handling of HDs*
- *Proper use of PPE*
- *Proper use of equipment and devices*
- *Response to known or suspected HD exposure*
- *Spill management*
- *Proper disposal of HDs and trace contamination*

Yes	No	N/A
X		

6. The surfaces of ceiliings, walls, floor, fixtures,shelving, counters and cabinets where hazardous CSPs are compounded are smooth, impervious, free from cracks and crevices and non-shedding. (USP 800 - (5.3.1)

Yes	No	N/A
X		

7. Anteroom is certified as (USP 800 - (5.3.2)

- *ISO 7 having less than 352,000 particles, greater than or equal to 0.5 microns, per cubic meter of air.*
- *certified as having a minimum of 30 total HEPA filtered Air Changes Per Hour.*
- *Has at least 0.02" w.c. positive pressure to the unclassified area and pressure is reviewed and documented daily.*
- *Certification is conducted every six months*

Yes	No	N/A
X		

8. The HD buffer room is certifed as having the following : (USP 800 - (5.3.2)

- *ISO 7 having less than 352,000 particles, greater than or equal to 0.5 microns, per cubic meter of air.*
- *A minimum of 30 total HEPA filtered air changes per hour*
- *Externally vented*
- *Negative pressure between 0.01 and 0.03 inches of water column realative to adjacent areas and pressure is reviewed and documented daily.*
- *Certification is conducted every six months*

Yes	No	N/A
X		

9. The C-SCA - Containment Segregated Compounding Area is certified as having the following. (USP 800 (5.3.2)

- *Fixed walls*

Yes	No	N/A
		X

- *Negative pressure between 0.01" and 0.03" w.c. realtive to adjacent areas*
- *Externally vented*
- *Minimum of 12 ACPH*
- *Sink is at least 1 meter from C-PEC or directly outside the C-SCA*

	Yes	No	N/A
10. The C-PEC is certified as ISO 5 having less than 3,520 particles, greater than or equal to 0.5 microns, per cubic meter of air. (USP 797 - (4.2.3) - *Externally vented through HEPA filtration* - *Certification is conducted every six months*	X		
Steris 2/29/2024			

	Yes	No	N/A
11. An eyewash station and /or other emergency or safety precautions is readily available. (USP 800 - (5.3)	X		

	Yes	No	N/A
12. Personnel who compound hazardous CSPs are fully garbed with gowns, hair covers, shoe covers, 2 pair of chemotherapy gloves, and respiratoy protection. (USP 800 - (7) - *Gowns are disposable and shown to resist permeability (USP 800 - 7.2)* - *A second pair of shoe covers is donned before entering the HD compounding area. (USP 800 - 7.3)* - *Appropriate eye and face protection is worn when there is a risk of spills or splashes. (USP 800 - 7.4)* - *Gloves meeet ASTM standard D6978 (USP 800 - 7.1)* - *A NIOSH certified N-95 mask or more protective respiratory is worn when protection from HD exposure is required. (USP 800 - (7.5)*	X		

	Yes	No	N/A
13. The following is doffed before entering areas where non-hazardous drugs are compounded. (USP 800 - (7.1) / (7.2) / (7.6) - *Outer pair of chemotherapy gloves*	X		

- *Gown*
- *Outer shoe covers*

14. Pharmacies compounding Category 1 and Category 2 hazardous CSPs, deactiviate, decontaminate, clean and disinfect the following daily: (USP 797 (7) - USP 800 (15).	Yes	No	N/A
- *Work surfaces, floors, sinks, pass through chamber*	X		
- *Sporicidal disinfectant applied Monthly*			
Peridox / S-IPA			

15. Category 3 pharmaices compounding hazardous CSPs, deactiviate, decontaminate, clean and disinfect the following daily: (USP 797 (7) - USP 800 (15).	Yes	No	N/A
- *Work surfaces, floors, sinks, pass through chamber*			X
- *Sprocidal disinfectant applied Weekly*			

16. Pharmacies compounding Category 1, Category 2, Category 3 hazardous CSPs deactivate, decontaminate, clean and disinfect the following monthly: (USP 797 (7) (Table 10) - USP 800 (15)	Yes	No	N/A
- *Walls, ceiling, doors, storage shelving, bins, and equipment*	X		
Peridox / S-IPA			

17. The PEC for pharmacies compounding Category 1 and Category 2 hazardous CSPs are deactivated, decontaminated, cleaned, and disinfected daily and between compounds with different components. (USP 797 (7) (Table 10) - USP 800 (15)	Yes	No	N/A
- *All agents used in the PEC are sterile*	X		
- *Sporicidal disinfectant applied Monthly*			
Peridox / S-IPA			

18. The PEC for Category 3 pharmacies compounding hazardous CSPs is deactivated, decontaminated, cleaned, and disinfected daily and between compounds with different components. (USP 797 (7) (Table 10) - (USP 800 (15)	Yes	No	N/A
- *All agents used in the PEC are sterile*			X
- *Sporicidal disinfectant applied Weekly*			
Pharmacy will not compound Category 3 CSPs			

19. The pharmacy has a spill kit readily available in all areas where hazardous drugs are routinly handled. (USP 800 - (16)	Yes	No	N/A
	X		

Alabama Board of Pharmacy

Notes and Comments

Pre-license inspection. The pharamcy will compound Category 2 CSPs using sterile products.

Status:

Closed - Compliant

Board of Pharmacy Inspector:



Alabama Board of Pharmacy Disclaimer : During this inspection, not all rules and regulations may have been inspected for compliance. This does not preclude or excuse your compliance with all applicable rules and regulations of the Alabama Board of Pharmacy.

Alabama State Board of Pharmacy

2026

This is to certify:

Naphcare Pharmacy, Llc
2086 Columbiana Road
Suite 1100
Birmingham, AL 35216

Permit Number:

113161

Is Duly Licensed as a:

Community Pharmacy

Specialty Services:

Sterile Compounding

Supervising Pharmacist

Daniel Oscar Williamson
14355

IN COMFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE MUST BE CONSPICIOUSLY DISPLAYED AND EXPIRE ON THE LAST DAY OF

December 2026

THIS IS YOUR RECEIPT FOR FEE PAID AS REQUIRED BY LAW
THIS PERMIT IS NOT TRANSFERRABLE

Donna C. Yeatman
EXECUTIVE SECRETARY

Alabama State Board of Pharmacy

2026

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE

Controlled Substance Number:

CS113161

Business Activity:

Community Pharmacy

Schedules:

II, III, IV, V

The Controlled Substance Act of 1971 reads in part as follows:
Section 304 (Revocation and Suspension of the Registration.)

(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:

(1) Has furnished false or fraudulent material information in any application filed under this Act,

(2) Has been convicted of a felony under any State or Federal law relating to any controlled substance or

(3) Has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances

(4) Has violated the provisions Act 205 (al-a32) Code of Alabama 1940 (Recomp. 1958)

Date Issued: 10/03/2006

Expiration Date: 12/31/2026

Naphcare Pharmacy, Llc
2086 Columbiana Road
Suite 1100
Birmingham, AL 35216

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

ALABAMA STATE BOARD OF PHARMACY

111 Village Street
Birmingham, AL 35242

Permit Verification

Name: Naphcare Pharmacy, Llc

Pharmacy Number: 113161

Permit Type: Pharmacy

Permit Status: Active

Date Issued: 09/13/2006

Expiration Date: 12/31/2026

Disciplinary Action: No Discipline

Date Prepared: July 14, 2025

Casey Shaw
Executive Secretary

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC1699442	10-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-02-2024

NAPHCARE PHARMACY LLC
2086 COLUMBIANA RD STE 1100
BIRMINGHAM, AL 352162118

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
BC1699442	10-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-02-2024

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2086 COLUMBIANA RD STE 1100
BIRMINGHAM, AL 352162118

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Form DEA-223 (9/2016)

4UUUUUU

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

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

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

Application must be printed legibly or typed

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

☑ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☑ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Partnership - Pages 1-3 & 6
☑ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Staska Pharmaceuticals, Inc.

Physical Address: 742 Evergreen Dr

City: Bennet State: NE Zip Code: 68317

Telephone: 402-782-2207 Fax: 402-892-7171

Toll Free Number: 888-801-1370 (Required per NAC 639.708)

E-mail: l.leitner@staskapharma.com Website: www.staskapharma.com

Supervising Pharmacist: Lyndon Leitner Nevada License #: 22686

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☑ ☐ Sterile Compounding
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 7/16/25 Amount: 500.00

FEI Number (From FDA application): 3017473850

Please provide the name of the facility as registered with the FDA and the registration number:
Staska Pharmaceuticals, Inc.

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Lyndon Leitner Nevada License Number: 22686

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A - new application

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☑

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Lyndon Leitner
Print Name of Authorized Person

04/03/2025
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nebraska

Parent Company if any: N/A

Address: 742 Evergreen Dr

City: Bennet State: NE Zip: 68317

Telephone: 402-782-2207 Fax: 402-892-7171

Contact Person: Lyndon Leitner

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Lyndon Leitner (Name) 742 Evergreen Dr, Bennet, NE 68317 (Address)

b) Ashley Leitner (Name) 742 Evergreen Dr, Bennet, NE 68317 (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 5,000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 11/07/2017

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Staska Pharmaceuticals, Inc.

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 742 Evergreen Drive

City: Bennet State: NE Zip: 68317

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: 402-782-2207 Toll Free # (NAC 639.708, NRS 639.23286): 888-801-1370

Fax: 402-892-7171 Contact Email: l.leitner@staskapharma.com

Website: www.staskapharma.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Lyndon Leitner

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22686

Name of Designated Person(s) as defined by revised USP-797 guidelines: Lyndon Leitner

Email of Designated Person(s): l.leitner@staskapharma.com

Telephone of Designated Person(s): 402-782-2207

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? April 2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Category 3 only

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Refer to the attached list of products

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Ste. 546

City: Oklahoma City State: OK Zip: 73104

Telephone: Toll Free: 1-800-393-1595; Phone: 405-271-1144

13. What is your procedure for visual inspection of compounded sterile products?

Each product is examined under appropriate lighting to check for visible particulates, discoloration, cloudiness, container defects, correct volume, and accurate labeling. Any CSPs that fail inspection are immediately quarantined, documented, and investigated.

14. How often do you perform glove fingertip and medial fill testing?

Every six months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Refer to the attached Training Summary

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Refer to the attached Cleaning and Disinfection SOP NO. PD016

17. Who performs the sterile compounding process at your facility?

Sterile compounding technicians that are certified in sterile compounding and aseptic technique.

18. Who is responsible and accountable for the sterile compounding process at your facility?

All sterile staff which includes pharmacy technicians and pharmacists.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Refer to the attached Cleaning and Disinfection SOP NO. QA047

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	☐ Yes	☐ No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	☐ Yes	☐ No
4. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
5. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
6. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
8. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Refer to the attached list of products

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Initial three run certification of each operator. Garb, fingertip and glove sampling is at the end of every shift prior to sanitization of gloved hands with annual recertification. Media fill testing for personnel is initial three runs and then at least semi-annual participation in process media fills.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ☑ Yes ☐ No

4. What is the frequency for completing volumetric active air sampling?

Non-viable sampling is continuous. Viable sampling is performed by Microbiologist initial, middle, and end of each batch.

5. What is the frequency for completing surface sampling? Daily with operation	
6. What is the frequency for using sporicidal agents? Weekly for floors and surfaces. Bi-monthly for walls and ceilings alternating with disinfectant.	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	☒ Yes ☐ No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	☒ Yes ☐ No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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.

Lyndon Leitner

Name of Person who Completed the Form

CEO/RPH

Title

Signature (copies or stamps not accepted)

07/02/2025

Date

Board Use Only	Date Received: 7/14/25 Date Approved: _____ Approved By: _____

STASKA
PHARMACEUTICALS

Product	Strength	Size	Storage	Routes of Administration	BUD (Beyond Use Date)
Single Use – Preservative Free (PF)					
Lidocaine HCL 1% and Epinephrine 1:100,000 (PF)	10mg/mL	6mL Syringe	Room Temp	For local injection	180 Days
Lidocaine HCL 1% Buffered Inj. Solution (PF)	10mg/mL	12mL Syringe	Room Temp	For local injection	180 Days
Lidocaine HCL 2% Buffered Inj. Solution (PF)	20mg/mL	12mL Syringe	Room Temp	For local injection	180 Days
Lidocaine HCL 2% Buffered Inj. Solution (PF)	20mg/mL	50mL Vial	Room Temp	For local injection	180 Days
Lidocaine HCL 1.5% and Epinephrine 1:50,000 (PF)	15mg/mL	50mL Vial	Room Temp	For local injection	180 Days
Isosulfan Blue Injection 1%(PF)	10mg/mL	3mL Syringe	Room Temp	For subcutaneous use only	365 Days
Ascorbic Acid (Non-Corn) (PF)	500mg/mL	50mL Vial	Refrigerate	For IV Use	180 Days
Glutathione (PF)	200mg/mL	10mL Vial	Refrigerate	For IV Use	180 Days
Ascorbic Acid (Non-Corn) (PF)	500mg/mL	12mL Syringe	Room Temp	For IV Use	180 Days
Multi-Dose - Preserved					
Ascorbic Acid (Non-Corn) (Preserved)	500mg/mL	50mL Multi-Dose Vial	Refrigerate	For IV Use	180 Days
B-Complex (B1/B2/B3/B5/B6) (Preserved)	100/2/100/2/ 2 mg/mL	30mL Multi-Dose Vial	Refrigerate	For IM, SQ, or Slow IV Use Only	180 Days
Methylcobalamin (B12) (Preserved)	1mg/mL	50mL Multi-Dose Vial	Room Temp	For IM, SQ, IV use	180 Days
Methylcobalamin (B12) (Preserved)	5mg/mL	50mL Multi-Dose Vial	Room Temp	For IM, SQ, IV use	180 Days
Glutathione (Preserved)	200mg/mL	30mL Multi-Dose Vial	Refrigerate	For IV or IM use	180 Days
Methylcobalamin (B12) (Preserved)	1mg/mL	30mL Multi-Dose Vial	Room Temp	For IM, SQ, IV use	90 Days
Methylcobalamin (B12) (Preserved)	5mg/mL	30mL Multi-Dose Vial	Room Temp	For IM, SQ, IV use	90 Days
Dexpanthonal (Preserved)	250mg/mL	30mL Multi-Dose Vial	Room Temp	For IM or Slow IV use	365 Days
Vitamin D3 (Preserved)	2.5mg/mL	30mL Multi-Dose Vial	Refrigerate	Slow IM	180 Days

Phone: 402-782-2207

742 Evergreen Drive
Bennet, NE 68317

STASKApharma.com

STASKA PHARMACEUTICALS, INC.

Summary of Training

Specific SOP's provided upon request

Training and Qualification Requirements

Aseptic Technicians and Production Staff

Personnel must complete the following steps to be qualified for aseptic operations:

Initial Training:

- Complete study and review of all applicable Standard Operating Procedures (SOPs).
- Pass the associated quizzes for each SOP.
- Successfully demonstrate the following in front of a qualified trainer:
  - Proper handwashing technique.
  - Proper gowning procedure.
  - Cleaning procedures.
  - Appropriate use of equipment.
- Attain **gowning certification** through **three (3) consecutive successful gowning events.**
- Complete **three (3) consecutive successful aseptic media fill simulations.**

Ongoing Requirements:

- Participate in at least **one (1) process media fill per year.**
- **Annual gowning recertification.**
- **Retraining as necessary,** including in response to deviations, extended absence, or failed qualifications.

Visual Inspection Technicians

Personnel responsible for visual inspection must meet the following criteria:

Initial Training:

- Complete didactic training on visual inspection principles and procedures.

- Successfully complete **three (3) test kit runs** for each **dosage form, package type, and container size,** using certified kits.
- Pass an appropriate eye exam.

Ongoing Requirements:

- **Annual recertification** with **one (1) successful test kit run** for each dosage form and container type inspected.
- **Retraining as necessary,** including in response to deviations, extended absence, or failed qualifications.
- **Annual** eye exam.

5.4 **The cleaning and disinfection frequency are as follows.**

5.4.1 Cleaning and disinfection shall be done after completion of production activity in defined area/room.

5.4.2 Disinfectant solutions are rotated as per the schedule given below.

S.No.	Disinfectant solution	Frequency	Contact Time
1	TB1-3300 RTU	Monday to Thursday when in use	1 min
2	Peridox RTU	Every Friday	3 min
3	70% IPA RTU	ISO 5 hood before production or following Peridox on stainless steel equipment	30 sec

5.4.3 Set the timer to the scheduled disinfectant/sporicidal contact time (ex. Peridox RTU – 3 minutes).

5.4.4 After the first stroke on the surface with the scheduled disinfectant/sporicidal, start the timer to ensure the contact time is being met on the surface.

5.4.5 Once the time is met it may be followed with 70% IPA if using peridox RTU or if residue is an issue.

5.4.6 Exception on holidays or if monthly/quarterly cleaning.

5.5 **The cleaning activity shall be as per the below given procedure:**

5.5.1 Ensure the production activity is completed in defined area/room. With the exception being cleaning of spillages during aseptic processes/filling have to be cleaned immediately with sterile 70% IPA.

5.5.2 Cleaning of each room shall be done cleaning from the cleanest area to dirtiest area of the room.

5.5.3 Clean the following as per the given sequence.

- Ceiling.
- Walls.
- Equipment.
- Floor.

5.5.3.1 **Ceiling in ISO 7:**

5.5.3.1.1 ISO 7 area ceiling must be cleaned monthly / whenever required.

	STASKA PHARMACEUTICALS INC. 742 EVERGREEN DR, BENNET, NE-68317		SOP No.	QA047
	STANDARD OPERATING PROCEDURE		Revision No:	00
Handling of Refrigerated products	Effective Date	04/14/2025	Review Due:	04/14/2028
	Department	Quality Assurance	Page No.	1 of 2

1.0 OBJECTIVE

1.1 To establish procedures for the safe and efficient transportation of refrigerated products, ensuring they maintain the required temperature throughout transit and meet regulatory compliance.

2.0 SCOPE

2.1 This policy applies to all refrigerated products that require temperature-controlled shipping, finished goods.

3.0 RESPONSIBILITY

3.1 **Warehouse Manager:** Overall responsibility for storage and shipping.

4.0 ACCOUNTABILITY

4.1 Quality Director

5 PROCEDURE

5.1 Confirm product specifications, including the required shipping temperature.

5.2 Ensure packaging materials (Gel packs, etc.) are available and in good condition.

5.3 Place products in the insulated container, ensuring they are packed securely.

5.4 Add the appropriate cooling gel packs based on the shipment's duration and the product's temperature requirements.

5.5 Seal the container to prevent air exchange and potential contamination.

5.6 Label the package with temperature-sensitive stickers and any required regulatory labels.

5.7 Refrigerated products must be stored in a refrigerator, and monitor the temperature 24x7.

5.8 In case of temperature excursions (e.g., if the shipment exceeds or falls below the required temperature range, transfer the products to back up refrigerator.

5.9 This includes immediate notification of the receiver, investigation of the cause, and corrective actions to prevent recurrence.

5.10 Shipping validation must be conducted or keep a data logger with shipment.

	Prepared By	Reviewed By	Approved By
Signature	Sunetra - T	[illegible]	[illegible]
Date	04/14/2025	04/14/2025	[illegible]

MASTER COPY

6 ABBREVIATIONS

6.1 SOP - Standard Operating procedure.

7 ANNEXURES

None

END OF DOCUMENT

	Prepared By	Reviewed By	Approved By
Signature	Sumeera-T		
Date	04/14/2025	04/14/2025	04/14/2025

	STASKA PHARMACEUTICALS INC. 742 EVERGREEN DR, BENNET NE-68317	Page No. 1 of 1
TITLE	**REVISION HISTORY**	

SOP No	QA047	**Title**	Handling of Refrigerated products
Revision Level	**Date**	**Reason for Revision**	
00	04/14/2025	NEW	

MASTER COPY

STOCK CERTIFICATE REGISTER
STASKA PHARMACEUTICALS, INC.

CERT. #	DATE ISSUED	NO. OF SHARES	ISSUED TO	PAR VALUE	DATE CANCELED
1	11/7/2017	5,000	Lyndon R. Leitner	$1.00	
2	11/7/2017	5,000	Ashley M. Leitner	$.100	

5099

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Public Health Licensure Unit
Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 7/31/2025.

Name:	Staska Pharmaceuticals
Owner:	Lyndon Leitner, Designated Rep
Address:	742 Evergreen Drive, Bennet, NE
Type:	Wholesale Drug Distributor
Number:	1615
Status:	Active
Issued:	01/14/2021
Expiration:	07/01/2026

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

Misc. 6 15

NUMBER 2



UNITS 5,000

STASKA PHARMACEUTICALS , INC.

Incorporated Under the Laws of the State of Nebraska

This Certifies that **ASHLEY M. LEITNER** is the owner of Five Thousand (5,000)---------- Units of the above

Limited Liability Company transferable only on the books of the Limited Liability Company by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed. Transfer of these Units is subject to restrictions in the Operating Agreement/Company Agreement/Regulations for this Limited Liability Company.

The Company will furnish without charge to each Unit holder who so requests, the powers, designations, preferences and relative participation rights of Unit holders and the qualifications, limitations or restrictions of such rights.

In Witness Whereof, the said Limited Liability Company has caused this Certificate to be signed by its duly authorized Member(s)/Manager(s) and to be sealed with the Seal of the Limited Liability Company.

Dated November 7, 2017

Secretary

$1.00 Par Value

President

5101



NUMBER 1

UNITS 5,000

STASKA PHARMACEUTICALS , INC.

Incorporated Under the Laws of the State of Nebraska

This Certifies that **LYNDON R. LEITNER** is the owner of **Five Thousand (5,000)----------** Units of the above

Limited Liability Company transferable only on the books of the Limited Liability Company by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed. Transfer of these Units is subject to restrictions in the Operating Agreement/Company Agreement/Regulations for this Limited Liability Company.

The Company will furnish without charge to each Unit holder who so requests, the powers, designations, preferences and relative participation rights of Unit holders and the qualifications, limitations or restrictions of such rights.

In Witness Whereof, the said Limited Liability Company has caused this Certificate to be signed by its duly authorized Member(s)/Manager(s) and to be sealed with the Seal of the Limited Liability Company.

Dated November 7, 2017

$1.00 Par Value

Secretary

President

5102

ARTICLES OF INCORPORATION
OF
STASKA PHARMACEUTICALS, INC.

WE, THE UNDERSIGNED, for the purpose of forming and becoming a CORPORATION under the NEBRASKA MODEL BUSINESS CORPORATION ACT, as amended, both heretofore and hereafter, and for that purpose do, hereby adopt and execute, these ARTICLES OF INCORPORATION OF STASKA PHARMACEUTICALS, INC. in manner and form following, that is to say:

ARTICLE I - NAME

The name of this CORPORATION is Staska Pharmaceuticals, Inc.

ARTICLE II - REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the CORPORATION is 1248 O Street, Ste. 800, Lincoln, NE 68508 and the name of its initial registered agent at such address is Barry L. Hemmerling.

ARTICLE III - NATURE OF THE BUSINESS, OBJECTS, POWERS AND PURPOSES TO BE TRANSACTED, PROMOTED AND CARRIED OUT

To do any or all of the things hereinafter mentioned, in addition to those permissible under the laws of the State of Nebraska, from time to time, or the laws of any other State in which the CORPORATION may be doing business from time to time, without restriction whatsoever, namely:

A. To Deal in Real Estate: To take, lease, purchase, or otherwise acquire, and to own, use, hold, sell, convey, exchange, lease, sub-lease, rent, mortgage, work, improve, repair, develop, divide, and otherwise own, handle, deal in, and dispose of real estate, real property, and any interest or right therein either for itself, or for others.

B. Statutory Powers:

1. To have perpetual succession by, in and with its corporate name.

2. To sue and be sued, complain and defend, and to participate in administrative or other proceedings, in its corporate name.

3. To have a corporate seal which may be altered at pleasure and to use the same by causing it, or a facsimile thereof, to be impressed or affixed or in any other manner reproduced.

4. To purchase, take, receive, lease, or otherwise acquire, own, hold, improve, use and otherwise deal in and with real and personal property, or any interest therein, wherever situated.

5. To sell, convey, mortgage, pledge, lease, exchange, transfer and otherwise dispose of all or any part of its property and assets.

6. To lend money to its employees other than its officers and directors, and otherwise assist its employees, officers and directors.

7. To purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, use, employ, sell, mortgage, lend, pledge or otherwise dispose of, and otherwise use and deal in and with, shares or other interests, partnerships or individuals, or direct or indirect obligations of the United States or of any other government, state, territory, governmental district or municipality or any instrumentality thereof.

8. To make contracts and guarantees and incur liabilities, borrow money at such rates of interest as the CORPORATION may determine, issue its notes, bonds, and other obligations, and secure any of its obligations by mortgage or pledge or all or any of its property, franchises and income.

9. To lend money and to guarantee the obligations of others for its corporate purposes, to invest and reinvest its funds, and take and hold real and personal property as security for payment of funds so loaned or invested, or as security for the obligations of others to it.

10. To conduct its business, carry on its operations, and have officers and exercise the powers granted by this act in any state, territory, district, or possession of the United States, or in any foreign country.

11. To elect or appoint officers and agents of the CORPORATION and define their duties and fix their compensation.

12. To make and alter Bylaws not inconsistent with its ARTICLES OF INCORPORATION or with the laws of this State, for the administration and regulation of the affairs of the CORPORATION.

13. To make donations for religious, charitable, scientific, or educational purposes; to make donations for the public welfare and to subscribe to and generally participate in the creation and maintenance of instrumentalities for the preservation and betterment of social and economical conditions in the territory in which it operates; and to make donations in aid of the United States in war activities.

14. In time of war to transact any lawful business in aid of the United States in the prosecution of the war.

15. To indemnify any director or officer or former director or officer of the CORPORATION, or any person who may have served at its request as a director or officer of another corporation in which it owns shares of capital stock or of which it is a creditor, against expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which he or she is made a party by reason of being or having been such director or officer, except in relation to matters as to which he or she shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance or duty to the CORPORATION; and to make any other indemnification that shall be authorized by the ARTICLES OF INCORPORATION or by any by-law or resolution adopted by the shareholders after notice.

16. To pay pensions and establish pension plans, pension trusts, profit-sharing plans, stock bonus plans, stock option plans, and other incentive, insurance and welfare plans for any or all of its directors, officers and employees.

17. To cease its corporate activities and surrender its corporate franchise.

18. To enter into general partnerships, limited partnerships (whether the CORPORATION be limited or general partner), joint ventures, syndicates, pools, associations and other arrangements for carrying on of one or more of the purposes set forth in its ARTICLES OF INCORPORATION, jointly or in common with others.

19. To have and exercise all powers necessary or convenient to effect any or all of the purposes for which the CORPORATION is organized.

ARTICLE IV - DATA RESPECTING INCORPORATORS

The name and place of residence of the Incorporators of this CORPORATION are as follows:

LYNDON R. LEITNER
10701 Old Cheney Road
Lincoln, NE 68526

ASHLEY M. LEITNER
10701 Old Cheney Road
Lincoln, NE 68526

ARTICLE V - TIME OF COMMENCEMENT AND TERM OF EXISTENCE

This CORPORATION shall commence doing business as of November 6th, 2017, and its existence thereafter shall be perpetual.

ARTICLE VI - IMMUNITY OF STOCKHOLDERS

No recourse shall be had against the private property of the Stockholders of this CORPORATION, as such, present, or future, for the payment of any liabilities of the CORPORATION, or of any successor corporation, or otherwise, whether by virtue of any constitution, statute or rule of law, or by the endorsement of an assessment, or penalty, or by any legal or equitable proceedings, or otherwise, whatsoever.

ARTICLE VII - TERMS OF CAPITAL STOCK

The total number of shares of capital stock of all kinds and classes, which the CORPORATION is authorized to issue, is TEN THOUSAND (10,000) shares; each share of whatever kind or class, shall have a par value of ONE DOLLAR ($1.00). The initial total capital stock authorization shall be TEN THOUSAND DOLLARS ($10,000.00). Absolute power to fix, determine, authorize and issue capital stock, of all kinds and classes, from time to time, and the voting rights, lack of voting rights, classes, kinds, rights, restrictions, qualifications, preferences, and other and different attributes of all capital stock of the CORPORATION is hereby irrevocably delegated to the Board of Directors of the CORPORATION. All stock of all kinds and classes, when issued, shall be conclusively deemed to be fully paid, regularly issued, and non-assessable. Any action of the Board of Directors of the CORPORATION with respect to division of the shares into classes, the designation of each class, and a statement of the preferences, limitations and relative rights in respect of the shares of such class, shall be accomplished according to the said NEBRASKA MODEL BUSINESS CORPORATION ACT, as amended from time to time. The right of a Stockholder to pre-emptive rights shall not be limited or denied by said Board of Directors.

ARTICLE VIII - MANAGEMENT OF AFFAIRS AND BYLAWS

The power to regulate the internal affairs of the CORPORATION is absolutely delegated to the Board of Directors; the Board of Directors shall have the power to enact, amend, or repeal the Bylaws of this CORPORATION, a simple majority vote thereof being necessary for any such action. The Bylaws from time to time may contain any provision, not inconsistent with the law, including any provision restricting the transfer of shares and any provision which, under the NEBRASKA MODEL BUSINESS CORPORATION ACT, as amended, from time to time, is required or permitted to be set forth in the Bylaws. The Incorporators named hereinbefore shall constitute the members of the initial Board of Directors of the Corporation and shall serve as such members until the first annual meeting

after the first year of operation of the CORPORATION and until their respective successors shall be duly elected, qualified and installed.

ARTICLE IX - PLAN TO OFFER STOCK FOR SALE PURSUANT TO IRC SEC. 1244

The CORPORATION is a "Small Business Corporation" as defined in IRC Sec. 1244(c)(3) and there is not now outstanding any prior offering of the CORPORATION to sell or issue any of its common stock. The CORPORATION shall sell and issue shares of its common stock in the total amount of not more than One Million Dollars ($500,000.00), in a manner such that in the hands of qualified Stockholders such shares shall receive the benefits of IRC Sec. 1244, as amended. The officers of the CORPORATION shall sell and issue as many shares of common stock and at such prices, payable in cash or other property (other than stock and securities) as from time to time they deem to be in the best interests of the CORPORATION, provided, however, that in no event shall the total amount of cash and the value of property received for the common stock exceed One Million Dollars ($1,000,000.00), and further provided, that the offer to sell and issue common stock shall remain in full force and effect until such shares are sold, or until the CORPORATION shall make a subsequent offering of common stock or securities convertible into common, or for a period of two years from the date of adoption of this plan by the Board of Directors, whichever occurs first. This plan shall be interpreted and construed in such manner, and the officers of the CORPORATION will take such further steps as will enable this plan to qualify under Sec. 1244 of the Internal Revenue Code, as amended, and as will enable the shares of common stock issued hereunder to qualify as "Section 1244 Stock", as defined in said Section.

ARTICLE X - AMENDMENT OF ARTICLES OF INCORPORATION

The CORPORATION reserves the right to amend, alter, change or repeal any or all of the provisions contained in these ARTICLES OF INCORPORATION, in the manner now or hereafter prescribed by the NEBRASKA MODEL BUSINESS CORPORATION ACT, and all rights conferred upon Stockholders herein and granted subject to this reservation.

IN WITNESS WHEREOF, WE, THE UNDERSIGNED, being the INCORPORATOR hereinbefore named, for the purpose of forming a CORPORATION pursuant to the NEBRASKA MODEL BUSINESS CORPORATION ACT, as amended, have hereunto affixed our signatures this 6th day of November, 2017.

LYNDON R. LEITNER, INCORPORATOR

ASHLEY M. LEITNER, INCORPORATOR

STASKA
PHARMACEUTICALS

April 3, 2025

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

To the Nevada Board of Pharmacy:

This letter is written in explanation for my "yes" answer to Question #3, Page 2 in the Outsourcing Facility, 50B3 Application for STASKA PHARMACEUTICALS. This matter was previously reported to the Nevada State Board and addressed during a board hearing as part of my initial Nevada pharmacist licensure application process

I purchased National Pharmacy, an established retail pharmacy in Lincoln, NE, located at 3306 A Street, in July 2007. I retained all former staff pharmacists, as well as one owner/pharmacist. In late 2008, I had a conversation with a physician who was sending prescriptions for topical compounded medications for us to fill. He expressed concerns about the ingredients in one of the compounds.

Upon investigation, it was determined that the ingredient billed was not the ingredient compounded. The patient received the correct medication; however, upon further review, it was found that the compound was built in the computer to bill for a primary ingredient that was not actually in the compound. I admittedly took too long in contacting the state while trying to determine the best way to move forward. The practice described above was stopped, and all pharmacists involved were given Notice of Corrective Action by me on behalf of the company. The Former Owner/PIC was terminated.

In early 2009, I reached out to the Nebraska State Board, reported the situation, and offered our full cooperation. At their direction, all claims for the prescriptions in question were reversed and rebilled appropriately. It was determined that these compounds had possibly been billed incorrectly as far back as 1993. The pharmacy itself did not receive any penalty on the license. Each pharmacist, including me, received a censure and a civil penalty. I received a $1,000 penalty, and the former owners received a $2,000 penalty. I have included documentation with this letter.

This incident was a learning experience for me as a business owner. I did not have full visibility into our processes as I should have, and I did not act as quickly as I should have when I was made aware of the situation. I pride myself in doing what is right, and since then, my philosophy has been to always be transparent and err on the side of caution with any regulatory concern and patient safety. I sold the referenced pharmacy in 2017 with no further incidents to start a 503b outsourcing facility, and I assure the board that we will adhere to all laws and regulations without fail.

I will provide further narrative on this matter if further explanation is requested.

Sincerely,

Lyndon Leitner, PharmD
402-560-4688
l.leitner@staskapharma.com

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Public Health Licensure Unit
Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 3/ 7/2025.

Name:	Lyndon Ray Leitner RP
Type:	Pharmacist
Number:	12579
Status:	Active
Issued:	09/07/2006
Expiration:	01/01/2026
Education:	05/05/2001 UNMC

Disciplinary/Non-Disciplinary Information:

09/16/2009		Censure
08/21/2009		Petition for Disciplinary Action Filed
09/16/2009	03/16/2010	Civil Penalty

All disciplinary/non-disciplinary actions taken against this license are listed above.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 7/3/2025

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: Staska

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]	Intends to Compour Drugs Fr Bulk Sub
Staska Pharmaceuticals, Inc., Bennet, NE	Lyndon Leitner 402-782-2207	12/3/2020	12/18/2024	9/18/2024	Yes (/media/183268/download?attachment)	No	Warning Letter Issued 5/5/2025	Yes

Showing 1 to 1 of 1 entries (filtered from 93 total entries)

Previous 1 Next

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/node/363232) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

   Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.

4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/node/363232).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024
	FEI NUMBER 3017473850
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Lyndon R. Leitner, CEO	
FIRM NAME Staska Pharmaceuticals, Inc.	STREET ADDRESS 742 Evergreen Dr.
CITY, STATE, ZIP CODE, COUNTRY Bennet, NE 68317	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

Observations for the Quality System

OBSERVATION 1

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

During your firm's visual inspection of Buffered Lidocaine HCl USP 2% 20mg/mL, 50mL Vials for injection Lot (b) (4) MFG 08/30/2022, (b) (4) vials were rejected due to defects including particles, package defects, sealing defects and abnormal fill volume. Deviation DR/PD/22/09/004 determined the root cause for the defects was contamination and damage incurred during transportation. However, the investigation wasn't expanded to determine if other lots using Lot (b) (4) were affected. CAPAs included (b) (4) vials to prevent rattling and post-cleaning inspections by the vial manufacturer. The batch was rejected but no CAPA's were implemented by your firm, and no effectiveness check was conducted. A second deviation occurred on July 19, 2024.

During your firm's visual inspection of Ascorbic Acid 500mg/mL 50mL Vials for sterile injection Lot (b) (4), BUD 12/31/2024, you initially identified (b) (4) vials containing glass particles. As a result, deviation DR/PD/24/07/006 was initiated. After testing Amber Vials Lot (b) (4) the root cause was identified as glass contamination. However, the other (b) (4) amber vial lots used in filling batch (b) (4) were not tested and the investigation was not expanded to determine if Lots (b) (4), (b) (4) were affected. CAPAs included implementing an in-house testing procedure

SEE REVERSE OF THIS PAGE	Lisa L. Flores, Investigator	Lisa L. Flores -S Digitally signed by Lisa L. Flores -S Date: 2024.09.26 10:30:22 -05'00'	09/26/2024

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8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024
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to test for particles prior to approval of the vials. No effectiveness check was conducted. The testing procedure has been implemented practically but the SOP remains in the draft phase. Additionally, since there are no established limits or rejection rates for defects identified during the visual inspection process, (b) (4) vials of Ascorbic Acid 500mg/mL 50mL Vials for injection Lot (b) (4) , BUD 12/31/2024 were released and distributed.

OBSERVATION 2

Your firm failed to establish acceptance criteria for the sampling and testing conducted by the quality control unit that are adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release.

Specifically,
In regards to your 100% visual inspection of finished product vials and syringes:
Your firm has not implemented a clear classification scheme for defects, including critical, major, and minor categories nor have you established rejection rates to identify atypical lots. Furthermore, there is no SOP for this process.

OBSERVATION 3

Employees engaged in the manufacture and processing of a drug product lack the training required to perform their assigned functions.

Specifically,

A. Your firm has not implemented a clear classification scheme for defects, including critical, major, and minor categories. In addition, there is an absence of established, documented defect characterizations that detail defect size ranges, specific defect locations on containers, and where feasible, photographs of the defects to ensure consistency in defect identification during qualification visual inspections.

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8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024 FEI NUMBER 3017473850
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B. Your firm has not incorporated defect types routinely encountered during production into the training program. The absence of naturally occurring defects or production rejects in inspector training can limit an inspector's ability to detect actual production-related defects effectively during routine inspections.

C. Your firm has not established a limit for false rejection of acceptable vials during a visual inspection qualification.

D. There is no requirement to conduct a 360-degree visual inspection of each unit. Full rotation (360°) of the container during the container–closure defect inspection sequence is recommended for identifying small container defects such as cracks or chips.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

Observations for the Production System

OBSERVATION 4

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,
According to SOP MC010, Environmental Monitoring, Rev 06, microbial contamination recovery limits for the elbows or gowning elements of operators are set at Alert: NA and Action: (b) (4), while the limit for hands or gloves entering the Grade A area is Action (b) (4) However, when operators conduct interventions in which they open the (b) (4) door, both their elbows and hands/gloves enter the ISO 5 area.

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During the filling of (b) (4) , Buffered Lidocaine 1%, production technicians were observed reaching into the ISO 5 laminar flow hood past their elbows to clean the hangers for the suspension rod and placement of the settle plate. Additionally, viable air monitoring was conducted during the calibration of the repeater pump and not during routine filling.

OBSERVATION 5

Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions.

Specifically,

A. Your firm has not conducted a cleaning validation on product contact equipment including stainless steel mixing pots and mixing impellers to assure your cleaning process removes microbial content or chemical residues on the equipment used in your aseptic operations. (b) (4) stainless steel pots were used in batches including but not limited to:

- Methylcobalamin 1 mg/mL 30 mL Preserved Lot (b) (4)
- Methylcobalamin 5 mg/mL 30 mL Preserved Lot (b) (4)
- Buffered Lidocaine HCL 1% (10 mg/mL) Syringes Lot (b) (4)
- Buffered Lidocaine HCL 1% (10 mg/mL) Syringes Lot (b) (4)

B. The wet contact times specified in SOP PD016 Cleaning, Disinfection of ISO 5, ISO 7, ISO 8 Areas and Equipment, Rev 5 for cleaners and disinfectants are not consistently being met. During cleaning and disinfection of Room (b) (4) (ISO 8) on 09/09/2024, Room (b) (4) (ISO 7) on 09/09/2024 and left laminar flow hood (ISO 5) on 09/09/2024, the established (b) (4) wet contact time for (b) (4) was not met.

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OBSERVATION 6

Your firm failed to establish written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Specifically,

A. Your firm has not performed Process Validation (PV) for finished products. You have considered performance of stability studies suitable to satisfy PV requirements. There are no documented / established written PV protocols or reports.

From 2021 until the beginning of this inspection, the firm has made (b) (4) batches of products including but not limited to:

Product	Batches
Ascorbic Acid 500 mg/mL 10 mL Syringes	(b) (4)
Ascorbic Acid 500 mg/mL 50 mL vial	
Ascorbic Acid 500 mg/mL 50 mL vial Preserved	
B Complex	
Buffered Lidocaine HCL 1% (10mg/mL) 10 ml syringe	
Buffered Lidocaine HCL 2% (20 mg/mL) 50 mL	
Buffered Lidocaine HCL 2% (20 mg/mL) Syringes	
Glutathione injection (200 mg/mL)	
Glutathione injection (200 mg/mL) 30 mL Preserved	
Methyl Cobalamin 5 mg/mL 30 mL preserved	
Methylcobalamin 1 mg/mL Preserved 30 mL vial	
Methylcobalamin 25 mg/mL Preserved	

SEE REVERSE OF THIS PAGE	Lisa L. Flores, Investigator	Lisa L. Flores -S	Digitally signed by Lisa L. Flores -S Date: 2024.09.26 10:31:59 -05'00'	09/26/2024

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CITY, STATE, ZIP CODE, COUNTRY Bennet, NE 68317	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

B. An unapproved ingredient, (b) (4) that was not part of the approved formulation, batch record, or product label was added to the following batches:

- Batch (b) (4), Ascorbic Acid Preserved BUD: 07/07/2023
- Batch (b) (4) Methylcobalamin 25 mg/mL BUD: 10/21/2023
- Batch (b) (4) Methylcobalamin 25 mg/mL BUD: 06/30/2024

C. Hold times for in-process bulk material have not been established or validated. For example:

- Batch (b) (4) Ascorbic Acid Preserved BUD: 05/24/2024 – bulk solution was covered and held for (b) (4) due to a "stuck syringe" on the (b) (4) filling line.
- Batch (b) (4) Ascorbic Acid Preserved BUD: 08/02/2024 – bulk solution was covered and held for (b) (4) due to a "stuck syringe" on the (b) (4) filling line.

OBSERVATION 7

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established or followed.

Specifically,

A. Your aseptic personnel practices and interventions are not scientifically justified or documented.

1. Corrective and inherent interventions are not documented in your batch record.
2. You do not document the amount of time each operator participates in or the activities they perform as part of the media fill for the (b) (4) fill line.
3. Interventions performed during media fills do not reflect routine production.

B. Media fills do not document:

1. Aseptic assembly of equipment (e.g., at start-up, during processing)
2. Time personnel participate and their activities

SEE REVERSE OF THIS PAGE	Lisa L. Flores, Investigator	Lisa L. Flores -S Digitally signed by Lisa L. Flores -S Date: 2024.09.26 10:32:20 -05'00'	09/26/2024

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024 FEI NUMBER 3017473850
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Lyndon R. Leitner, CEO	
FIRM NAME Staska Pharmaceuticals, Inc.	STREET ADDRESS 742 Evergreen Dr.
CITY, STATE, ZIP CODE, COUNTRY Bennet, NE 68317	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

3. Representative number of aseptic additions (e.g., charging containers and closures as well as sterile vials) or transfers
4. Raw data results of all media vials incubated (results for unknown number of vials or vials associated with interventions only)

C. Growth promotion is not conducted on every lot of (b) (4) received and data loggers are not used to document the conditions of shipping. SOP MC015, Growth Promotion Test of Microbiological Media Effective 1/13/2022 does not require growth promotion to be performed on each batch of purchased (b) (4) received. The (b) (4) is used for cleaning validation conducted from 12/7/2021 through 1/20/2022 as well as routine environmental and personnel monitoring in the ISO 5 and ISO 7 manufacturing rooms.

To date, no gram negative bacteria or yeast have been recovered at this facility and there is no growth promotion data showing that agar used at this facility can recover either gram negative bacteria or yeast.

D. ISO-5 classified areas were not adequately certified under dynamic conditions. For example:
1. The smoke study labeled ISO5 Syringes fails to incorporate all aseptic operations used in routine production that can potentially disrupt unidirectional airflow within the ISO5 laminar flow hood.
2. Smoke study ISO5 Syringes and ISO5 (b) (4) were not informative as the generated "smoke" was not robust, widespread or continuous to demonstrate airflow on your (b) (4) line or in ISO 5 laminar flow hood.
3. Your smoke study, ISO5 Syringes shows an influx of poor quality air from ISO7 Room (b) (4) into the ISO5 laminar flow hood.

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DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024 FEI NUMBER 3017473850
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Lyndon R. Leitner, CEO	
FIRM NAME Staska Pharmaceuticals, Inc.	STREET ADDRESS 742 Evergreen Dr.
CITY, STATE, ZIP CODE, COUNTRY Bennet, NE 68317	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

OBSERVATION 8

The containers of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(B). Specifically, your containers do not include the following information:

a. Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1–800–FDA–1088;

Examples of your container labels that do not contain this information:
Ascorbic Acid Inj. Solution (Preserved, Non-corn) 25,000mg/50mL (500mg/mL)

- (b) (4) Solution
- Glutathione Inj. Solution (Preservative free) 2,000mg/10mL (200mg/mL)
- Lidocaine 2% Buffered Inj. Solution (PF) 1000mg/50mL (20mg/mL)

b. Directions for use, including, as appropriate, dosage and administration.

Examples of your container labels that do not contain this information include:

- Ascorbic Acid Inj. Solution (Preserved, Non-corn) 25,000mg/50mL (500mg/mL)
- Lidocaine 2% Buffered Inj. Solution (PF) 1000mg/50mL (20mg/mL)

OBSERVATION 9

Bulk drug substances used by your outsourcing facility to compound drug products are not manufactured by an establishment that is registered under section 510 as required by section 503B(a)(2)(C).

Specifically,
The bulk drug substance, (b) (4) is manufactured by, (b) (4)., an establishment that is no longer registered under section 510 as required by section 503B(a)(2)(C).

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The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

From: DoNotReply_CDER@fda.hhs.gov
To: l.leitner@staskapharma.com
Cc: CDERCollections@fda.hhs.gov; Compounding@fda.hhs.gov; EDRLS@fda.hhs.gov
Subject: FY2025 Outsourcing Facility Acknowledgement - STASKA PHARMACEUTICALS, INC.
Date: Thursday, December 19, 2024 8:18:45 AM

Dear Human Drug Outsourcing Facility,

We have received the fiscal year (FY) 2025 establishment registration fee for STASKA PHARMACEUTICALS, INC. in the amount of $21,534.00. The payment of this fee satisfies your Annual Establishment fee for the calendar year of 2025.

Effective December 18, 2024, your facility, located at 742 Evergreen Dr, Bennet, NE 68317, will be registered as a human drug outsourcing facility and will remain registered through December 31, 2025.

For more information on the Compounding Quality Act, visit FDA's Human Drug Compounding Outsourcing Facility Fees website: https://www.fda.gov/industry/fda-user-fee-programs/human-drug-compounding-outsourcing-facility-fees.

Thank you,

Compounding Quality Act User Fee Staff
Division of User Fee Management
Office of Management
Center for Drug Evaluation and Research
CDERCollections@fda.hhs.gov

31 January 2025

Confidential: Contains Trade Secrets and Confidential Commercial Information

VIA ELECTRONIC MAIL

CDR Steven E. Porter, Jr.

Program Division Director/District Director (PDD/DD)

Division IV

US Food & Drug Administration

19701 FAIRCHILD, RM 2181

Irvine, CA 92612

ORAPharm4_responses@fda.hhs.gov

RE: FEI 3017473850, Quarterly updation to Form 483 issued 18-Sep-2024

Dear Steven E. Porter, Jr .

On September 18, 2024, Food and Drug Administration ("FDA" or the "Agency") concluded an inspection of the Staska Pharmaceuticals, Inc. ("Staska" or the "Company") facility located at 742 Evergreen Drive, Bennet, NE 68317 and issued inspectional observations on a Form FDA 483 ("FDA-483"). An amendment was added (Observation 9) on September 26, 2024. We appreciate the opportunity to provided updated response to the FDA-483.

Staska will submit a first quarterly update by 01/31/2025 and with subsequent quarterly updates to follow in April 2025, and July 2025 and as requested by FDA.

503B Facility Background

Staska is an FDA-registered 503B outsourcing facility committed to the highest standard of patient care and safety. The Company recognizes FDA's essential role in the oversight of outsourcing facilities to enhance patient safety. The Staska management team sincerely appreciates the collaborative and collegial discussions with Ms. Lisa Flores, Investigator, during this inspection and believes the corrective actions described herein demonstrate an understanding of the Agency's concerns and a commitment to continuously improve its operations.

The corrective action(s) for each inspectional observation are outlined below, preceded by FDA's observation in *italics*. For ease of reference, a summary is appended that outlines the action and timeline for each.

OBSERVATION 2:
Your firm failed to establish acceptance criteria for the sampling and testing conducted by the quality control unit that are adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release

Description:
In regards to your 100% visual inspection of finished product vials and syringes:
Your firm has not implemented a clear classification scheme for defects, including critical, major, and minor categories nor have you established rejection rates to identify atypical lots. Furthermore, there is no SOP for this process.

Response:
Staska acknowledges the importance of having written procedures that describe, justify, and document the in-process controls, tests, and examinations of each batch. CAPA/PD/018/24 (**Annexure 2.1**) was initiated on 10/04/2024 to implement significant improvements to the visual inspection program. This CAPA includes revisions to existing procedures at Staska, as well as the creation and implementation of additional procedures to ensure a robust and compliant visual inspection program.

1. Under CAPA/PD/018/24 , Staska comprehensively drafted the visual inspection program with an emphasis on establishing meaningful rejection limits based on empirical data and creating a robust defect classification system for critical, major, and minor defect categories.
    - Drafted the PD017 *Operation of Visual Inspection* SOP , provided as **Annexure 2.3** to include the following conservative approach to defect classifications and corresponding alert limits while empirical data is collected at Staska:

Defect Category	Defect Alert Limit
Critical	NMT 0.5%
Major	NMT 3%
Minor	NMT 5%
Total Rejects	NMT 8.5%

    - Document change request CCR/PD/24/035 (**Annexure 2.2**) was initiated on 10/04/2024 to enhance PD017 to include these defect classifications and alert limits, as well as other enhancements including visual inspection preparation, technique, and relevant visual aides to ensure adequate understanding and familiarity with the process.
    - SOP QC045 "*Operation of Visual Inspection Hood*" drafted to ensure specific operations are clearly outlined and implemented for the setup, maintenance, and utilization of visual inspection equipment. Provided as **Annexure 2.3**
    - New AQL procedure developed (draft) SOP PD040 provided as **Annexure 2.4** to outline requirements, sampling plans, and workflows pursuant to USP <790> and <1790>.

Annexures:

SOP PD017 *Operation of Visual Inspection* SOP *(Draft):* **Annexure 2.3**

AQL Inspection SOP PD040 (Draft): **Annexure 2.4**

OBSERVATION 3:
Employees engaged in the manufacture and processing of a drug product lack the training required to perform their assigned functions.

Description:

A. *Your firm has not implemented a clear classification scheme for defects, including critical, major, and minor categories. In addition, there is an absence of established, documented defect characterizations that detail defect size ranges, specific defect locations on containers, and where feasible, photographs of the defects to ensure consistency in defect identification during qualification visual inspections.*

B. *Your firm has not incorporated defect types routinely encountered during production into the training program. The absence of naturally occurring defects or production rejects in inspector training can limit an inspector's ability to detect actual production-related defects effectively during routine inspections.*

C. *Your firm has not established a limit for false rejection of acceptable vials during a visual inspection qualification.*

D. *There is no requirement to conduct a 360-degree visual inspection of each unit. Full rotation (360°) of the container during the container–closure defect inspection sequence is recommended for identifying small container defects such as cracks or chips.*

Response:

Staska understands the need for robust written procedures outlining the qualification criteria for visual inspection. As outlined in the response to Observation 2 above, Staska has committed to ensuring a robust visual inspection program including in-process controls, establishing meaningful trends, and ensuring a rigorous qualification program is in place. Specifically:

A. An assessment of PD017-F03 *Visual Inspection Qualification Protocol*, PD017-F04 *Visual Inspection Qualification Execution*, and PD017-F05 *Visual Inspection Qualification Report* was conducted wherein it was identified that the current qualification program at Staska requires additional development to ensure a comprehensive training program is established. As a result, CAPA/PD/018/24 (**Annexure 2.1**) will also include the creation of a personnel qualification procedure with corresponding forms and visual aids related to defect classifications to ensure consistency among operators. The qualification component of CAPA/PD/018/24 will focus not only on personnel qualifications, but also on exhibit development and qualification to establish a robust training program and consistency across operators. The framework encompasses not only updates to applicable procedures, but will establish relevant forms, master batch records associated with visual inspection, and qualification test kits. The proposed timeframe for the completion of all activities associated within the CAPA is 12-16 weeks, with all relevant updates provided in the first quarterly update scheduled for January 2025.

B. As part of CAPA/PD/018/24 for visual inspection program enhancements, the creation and establishment of an exhibit development and qualification procedure will ensure the qualification program is representative of current manufacturing operations. Staska is committed to ensuring a robust training program is in place and will draft procedures specific to the preparation and maintenance of defective units to align with routine manufacturing. In lieu of preparation, defective units may also be obtained from actual commercial production defects, assuming it is in the proper container closure and is visibly identical for inclusion into the intended set of exhibits. These practices will ensure an inspector's ability to detect actual production-related defects effectively during routine inspections.

C. During the evaluation of empirical data and trends over the next six months, a cornerstone of the proposed CAPA will be the establishment of limits for the false rejection of acceptable units during qualification activities. The data will be used to establish meaningful thresholds during qualification activities and visual inspection operations. Following evaluation into empirical data, relevant procedures related to qualification requirements and visual inspection operations will be updated as part of CAPA/PD/018/24 . The updated SOPs will establish relevant requirements for ongoing trend analyses for continuous improvement efforts and to ensure a robust process has been established to create thresholds for false rejection limits during qualification activities.

D. As part of the visual inspection program updates and qualification requirements, technique will be demonstrated and evaluated to stress the importance of proper technique, including 360-degree visual inspection of each unit. PD017 *Operation of Visual Inspection* (revision 03, effective 13-Sep-2021) will be revised to include specific verbiage on visual inspection preparation, technique, and processes with corresponding visual aides to enhance training and qualification initiatives. As an immediate corrective action, Staska has also conducted training on 09/20/2024 with visual inspection operators training sheet attached as **Annexure 3.1** on the proper technique requirements for full rotation while the comprehensive visual inspection enhancements are underway as part of CAPA/PD/018/24.

Staska made draft copies of all related Sops, qualification documents and attached as annexures below under section Annexures.

These updates, along with other self-identified areas for improvement within the visual inspection program, are targeted to become effective by 30-April-2025. Personnel training on all applicable updates to procedures, exhibits, and limits established as part of CAPA/PD/018/24 will occur prior to the effective date and those training records will be provided to FDA along with the final, approved SOPs in the April 2025 quarterly progress update.

Annexures:
SOP PD046 Operation of visual inspection booth (Draft): **Annexure 3.2**
SOP PD044 Operation of the Eye loupe (Draft): **Annexure 3.3**
SOP PD043 Molded vial defect classification (Draft): **Annexure 3.4**
SOP PD042 Visual Inspection Personnel Qualification (Draft): **Annexure 3.5**
SOP PD041 Visual inspection exhibit development and qualification (Draft): **Annexure 3.6**
SOP PD037-01 Operation of calibrated lux meter (Draft): **Annexure 3.7**

OBSERVATION 4:
Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Description:
During the filling of SP2400073, Buffered Lidocaine 1%, production technicians were observed reaching into the ISO 5 laminar flow hood past their elbows to clean the hangers for the suspension rod and placement of the settle plate. Additionally, viable air monitoring was conducted during the calibration of the repeater pump and not during routine filling.

Response:
Staska recognize the critical importance of aseptic technique in sterile drug product manufacturing. As part of CAPA/PD/010/24 (**Annexure 7.A.1**), Staska introduced enhanced processes to reduce the risk of microbiological contamination in our cleanroom areas. We implemented single-use sterile sleeves for operators when performing necessary manipulations, SOP PD045 (Sterile sleeves for aseptic compounding) effective from 01/06/2025, provided as **Annexure 4.11 and training record Annexure 4.12.** Specifically, this applies to tasks such as placing settling plates and cleaning suspension hangers within the ISO 5 laminar flow hood, where operators may reach past their elbows. Prior to reaching into the ISO 5 laminar flow hood, operators have to sanitize these sleeves using 70% IPA. This procedure aims to minimize the risk of introducing contaminants and reinforces Staska's dedication to maintaining an aseptic environment. Additionally, under CAPA/PD/010/24, Staska completed the investigation of the incident on Lot SP2400073, investigation report provided as **Annexure 4.13.**

Under the CAPA effectiveness check: Operators are evaluated for three batches by supervisor, observational checklist provided as **Annexure** 4.14

Based on the provided information and evidence of completion, Staska considers this observation closed.

Annexures:
SOP PD045 Sterile sleeves for aseptic compounding : **Annexure 4.11**
Training record: **Annexure 4.12.**
Investigation report: **Annexure 4.13.**
Investigation report attachments: **Annexure 4.13.1– 4.13.6**
Operator evaluation check list: **Annexure 4.14.1-4.14.2**

OBSERVATION 5:
Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions.

Description:
A. Your firm has not conducted a cleaning validation on product contact equipment including stainless steel mixing pots and mixing impellers to assure your cleaning process removes microbial content or chemical residues on the equipment used in your aseptic operations. Fifty-liter stainless steel pots were used in batches including but not limited to:
- *Methylcobalamin 1 mg/mL 30 mL Preserved Lot SP2400059*
- *Methylcobalamin 5 mg/mL 30 mL Preserved Lot SP2400060*
- *Buffered Lidocaine HCL 1% (10 mg/mL) Syringes Lot SP00066*
- *Buffered Lidocaine HCL 1% (10 mg/mL) Syringes Lot SP2400073*

Response:
Staska recognize the critical importance of maintaining aseptic processing areas and equipment in a manner suitable for production of sterile drug products. In direct response to this observation, Staska has initiated CAPA/PD/014/24 (**Annexure 5.A.1**) to transition to sterile single use liners and drug product-dedicated impellers to avoid cross contamination. Staska developed the procedures SOP PD045 Single use liners for stainless steel pot, provided as **Annexure 5.A.4**, to govern the use of the liners and the use and cleaning of the impellers, as well as the method for ensuring product-dedication. Upon receipt, personnel trained in their use provided as annexure 5.A.5.

Based on the provided information and evidence of completion, Staska considers this observation closed.

Annexures:
Sterile single use Liners SOP: **Annexure 5.A.4**
Training record: **Annexure 5.A.5**
Product dedicated Impeller picture: **Annexure 5.A.6**

OBSERVATION 6:
Your firm failed to establish written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Description:

A. Your firm has not performed Process Validation (PV) for finished products. You have considered performance of stability studies suitable to satisfy PV requirements. There are no documented / established written PV protocols or reports.

From 2021 until the beginning of this inspection, the firm has made 474 batches of products including but not limited to:	*Batches*
Product	
Ascorbic Acid 500 mg/mL 10 mL Syringes	*8*
Ascorbic Acid 500 mg/mL 50 mL vial	*103*

Ascorbic Acid 500 mg/mL 50 mL vial Preserved	*76*
B Complex	*11*
Buffered Lidocaine HCL 1% (10mg/mL) 10 ml syringe	*3*
Buffered Lidocaine HCL 2% (20 mg/mL) 50 mL	*126*
Buffered Lidocaine HCL 2% (20 mg/mL) Syringes	*16*
Glutathione injection (200 mg/mL)	*40*
Glutathione injection (200 mg/mL) 30 mL Preserved	*13*
Methyl Cobalamin 5 mg/mL 30 mL preserved	*15*
Methylcobalamin 1 mg/mL Preserved 30 mL vial	*20*
Methylcobalamin 25 mg/mL Preserved	*6*

Response:
Prior to the inspection, Staska had self-identified the need for performance of process validations (PVs) for finished products as an area for improvement. As part of the Annual Product Reviews (APRs) conducted at the site, recommendations were made to ensure PVs were conducted in compliance with written procedures. CAPA/PD/009/24 (**Annexure 6.A.1**) was initiated on 09/20/2024 to adequate oversight of the program, schedule the remaining PVs, and track them to completion. Under this CAPA, process validations will be performed on triplicate batches for all Staska sterile drug products. Additionally, the CAPA will track the evaluation of the current PV program under SOP QA037 process validation to ensure the process is robust in its current state. If deemed necessary, any procedural updates to SOP QA037 will be tracked and monitored under CAPA/PD/009/24.

Staska completed the first Process validation, for Buffered Lidocaine HCl 2%, 20 mg/mL 50 mL vial. Protocol as **Annexure 6.A.4,** summary report as **Annexure 6.A.5**, executions as **Annexure 6.A.6 & 7** and risk assessment as **Annexure 6.A.8**.

Staska initiated the second Process validation, for Ascorbic acid 500 mg/mL, preservative free, 50 mL vial. Waiting for third batch testing results, upon completion, a summary report will be drafted.

The target completion timelines for each drug product are noted in the table below.

Drug Product Name	**Target Date of Completion (batch #3 of triplicate PV)**
Ascorbic Acid 500 mg/mL 10 mL syringe	N/A – Product Discontinued
Buffered Lidocaine HCL 2% (20 mg/mL) 50 mL vial	**Completed**
Ascorbic Acid 500 mg/mL 50 mL vial (Preservative Free)	30 April 2025
Ascorbic Acid 500 mg/mL 50 mL vial (Preserved)	30 April 2025
B Complex 30 mL vial	30JUN2025
Buffered Lidocaine HCL 1% (10 mg/mL) 10 mL syringe	30JUN2025
Buffered Lidocaine HCL 2% (20 mg/mL) 10 mL syringe	30JUN2025
Glutathione 200 mg/mL 10 mL vial (Preservative Free)	30JUN2025
Glutathione 200 mg/mL 30 mL vial (Preserved)	30JUN2025
Methylcobalamin 5 mg/mL 30 mL vial (Preserved)	30JUN2025
Methylcobalamin 1 mg/mL 30 mL vial (Preserved)	30JUN2025
Methylcobalamin 25 mg/mL 3 mL syringe	N/A – Product Discontinued

The overall target completion timeline for this CAPA is 30JUN2025. Training conducted with relevant personnel, training record provided as **Annexure 6.A.9.** with updates to the FDA on a quarterly basis. Updates will include the summary reports for the completed PVs and status updates for the in-process activities.

Annexures:
Process Validation Protocol: **Annexure 6.A.4**
Summary report: **Annexure 6.A.5**
Record of Observations (Execution) : **Annexure 6.A.6.**
Risk assessment: **Annexure 6.A.7**
Training record: **Annexure 6.A.8**

B. *An unapproved ingredient, Hydrochloric acid, that was not part of the approved formulation, batch record, or product label was added to the following batches:*
- *Batch SP2300004, Ascorbic Acid Preserved BUD: 07/07/2023*
- *Batch SP2300076, Methylcobalamin 25 mg/mL BUD: 10/21/2023*
- *Batch SP2400007, Methylcobalamin 25 mg/mL BUD: 06/30/2024*

Response:
Staska understands the importance of documenting critical details of the production process, including the components used in each batch. In response to this observation, Staska has initiated CAPA/PD/016/24 to make procedural changes, perform a gap analysis of all drug product batch manufacturing records (BMRs) and drug product labeling, and make revisions where necessary to ensure compliance. Specifically, CAPA/PD/016/24 includes the following action items:

- Performed a gap analysis across all drug products to identify all master batch production records and product labeling that requires revision to comply with the revised SOPs. Gap analysis report attached as **Annexure 6.B.12.**

- Attached the revised master batch records and labels as follows:
  Ascorbic Acid 500 mg/mL 50 mL Preservative free (PF) Injection as annexure 6.B.13
  Buffered lidocaine HCl, 2% 20 mg/mL, 50 mL injection as annexure 6.B.14
  Glutathione Injection 2000 mg/mL, 10 mL (200 mg/mL), Preservative free, as annexure 6.B.15
  Glutathione Injection 200 mg/mL, 30 mL Preserved, as annexure 6.B.16
  Isosulfane Blue 1% 10 mg/mL Injection Preservative free, as annexure 6.B.17
  Dexpanthenol 250 mg/mL, 30 mL Preserved Injection, as annexure 6.B.18
  All presentations of Methylcobalamin 25 mg/mL have been discontinued, therefore no changes were required for that drug product.

Based on the provided information and evidence of completion, Staska considers this observation closed.

Annexures :
Training record **: Annexure 6.B.11**
Gap analysis report: **Annexure 6.B.12**

Revised BMR and label for Ascorbic Acid 500 mg/mL 50 mL vial (Preservative free)**: Annexure 6.B.13.**

Revised BMR and label for Buffered lidocaine HCl, 2% 20 mg/mL, 50 mL injection: **Annexure 6.B.14**

Revised BMR and label Glutathione Injection 2000 mg/ 10 mL (200 mg/mL), Preservative free: **Annexure 6.B.15.**

Revised BMR and label for Glutathione Injection 200 mg/mL, 30 mL Preserved: **Annexure 6.B.16.**

Revised BMR and label for Isosulfane Blue 1% 10 mg/mL Injection Preservative free: **Annexure 6.B.17.**

C. *Hold times for in-process bulk material have not been established or validated. For example:*
- *Batch SP2300187 Ascorbic Acid Preserved BUD: 05/24/2024 – bulk solution was covered and held for 20 hours due to a "stuck syringe" on the automated filling line.*
- *Batch SP2300014 Ascorbic Acid Preserved BUD: 08/02/2024 – bulk solution was covered and held for 16.5 hours due to a "stuck syringe" on the automated filling line.*

Response:
Staska understands the importance of establishing adequate hold times for in-process bulk material. As an immediate corrective action, Staska initiated a hold time study protocol for Ascorbic Acid Preserved 500 mg/mL bulk solution on 10/01/2024. The approved study protocol is provided as **Annexure 6.C.5**, the execution record is provided as **Annexure 6.C.6** and Summary Report as **Annexure 6.C.7**.

Based on the provided information and evidence of completion, Staska considers this observation closed.

Annexures:
Hold time study protocol: **Annexure 6.C.5.**
Hold time study execution : **Annexure 6.C.6.**
Summary report: **Annexure 6.C.7.**
Raw data: **Annexure 6.C.8.1 to 6.C.8.3**

OBSERVATION 7:
Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established or followed.

Description:
A. Your aseptic personnel practices and interventions are not scientifically justified or documented.
1. *Corrective and inherent interventions are not documented in your batch record.*
2. *You do not document the amount of time each operator participates in or the activities they perform as part of the media fill for the automated fill line.*
3. *Interventions performed during media fills do not reflect routine production*

Response:
Staska understands the importance of implementing a robust program for aseptic process qualification. In response to this observation, CAPA/PD/010/24 (**Annexure 7.A.1**) has been initiated to perform a comprehensive overhaul of the media fill program, the following action items have been implemented:
- Media fill master protocol developed to ensure that the methodology, rationale, and documentation meet industry standards. The program will be designed to adequately simulate worst-case production conditions, including performance of inherent and corrective interventions and documentation thereof. Additionally, media fill will be required to be performed under an approved written protocol and a summary report generated following execution.
- Training will be imparted for concern personnel.

The overall target completion timeline for this CAPA is 30JUN2025. updates to the FDA on a quarterly basis. Updates will include media fill protocol, summary report and media fill BMR.

Annexures:
Master media fill protocol (Draft): **Annexure 7.A.2.**

D. ISO-5 classified areas were not adequately certified under dynamic conditions. For example:

1. *The smoke study labeled ISO5 Syringes fails to incorporate all aseptic operations used in routine production that can potentially disrupt unidirectional airflow within the ISO5 laminar flow hood.*
2. *Smoke study ISO5 Syringes and ISO5 Automation were not informative as the generated "smoke" was not robust, widespread or continuous to demonstrate airflow on your automated line or in ISO 5 laminar flow hood.*
3. *Your smoke study, ISO5 Syringes shows an influx of poor-quality air from ISO7 Room A into the ISO5 laminar flow hood.* Smoke study video attached.

Response:

The current smoke study procedure addressed all comments by the FDA. Specifically, CAPA/PD/010/24 (**Annexure 7.A.1**) was opened on 10/04/2024 and includes a complete overhaul of the current process to revise applicable procedures and describe, in detail, SOP QA043 "Smoke study" provided as **Annexure 7.D.1.** The CAPA activities first focused on establishing protocols outlying dynamic condition requirements, frequencies, and acceptance criteria for conducting smoke studies. Smoke studies executed under the new procedure and met the acceptance criteria defined in the SOP QA043 "Smoke study".
The smoke study covered the all-aseptic operations used in routine production that can potentially disrupt unidirectional airflow within the ISO5 laminar flow hood. Smoke study video attached.

The smoke study recently conducted was informative as the generated "smoke" was robust, widespread or continuous to demonstrate airflow in ISO 5 laminar flow hood and in automated line .

As part of investigation into the minor influx of ISO 7 air into the ISO 5 hood, we identified that the issue was caused by improper placement of a bag within the critical work area. Specifically, the bag was not hung perpendicular to the rear plenum, which disrupted the unidirectional airflow and allowed a small amount of ISO 7 air to enter the ISO5 environment. Training imparted to all operators; training record provided as Annexure 7.D.6.

Based on the provided information and evidence of completion, Staska considers this observation closed

Annexures:

SOP QA043 "Smoke study" : **Annexure 7.D.1**
personnel training sheet: **Annexure 7.D.2**
Check list for smoke study: **Annexure 7.D.3**
Smoke study video: **Annexure 7.D.4**
Investigative Airflow Visualization study video: **Annexure 7.D.5**
Training record**: Annexure 7.D.6**

Conclusion

In closing, Staska appreciates the opportunity to demonstrate its willingness and ability to comply with all requirements and expectations for 503B outsourcing facilities by completing the corrective actions described herein. Staska is hopeful that continued collaborative and open dialogue can occur and welcomes the Agency's feedback on these planned corrective actions. The following page summarizes the actions and timelines for completion, with follow-up with the Agency to occur quarterly update in April 2025 through completion of all items.

Sincerely,

01/31/2025

BALA NAGRAJU KONDEPU, (QUALITY DIRECTOR)

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Summary of Actions with Timelines for Completion

Observation	Corrective Action Reference	Target Completion
2, 3	CAPA/PD/018/24	30-April-2025
6.A	CAPA/PD/009/24	30-Jun-2025
7.A	CAPA/PD/010/24	30-Jun-2025

List of Annexures

Annexure	Description
2.3	SOP PD017 Operation of Visual Inspection SOP (Draft)
2.4	AQL Inspection SOP PD040 (Draft)
3.2	SOP PD046 Operation of visual inspection booth (Draft)
3.3	SOP PD044 Operation of the Eye loupe (Draft)
3.4	SOP PD043 Molded vial defect classification (Draft)
3.5	SOP PD042 Visual Inspection Personnel Qualification (Draft)
3.6	SOP PD041 Visual inspection exhibit development and qualification (Draft)
3.7	SOP PD037-01 Operation of calibrated lux meter (Draft)
4.11	SOP QA044 Sterile sleeves for aseptic compounding
4.12	Training record
4.13	Investigation report
4.13.1	SOP MC010-07 and training record
4.13.2	SOP QA044 Sterile sleeves for aseptic compounding
4.13.3	EM report SP2400073
4.13.4	EM report SP2400079
4.13.5.1	EM report SP2400056
4.13.5.2	EM report SP2400055
4.13.5.3	EM report SP2400066
4.13.5.4	EM report SP2400070
4.13.5.5	EM report SP2400071
4.13.6	Finished product COAs of SP2400055, SP2400056, SP2400066, SP2400070, SP2400071, SP2400073 and SP2400079.
4.14.1	Operator evaluation check list microbiologist (Ethan Young)
4.14.2	Operator evaluation check list microbiologist (Alec ward)
5.A.4	SOP PD045 Sterile single use Liners for stainless steel pot
5.A.5	Training record of SOP PD045
5.A.6	Product dedicated Impeller picture
6.A.4	Process Validation Protocol
6.A.5	Summary report
6.A.6	Record of Observations (Execution)
6.A.7	Risk assessment
6.A.8	Training record

Annexure	Description
6.B.11	Training record
6.B.12	Gap analysis report
6.B.13	Revised BMR and label for Ascorbic Acid 500 mg/mL 50 mL vial (Preservative free)
6.B.14	Revised BMR and label for Buffered lidocaine HCl, 2% 20 mg/mL, 50 mL injection
6.B.15	Revised BMR and label Glutathione Injection 2000 mg/ 10 mL (200 mg/mL), Preservative free
6.B.16	Revised BMR and label for Glutathione Injection 200 mg/mL, 30 mL Preserved
6.B.17	Revised BMR and label for Isosulfane Blue 1% 10 mg/mL Injection Preservative free
6.C.5	Hold time study protocol
6.C.6	Hold time study execution
6.C.7	Summary report
7.A.2	Master media fill protocol (Draft)
7.D.1	SOP QA043 "Smoke study"
7.D.2	personnel training sheet
7.D.3	Check list for smoke study
7.D.4	Smoke study video
7.D.5	Investigative Airflow Visualization study video
7.D.6	Training record

18 October 2024

Confidential: Contains Trade Secrets and Confidential Commercial Information

VIA ELECTRONIC MAIL

CDR Steven E. Porter, Jr.

Program Division Director/District Director (PDD/DD)

Division IV

US Food & Drug Administration

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Irvine, CA 92612

ORAPharm4_responses@fda.hhs.gov

RE: FEI 3017473850, Response to Form 483 issued 18-Sep-2024

Dear Steven E. Porter, Jr .

On September 18, 2024, Food and Drug Administration ("FDA" or the "Agency") concluded an inspection of the Staska Pharmaceuticals, Inc. ("Staska" or the "Company") facility located at 742 Evergreen Drive, Bennet, NE 68317 and issued inspectional observations on a Form FDA 483 ("FDA-483"). An amendment was added (Observation 9) on September 26, 2024. We appreciate the opportunity to provide Staska's initial response to the FDA-483. Staska will submit a full progress update by 10/17/2024 and with subsequent quarterly updates to follow in January 2025, April 2025, and July 2025 and as requested by FDA.

503B Facility Background

Staska is an FDA-registered 503B outsourcing facility committed to the highest standard of patient care and safety. The Company recognizes FDA's essential role in the oversight of outsourcing facilities to enhance patient safety. The Staska management team sincerely appreciates the collaborative and collegial discussions with Ms. Lisa Flores, Investigator, during this inspection and believes the corrective actions described herein demonstrate an understanding of the Agency's concerns and a commitment to continuously improve its operations.

The corrective action(s) for each inspectional observation are outlined below, preceded by FDA's observation in *italics*. For ease of reference, a summary is appended that outlines the action and timeline for each.

OBSERVATION 1

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Description:

During your firm's visual inspection of Buffered Lidocaine HCl USP 2% 20mg/mL, 50mL Vials for injection Lot SP2200092, MFG 08/30/2022, 924 vials were rejected due to defects including particles, package defects, sealing defects and abnormal fill volume. Deviation DR/PD/22/09/004 determined the root cause for the defects was contamination and damage incurred during transportation. However, the investigation wasn't expanded to determine if other lots using Lot YF652003 were affected. CAPAs included vacuum-sealing vials to prevent rattling and post-cleaning inspections by the vial manufacturer. The batch was rejected but no CAPA's were implemented by your firm, and no effectiveness check was conducted. A second deviation occurred on July 19, 2024.

Response:

Staska would like to clarify that the correct lot number of the vials referenced above was YFGS2003, not YF652003.

Staska acknowledges the concern regarding unexpected particles/particulates in vials and recognizes that the documentation of these investigations was inadequate. Furthermore, Staska understands that deviation investigations must be supported by scientific data and formalized in written procedure to ensure consistency and compliance. The vial lot number had not been previously used for any other drug product batches prior to Lot SP2200092; thus, there were no other batches to which the investigation could be expanded. DR/PD/22/09/004 was believed to be an isolated incident impacting only a portion of the vial lot received as the remaining vials were destructed.

Nonetheless, out of an abundance of caution, Staska implemented corrective actions with the vial supplier and recognizes critical importance of documenting and tracking the effectiveness of these actions. Document the previously implemented corrective actions and assess their effectiveness, including the following action items:

- Vacuum-sealing of vials to prevent damage during transit was implemented on 10/01/2022. A photograph of the vacuum-sealed vials is provided as **Annexure 1.1**.
- Post-cleaning inspections by the vial manufacturer were implemented on 10/01/2022. An example of the inspection records is provided as **Annexure 1.2**.
- Performed a retrospective analysis of visual inspection data for the five batches produced since the implementation of the supplier corrective actions and an five batches produced prior to those corrective actions. No glass particles identified for all 10 batches. Visual inspection sheets of 10 batches attached as **Annexure 1.3**. Staska implemented below new processes are adequately effective in preventing vial particulates.
- Implemented a new SOP, *PD039 Visual Inspection of Incoming Vials* (Annexure 1.11), to formalize the process to inspect and approve incoming vials prior to use in sterile drug production. This SOP includes in-house testing of vials for particulates, established reject limits for defect in testing and incoming inspection, and the requirement to keep one (1) full tray of vials unused as a retain for each vial lot. This procedure is provided as **Annexure 1.11**; personnel training on this procedure is provided as **Annexure 1.12**

SOP QA019-01 *CAPA* and QA019-F02-00 *CAPA Form* were revised through change control CCR/QA/24/033 to include the CAPA effectiveness check. These revised documents are provided as **Annexure 1.4**. Personnel training on the new forms occurred on 10/04/2024 and those training records are provided as **Annexure 1.5**. and change control attached as **Annexure 1.6.**

Annexures:

Photo of vacuum sealed vials: **Annexure 1.1**
Post inspection work sheets: **Annexure 1.2**
Preceding and succeeding batches visual inspection sheets**: Annexure 1.3**
Revise SOP QA019-02 and CAPA form: **Annexure 1.4**
Training records: **Annexure 1.5**

Change control: **Annexure 1.6**

During your firm's visual inspection of Ascorbic Acid 500mg/mL 50mL Vials for sterile injection Lot SP2400058, BUD 12/31/2024, you initially identified 1,494 vials containing glass particles. As a result, deviation DR/PD/24/07/006 was initiated. After testing Amber Vials Lot 017634, the root cause was identified as glass contamination. However, the other three amber vial lots used in filling batch SP2400058 were not tested and the investigation was not expanded to determine if Lots 017628, 017632, 017633 & 017634 were affected. CAPAs included implementing an in-house testing procedure to test for particles prior to approval of the vials. No effectiveness check was conducted. The testing procedure has been implemented practically but the SOP remains in the draft phase. Additionally, since there are no established limits or rejection rates for defects identified during the visual inspection process, 4,775 vials of Ascorbic Acid 500mg/mL 50mL Vials for injection Lot SP2400058, BUD 12/31/2024 were released and distributed.

Staska understands the importance of fully investigating this deviation and assessing the potential impact to other drug product batches and evaluating potential patient safety concerns.

Vial lot 017628 was also used for drug product batches SP2400052 and SP2400054. No visible glass particles were identified during visual inspection (VI); those VI records are attached as **Annexures 1.7** and **1.8**. No vials remained for vial lots 017632 and 017633, so Staska could not check for any glass particulates in empty vials from those lots.

- To date, no complaints or adverse drug events have been reported for the identified drug product lots.
- As an immediate corrective action, three lots of vials (Lot numbers 018326, 018327, and 018328) were inspected, and no visible particles were identified during visual inspection (Annexure 1.9). These three lots were used for drug product batches <SP2400076> and <SP2400078>, and no visible particles were identified in those batches (Annexure 1.10). Based on the visual inspection results of both empty vials and drug product batches, it was concluded that the CAPA was effective.
- Staska has implemented a new SOP, PD039, "Visual Inspection of Incoming Vials" (Annexure 1.11), to formalize the process for inspecting and approving incoming vials prior to use in sterile drug production. This SOP includes:
    - In-house testing of vials for particulates.
    - Established reject limits for defects in testing and incoming inspections.
    - A requirement to retain one full tray of vials from each vial lot.
- This procedure is attached as Annexure 1.11, and personnel training records are provided as Annexure 1.12.
- Visual inspection data for three preceding and three succeeding batches has been reviewed, and no glass particles were identified (Annexure 1.13). This inspection covered six batches.
- **Batch number SP2400058 has been recalled,** even though no complaints or adverse drug events have been reported**.**

CAPA effectiveness check:
Six lots of recently received empty vials were tested for particles in accordance with SOP PD039. No particles were identified. Testing sheets are attached as Annexures 1.14, 1.15, 1.16, 1.17, 1.18, and 1.19.

Annexures:
Visual inspection records for batch number SP2400052: **Annexure 1.7**
Visual inspection records for batch number SP2400054: **Annexure 1.8**
Visual inspection record for empty vials (Lot numbers: 018323, 018324, and 018326): **Annexure 1.9**

Visual inspection record for drug product (Batch numbers: SP2400076 and SP2400078): **Annexure 1.10**
SOP PD039 Visual Inspection of Incoming Vials: **Annexure 1.11.**
Personnel training, SOP PD039: **Annexure 1.12.**
Preceding and succeeding batches visual inspection data: **Annexure 1.13.**
Empty vials lot# 019216 visual inspection test record: **Annexure 1.14.**
Empty vials lot# 019217 visual inspection test record: **Annexure 1.15.**
Empty vials lot# 019218 visual inspection test record: **Annexure 1.16.**
Empty vials lot# 019219 visual inspection test record: **Annexure 1.17.**
Empty vials lot# 019220 visual inspection test record: **Annexure 1.18.**
Empty vials lot# 019221 visual inspection test record: **Annexure 1.19.**

OBSERVATION 2:
Your firm failed to establish acceptance criteria for the sampling and testing conducted by the quality control unit that are adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release

Description:
In regards to your 100% visual inspection of finished product vials and syringes:
Your firm has not implemented a clear classification scheme for defects, including critical, major, and minor categories nor have you established rejection rates to identify atypical lots. Furthermore, there is no SOP for this process.

Response:
Staska acknowledges the importance of having written procedures that describe, justify, and document the in-process controls, tests, and examinations of each batch. CAPA/PD/018/24 (**Annexure 2.1**) was initiated on 10/04/2024 to implement significant improvements to the visual inspection program. This CAPA includes revisions to existing procedures at Staska, as well as the creation and implementation of additional procedures to ensure a robust and compliant visual inspection program.

1. Under CAPA/PD/018/24 , Staska will comprehensively review and evaluate the current visual inspection program with an emphasis on establishing meaningful rejection limits based on empirical data and creating a robust defect classification system for critical, major, and minor defect categories.
    - PD017 *Operation of Visual Inspection* (revision 03, effective 13-Sep-2021) will be revised to include the following conservative approach to defect classifications and corresponding alert limits while empirical data is collected at Staska:

Defect Category	Defect Alert Limit
Critical	NMT 0.5%
Major	NMT 3%
Minor	NMT 5%
Total Rejects	NMT 8.5%

    - Further, should any of these alert limits be exceeded during visual inspection operations, Staska shall initiate an investigation into the non-conformance to adequately address any unexplained discrepancy in accordance with PD017 Operation of Visual Inspection.
    - Document change request CCR/PD/24/035 (**Annexure 2.2**) was initiated on 10/04/2024 to enhance PD017 to include these defect classifications and alert limits, as well as other enhancements including visual inspection preparation, technique, and relevant visual aides to ensure adequate understanding and familiarity with the process.
    - This CAPA will also effectively track the updates to QC045 "*Operation of Visual Inspection Hood*" (revision 01, effective 15-Apr-2024) to ensure specific operations

are clearly outlined and implemented for the setup, maintenance, and utilization of visual inspection equipment.

- CAPA/PD/018/24 includes the creation of a new AQL procedure to outline requirements, sampling plans, and workflows pursuant to USP <790> and <1790>.

CAPA/PD/018/24 is targeted for completion 31-Jan-2025 and an update will be provided to FDA in the January 2025 progress update.

Annexures:

CAPA/PD/018/24 : **Annexure 2.1**

CCR/PD/24/035 (draft): **Annexure 2.2**

OBSERVATION 3:

Employees engaged in the manufacture and processing of a drug product lack the training required to perform their assigned functions.

Description:

A. *Your firm has not implemented a clear classification scheme for defects, including critical, major, and minor categories. In addition, there is an absence of established, documented defect characterizations that detail defect size ranges, specific defect locations on containers, and where feasible, photographs of the defects to ensure consistency in defect identification during qualification visual inspections.*

B. *Your firm has not incorporated defect types routinely encountered during production into the training program. The absence of naturally occurring defects or production rejects in inspector training can limit an inspector's ability to detect actual production-related defects effectively during routine inspections.*

C. *Your firm has not established a limit for false rejection of acceptable vials during a visual inspection qualification.*

D. *There is no requirement to conduct a 360-degree visual inspection of each unit. Full rotation (360°) of the container during the container–closure defect inspection sequence is recommended for identifying small container defects such as cracks or chips.*

Response:

Staska understands the need for robust written procedures outlining the qualification criteria for visual inspection. As outlined in the response to Observation 2 above, Staska has committed to ensuring a robust visual inspection program including in-process controls, establishing meaningful trends, and ensuring a rigorous qualification program is in place. Specifically:

A. An assessment of PD017-F03 *Visual Inspection Qualification Protocol*, PD017-F04 *Visual Inspection Qualification Execution*, and PD017-F05 *Visual Inspection Qualification Report* was conducted wherein it was identified that the current qualification program at Staska requires additional development to ensure a comprehensive training program is established. As a result, CAPA/PD/018/24 (**Annexure 2.1**) will also include the creation of a personnel qualification procedure with corresponding forms and visual aids related to defect classifications to ensure consistency among operators. The qualification component of CAPA/PD/018/24 will focus not only on personnel qualifications, but also on exhibit development and qualification to establish a robust training program and consistency across operators. The framework encompasses not only updates to applicable procedures, but will establish relevant forms, master batch records associated with visual inspection, and qualification test kits. The proposed timeframe for the completion of all activities associated within the CAPA is 12-16 weeks, with all relevant updates provided in the first quarterly update scheduled for January 2025.

B. As part of CAPA/PD/018/24 for visual inspection program enhancements, the creation and establishment of an exhibit development and qualification procedure will ensure the qualification program is representative of current manufacturing operations. Staska is committed to ensuring a robust training program is in place and will draft procedures specific to the preparation and maintenance of defective units to align with routine manufacturing. In

lieu of preparation, defective units may also be obtained from actual commercial production defects, assuming it is in the proper container closure and is visibly identical for inclusion into the intended set of exhibits. These practices will ensure an inspector's ability to detect actual production-related defects effectively during routine inspections.

C. During the evaluation of empirical data and trends over the next six months, a cornerstone of the proposed CAPA will be the establishment of limits for the false rejection of acceptable units during qualification activities. The data will be used to establish meaningful thresholds during qualification activities and visual inspection operations. Following evaluation into empirical data, relevant procedures related to qualification requirements and visual inspection operations will be updated as part of CAPA/PD/018/24 . The updated SOPs will establish relevant requirements for ongoing trend analyses for continuous improvement efforts and to ensure a robust process has been established to create thresholds for false rejection limits during qualification activities.

D. As part of the visual inspection program updates and qualification requirements, technique will be demonstrated and evaluated to stress the importance of proper technique, including 360-degree visual inspection of each unit. PD017 *Operation of Visual Inspection* (revision 03, effective 13-Sep-2021) will be revised to include specific verbiage on visual inspection preparation, technique, and processes with corresponding visual aides to enhance training and qualification initiatives. As an immediate corrective action, Staska has also conducted training on 09/20/2024 with visual inspection operators training sheet attached as **Annexure 3.1** on the proper technique requirements for full rotation while the comprehensive visual inspection enhancements are underway as part of CAPA/PD/018/24.

These updates, along with other self-identified areas for improvement within the visual inspection program, are targeted to become effective by 31-Jan-2025. Personnel training on all applicable updates to procedures, exhibits, and limits established as part of CAPA/PD/018/24 will occur prior to the effective date and those training records will be provided to FDA along with the final, approved SOPs in the January 2025 quarterly progress update.

Annexures:
Training of VI operators: **Annexure 3.1**

OBSERVATION 4:
Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Description:
According to SOP MC010, Environmental Monitoring, Rev 06, microbial contamination recovery limits for the elbows or gowning elements of operators are set at Alert: NA and Action: 4 CFU, while the limit for hands or gloves entering the Grade A area is Action < 1 CFU. However, when operators conduct interventions in which they open the RAB door, both their elbows and hands/gloves enter the ISO 5 area.

Response:
Staska understands the importance of having a robust environmental monitoring program to monitor the sterile drug manufacturing environment. In direct response to this observation, Staska has completed the following:

- Using the change control process, removed personnel monitoring from SOP MC010, *Environmental Monitoring*, and drafted a new SOP MC028 Aseptic Filling Room Personnel Monitoring (provided as **Annexure 4.1**). In this new SOP, the limit for all ISO 5 gowning samples was set to < 1 CFU. Sampling points for gowning include the forehead, chest, right elbow, left elbow, and gloved fingertips.
- Conducted training on the revised and new SOP on 01OCT2024 to production, IPQA and Microbiologist (records provided as **Annexure 4.2**).

- Perform a comprehensive, retrospective review of all personnel monitoring data 2024 YTD (**Annexure 4.3**) to assess potential impact on previously produced drug products. The review found there was no growth (zero CFU) on any personnel sampling point in 2024, thus it was determined there was no quality impact on any drug product batches produced and remaining within expiry (**Annexure 4.4**).

Based on the provided information and evidence of completion, Staska considers this observation closed.

Annexures:
SOP MC028 Aseptic filling room personnel monitoring: **Annexure 4.1**
Training record on MC028 Aseptic Filling Room Personnel Monitoring: **Annexure 4.2.**
Personnel Monitoring Trend Data 2024: **Annexure 4.3.**
Retrospective Personnel Monitoring Data Review Summary: **Annexure 4.4.**

During the filling of SP2400073, Buffered Lidocaine 1%, production technicians were observed reaching into the ISO 5 laminar flow hood past their elbows to clean the hangers for the suspension rod and placement of the settle plate. Additionally, viable air monitoring was conducted during the calibration of the repeater pump and not during routine filling.

Response:
Staska recognize the critical importance of aseptic technique in sterile drug product manufacturing. As part of CAPA/PD/010/24 (**Annexure 7.A.1**), Staska will introduce enhanced processes to reduce the risk of microbiological contamination in our cleanroom areas. We will implement single-use sterile sleeves for operators when performing necessary manipulations. Specifically, this applies to tasks such as placing settling plates and cleaning suspension hangers within the ISO 5 laminar flow hood, where operators may reach past their elbows. Prior to reaching into the ISO 5 laminar flow hood, operators will sanitize these sleeves using 70% IPA. This new procedure aims to minimize the risk of introducing contaminants and reinforces Staska's dedication to maintaining an aseptic environment. Additionally, under CAPA/PD/010/24, we will initiate a retrospective investigation to evaluate the impact of the incident on Lot SP2400073 before batch release.

Additionally, SOP MC010 *Environmental Monitoring* was updated to Version 07 and made effective on 10/01/2024. In the revised procedure, the viable air sampling frequency was increased from one time to three times, specifically that monitoring is required at the beginning, middle, and end of filling or operation. The revised SOP is provided as **Annexure 4.5** and the training records for that procedure are provided as **Annexure 4.6**.

Under the CAPA effectiveness check: We verified the environmental monitoring data for three batches—SP2400076, SP2400077, and SP2400078—subsequent to the implementation of increased monitoring frequency. The EM data is attached as Annexures 4.8, 4.9, and 4.10.

CAPA/PD/010/24 is targeted for completion on 12/10/2024 and Staska will provide quarterly updates to FDA through CAPA closure.

Annexures:
SOP MC010 *Environmental Monitoring*, Version 07: **Annexure 4.5**
Training record: **Annexure 4.6.**
Change Control: **Annexure 4.7.**
Environmental monitoring data SP2400076: **Annexure 4.8**
Environmental monitoring data SP2400077: **Annexure 4.9.**
Environmental monitoring data SP2400078: **Annexure 4.10.**

OBSERVATION 5:
Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions.
Description:
A. Your firm has not conducted a cleaning validation on product contact equipment including stainless steel mixing pots and mixing impellers to assure your cleaning process removes microbial content or chemical residues on the equipment used in your aseptic operations. Fifty-liter stainless steel pots were used in batches including but not limited to:
- *Methylcobalamin 1 mg/mL 30 mL Preserved Lot SP2400059*
- *Methylcobalamin 5 mg/mL 30 mL Preserved Lot SP2400060*
- *Buffered Lidocaine HCL 1% (10 mg/mL) Syringes Lot SP00066*
- *Buffered Lidocaine HCL 1% (10 mg/mL) Syringes Lot SP2400073*

Response:
Staska recognize the critical importance of maintaining aseptic processing areas and equipment in a manner suitable for production of sterile drug products. In direct response to this observation, Staska has initiated CAPA/PD/014/24 (**Annexure 5.A.1**) to transition to sterile single use liners and drug product-dedicated impellers to avoid cross contamination. These materials are currently on order (**Annexures 5.A.2** and **5.A.3**) and Staska is in the process of revising existing and drafting new procedures to govern the use of the liners and the use and cleaning of the impellers, as well as the method for ensuring product-dedication. Upon receipt, personnel will be trained in their use.

The new materials are expected to be received by Staska in December 2024 and the target completion timeline for CAPA/PD/014/24 is 12/04/2024. An update will be provided in the January 2025 update to FDA.

Annexures:
CAPA/PD/014/24 : **Annexure 5.A.1**
Sterile single use Liners Purchase order: **Annexure 5.A.2**
Impellers Purchase order: **Annexure 5.A.3**

B. The wet contact times specified in SOP PD016 Cleaning, Disinfection of ISO 5, ISO 7, ISO 8 Areas and Equipment, Rev 5 for cleaners and disinfectants are not consistently being met. During cleaning and disinfection of Room G (ISO 8) on 09/09/2024, Room A (ISO 7) on 09/09/2024 and left laminar flow hood (ISO 5) on 09/09/2024, the established one-minute wet contact time for Contec Healthcare Sterile 70% Isopropanol was not met.

Response:
Staska understands the importance of maintaining aseptic processing areas and equipment in a manner suitable for production of sterile drug products. In response to this observation, Staska performed a comprehensive review SOP PD016 *Cleaning, Disinfection of ISO 5, ISO 7, ISO 8 Areas and Equipment* and of master batch manufacturing records. Both clearly have the dwell or wet contact times defined; however, Staska noted that personnel did not have adequate resources to measure these contact times while in the classified suite. On 10/04/2024, timers were installed in all ISO classified rooms; SOP PD016 was revised to included instructions for using the timers and mandating that the timer must be set immediately after applying of disinfectants or cleaning agents. The revised SOP is provided as **Annexure 5.B.1**, photographs of the timers are provided as **Annexure 5.B.2**, and training records for personnel are provided as **Annexure 5.B.3**.

Based on the provided information and evidence of completion, Staska considers this observation closed.

Annexures:
SOP PD016 Cleaning and Disinfection of ISO-5, ISO-7, ISO-8 Areas and Equipment: **Annexure 5.B.1**
Timer photos: **Annexure 5.B.2.**

SOP training sheet: **Annexure 5.B.3.**
Change control: **Annexure 5.B.4.**

OBSERVATION 6:
Your firm failed to establish written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Description:

A. *Your firm has not performed Process Validation (PV) for finished products. You have considered performance of stability studies suitable to satisfy PV requirements. There are no documented / established written PV protocols or reports.*

From 2021 until the beginning of this inspection, the firm has made 474 batches of products including but not limited to:	*Batches*
Product	
Ascorbic Acid 500 mg/mL 10 mL Syringes	*8*
Ascorbic Acid 500 mg/mL 50 mL vial	*103*
Ascorbic Acid 500 mg/mL 50 mL vial Preserved	*76*
B Complex	*11*
Buffered Lidocaine HCL 1% (10mg/mL) 10 ml syringe	*3*
Buffered Lidocaine HCL 2% (20 mg/mL) 50 mL	*126*
Buffered Lidocaine HCL 2% (20 mg/mL) Syringes	*16*
Glutathione injection (200 mg/mL)	*40*
Glutathione injection (200 mg/mL) 30 mL Preserved	*13*
Methyl Cobalamin 5 mg/mL 30 mL preserved	*15*
Methylcobalamin 1 mg/mL Preserved 30 mL vial	*20*
Methylcobalamin 25 mg/mL Preserved	*6*

Response:

Prior to the inspection, Staska had self-identified the need for performance of process validations (PVs) for finished products as an area for improvement. As part of the Annual Product Reviews (APRs) conducted at the site, recommendations were made to ensure PVs were conducted in compliance with written procedures. CAPA/PD/009/24 (**Annexure 6.A.1**) was initiated on 09/20/2024 to adequate oversight of the program, schedule the remaining PVs, and track them to completion. Under this CAPA, process validations will be performed on triplicate batches for all Staska sterile drug products. Additionally, the CAPA will track the evaluation of the current PV program under SOP QA037 process validation to ensure the process is robust in its current state. If deemed necessary, any procedural updates to SOP QA037 will be tracked and monitored under CAPA/PD/009/24. The corresponding *Master Process Validation Protocol* and *Record of Observations (Execution)* are attached as **Annexures 6.A.2** & **6.A.3.** Staska will initiate the first PV, for Buffered Lidocaine HCl 2%, 20 mg/mL 50 mL vial, in November 2024. Upon completion, a summary report will be drafted. The target completion timelines for each drug product are noted in the table below.

Drug Product Name	Target Date of Completion (batch #3 of triplicate PV)
Ascorbic Acid 500 mg/mL 10 mL syringe	N/A – Product Discontinued
Ascorbic Acid 500 mg/mL 50 mL vial (Preservative Free)	31-Jan-2025
Ascorbic Acid 500 mg/mL 50 mL vial (Preserved)	31-Jan-2025
B Complex 30 mL vial	30JUN2025
Buffered Lidocaine HCL 1% (10 mg/mL) 10 mL syringe	30JUN2025
Buffered Lidocaine HCL 2% (20 mg/mL) 50 mL vial	November 2024

Buffered Lidocaine HCL 2% (20 mg/mL) 10 mL syringe	30JUN2025
Glutathione 200 mg/mL 10 mL vial (Preservative Free)	30JUN2025
Glutathione 200 mg/mL 30 mL vial (Preserved)	30JUN2025
Methylcobalamin 5 mg/mL 30 mL vial (Preserved)	30JUN2025
Methylcobalamin 1 mg/mL 30 mL vial (Preserved)	30JUN2025
Methylcobalamin 25 mg/mL 3 mL syringe	N/A – Product Discontinued

The overall target completion timeline for this CAPA is 30JUN2025. Applicable training will be conducted with relevant personnel and captured via CAPA/PD/009/24 with updates to the FDA on a quarterly basis. Updates will include the summary reports for the completed PVs and status updates for the in-process activities.

Annexures:
CAPA/PD/009/24 for Process Validations: **Annexure 6.A.1**
Master Process Validation Protocol: **Annexure 6.A.2**
Record of Observations (Execution): **Annexure 6.A.3**

B. *An unapproved ingredient, Hydrochloric acid, that was not part of the approved formulation, batch record, or product label was added to the following batches:*
   - *Batch SP2300004, Ascorbic Acid Preserved BUD: 07/07/2023*
   - *Batch SP2300076, Methylcobalamin 25 mg/mL BUD: 10/21/2023*
   - *Batch SP2400007, Methylcobalamin 25 mg/mL BUD: 06/30/2024*

Response:
Staska understands the importance of documenting critical details of the production process, including the components used in each batch. In response to this observation, Staska has initiated CAPA/PD/016/24 (**Annexure 6.B.1**) to make procedural changes, perform a gap analysis of all drug product batch manufacturing records (BMRs) and drug product labeling, and make revisions where necessary to ensure compliance. Specifically, CAPA/PD/016/24 includes the following action items:

- Revise SOP QA012 Preparation, Issuance & Control of BMR effective 08/25/2023 to require that all components utilized in the formulation, filling, and packaging of drug products are captured in the batch manufacturing record.
- personnel training on this procedure.
- Revised SOP QA042 revision 01 Titled Preparation and approval of label artworks, to require that all ingredients, including those used to adjust pH, are listed in the primary drug product labeling. Attached as **Annexure 6.B.2**
- personnel training on this procedure is provided as **Annexure 6.B.3**
- Perform a gap analysis across all drug products to identify all master batch production records and product labeling that requires revision to comply with the revised SOPs.
- Track the revision of all master batch records and labeling to ensure compliance.
- Implement an immediate corrective action to capture this information for all product labels in the interim, prior to completion of the document revisions, revised labels attached as **Annexure 8.1.**

As part of this CAPA and in direct response to this observation, Staska has completed revisions to the master batch record (**Annexure 6.B.4**) and the product labeling (**Annexure 6.B.5**) for Ascorbic Acid 500 mg/mL 50 mL vial (Preserved). All presentations of Methylcobalamin 25 mg/mL have been discontinued, therefore no changes were required for that drug product.

CAPA/PD/016/24 is targeted for completion by 12/08/2024. Staska will provide quarterly updates to FDA, with the first to occur in January 2025. Updates will include copies of the revised procedures, training records, and evidence of revised BMRs and labeling.

Annexures:

CAPA/PD/016/24: **Annexure 6.B.1**
Revised SOP QA042: **Annexure 6.B.2**
personnel training record on QA042: **Annexure 6.B.3**
Revised BMR for Ascorbic Acid 500 mg/mL 50 mL vial (Preserved)**: Annexure 6.B.4.**
Revised product label: **Annexure 6.B.5.**
Training on Revised BMR for Ascorbic Acid 500 mg/mL 50 mL vial (Preserved): **Annexure 6.B.6.**
Revised SOP QA012: **Annexure 6.B.7**
personnel training record on QA012: **Annexure 6.B.8**
Change control of SOP QA012: **Annexure 6.B.9**
Change control of SOP QA042: **Annexure 6.B.10**

C. *Hold times for in-process bulk material have not been established or validated. For example:*
- *Batch SP2300187 Ascorbic Acid Preserved BUD: 05/24/2024 – bulk solution was covered and held for 20 hours due to a "stuck syringe" on the automated filling line.*
- *Batch SP2300014 Ascorbic Acid Preserved BUD: 08/02/2024 – bulk solution was covered and held for 16.5 hours due to a "stuck syringe" on the automated filling line.*

Response:

Staska understands the importance of establishing adequate hold times for in-process bulk material. As an immediate corrective action, Staska initiated a hold time study protocol for Ascorbic Acid Preserved 500 mg/mL bulk solution on 10/01/2024. The chemical analysis is completed and Staska is currently waiting for bioburden test results from the third-party laboratory, with an expected report date of 18OCT2024. The approved study protocol is provided as **Annexure 6.C.1**, the execution record is provided as **Annexure 6.C.2**, and the interim test results (Chemical) are provided as **Annexure 6.C.3**. Staska will provide the approved study Summary Report to FDA in the next progress update. Staska will provide the approved study Summary Report to FDA in the next progress update.

CAPA/PD/013/24 (**Annexure 6.C.4**) was opened on 10/01/2024 to track all relevant actions related to hold time study validation and necessary assessments for other processes.

Annexures:

Hold time study protocol*:* **Annexure 6.C.1.**
Hold time study execution (draft): **Annexure 6.C.2.**
Hold time chemical results: **Annexure 6.C.3.**
CAPA/PD/013/24: **Annexure 6.C.4.**

OBSERVATION 7:

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established or followed.

Description:

A. Your aseptic personnel practices and interventions are not scientifically justified or documented.
1. *Corrective and inherent interventions are not documented in your batch record.*
2. *You do not document the amount of time each operator participates in or the activities they perform as part of the media fill for the automated fill line.*
3. *Interventions performed during media fills do not reflect routine production*

Response:
Staska understands the importance of implementing a robust program for aseptic process qualification. In response to this observation, CAPA/PD/010/24 (**Annexure 7.A.1**) has been initiated to perform a comprehensive overhaul of the media fill program, the following action items have been implemented:

- Review and revision of media fill protocol to ensure that the methodology, rationale, and documentation meet industry standards. The program will be designed to adequately simulate worst-case production conditions, including performance of inherent and corrective interventions and documentation thereof. Additionally, media fill will be required to be performed under an approved written protocol and a summary report generated following execution.
- Revised all media fill batch manufacturing records (BMRs) to include documentation of all critical details, including but not limited to personnel activities and interventions. BMRs for media fill will document the aseptic assembly of equipment at start-up and during processing, the time(s) for which personnel are participating in the media fill and the specific activities performed by each personnel, and raw data results for all incubated media fill vials. Additionally, the number of aseptic manipulations will be representative of a production batch sufficient to stimulate the actual conditions of production, including operator fatigue. Revised BMR attached as **Annexure 7.A.2**.
- personnel training sheet is provided as **Annexure 7.A.3**.
- Execute activities covering all sterile drug products under the revised procedures.

This CAPA also includes an evaluation of the airflow visualization studies (smoke studies), which will be performed prior to re-execution of the media fills. See **Response to Observation 7.D** for the overall completion timeline for CAPA/PD/010/24 and the timeline for updates to FDA on the progress of this CAPA.

Annexure:
CAPA/PD/010/24: **Annexure 7.A.1**
Revised Media fill BMR: **Annexure 7.A.2**
personnel training sheet: **Annexure 7.A.3**
Revised Product (Ascorbic Acid 500 mg/mL preserved) BMR: **Annexure 7.A.4**
Change control: **Annexure 7.A.5.**

B. Media fills do not document:

1. *Aseptic assembly of equipment (e.g., at start-up, during processing)*
2. *Time personnel participate and their activities.*
3. *Representative number of aseptic additions (e.g., charging containers and closures as well as sterile vials) or transfers.*
4. *Raw data results of all media vials incubated (results for unknown number of vials or vials associated with interventions only).*

Response:
Staska understands the importance of implementing a robust program for aseptic process qualification. In addition to the corrective actions outlined in the **Response to Observation 7.A**, which outlines the planned activities of CAPA/PD/010/24 to correct the documentation deficiencies noted in this observation.
Annexures:
Machine parts assembly: **Annexure-7.B.1.**
Time personnel participate and their activities: **Annexure 7.B.2**
Representative number of aseptic additions: **Annexure 7.B.3**
Raw data results of all media vials incubated: **Annexure 7.B.4**

C. Growth promotion is not conducted on every lot of agar received and data loggers are not used to document the conditions of shipping. SOP MC015, Growth Promotion Test of Microbiological Media Effective 1/13/2022 does not require growth promotion to be performed on each batch of purchased agar received. The agar is used for cleaning validation conducted from 12/7/2021 through 1/20/2022 as well as routine environmental and personnel monitoring in the ISO 5 and ISO 7 manufacturing rooms.
To date, no gram-negative bacteria or yeast have been recovered at this facility and there is no growth promotion data showing that agar used at this facility can recover either gram negative bacteria or yeast.

Response:
Staska understands the requirement to establish the reliability of the supplier's certificate of analysis (COA) for components use in and to support drug product manufacturing and the expectation that growth promotion be performed on media used for routine environmental monitoring. Before providing its response to this observation, Staska would like to provide clarifying information regarding the recovery of gram-negative bacteria and/or yeast using this media. These organisms have, in fact, been recovered within the Staska facility. On 12/13/2021, one (1) CFU of yeast was recovered from the non-sterile area exit room during execution of cleaning validation activities (**Annexure 7.C.1**). Additionally, the supplier's COA for the agar indicates the material can support growth of gram-negative bacteria and yeast; this COA is provided as **Annexure 7.C.2**. Based on this information, Staska believes the media used for routine monitoring activities adequately support microbial growth.
As immediate corrective action, Staska sampled each in-stock lot # 138727 of media and submitted to the third-party laboratory for growth promotion test. Final results are attached as A**nnexure 7.C.3.**

- Revision of SOP MC015 *Growth Promotion Test of Microbiological Media* to outline the media qualification process. Growth promotion will be performed on each lot of media received at Staska. Attached as **Annexure 7.C.4**. Staska is committed to ensuring this practice is followed for all lots of media received. Growth promotion test tracking log attached as **Annexure 7.C.5**

- Training personnel on revised procedures. **Annexure 7.C.6**

Based on the provided information and evidence of completion, Staska considers this observation closed.
Annexures:
Yeast recovery sheet part of cleaning validation, before cleaning: **Annexure 7.C.1.**
Supplier's COA : **Annexure 7.C.2**
Agar Growth promotion test results : **Annexure 7.C.3.**
Revised SOP MC015-02 *Growth Promotion Test of Microbiological Media:* **Annexure 7.C.4.**
Growth promotion test tracking log: **Annexure 7.C.5**
Training sheet: **Annexure 7.C.6**
Change control: **Annexure 7.C.7**

D. ISO-5 classified areas were not adequately certified under dynamic conditions. For example:
1. *The smoke study labeled ISO5 Syringes fails to incorporate all aseptic operations used in routine production that can potentially disrupt unidirectional airflow within the ISO5 laminar flow hood.*
2. *Smoke study ISO5 Syringes and ISO5 Automation were not informative as the generated "smoke" was not robust, widespread or continuous to demonstrate airflow on your automated line or in ISO 5 laminar flow hood.*
3. *Your smoke study, ISO5 Syringes shows an influx of poor-quality air from ISO7 Room A into the ISO5 laminar flow hood.*

Response:

As part of ongoing efforts to establish a robust manufacturing process that prevents microbiological contamination of drug products at Staska, the firm is committed to a comprehensive evaluation of the current smoke study procedure to address all comments by the FDA. Specifically, CAPA/PD/010/24

(**Annexure 7.A.1**) was opened on 10/04/2024 and includes a complete overhaul of the current process to revise applicable procedures and describe, in detail, how smoke studies should be conducted. The CAPA activities will first focus efforts on establishing protocols outlying dynamic condition requirements, frequencies, and acceptance criteria for conducting smoke studies. The CAPA will ensure procedures are updated and a protocol is drafted prior to the execution of the next smoke study. Smoke studies will subsequently be executed under the new protocols to ensure that the defined setups meet the acceptance criteria defined in the protocol. Once these setups are successfully demonstrated to pass airflow visualization studies, they will be used in the restructuring of the media fill program to ensure that aseptic process qualification activities represent dynamic production conditions.

The target completion date for CAPA/PD/010/24 is December2024. Progress updates will be provided quarterly to FDA, with the first update scheduled for January 2025.

OBSERVATION 8:
The containers of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(B). Specifically, your containers do not include the following information:
a. Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1-800-FDA-1088;
Examples of your container labels that do not contain this information:
Ascorbic Acid Inj. Solution (Preserved, Non-corn) 25,000mg/50mL (500mg/mL)
- *Dehydrated Alcohol 70% Solution*
- *Glutathione Inj. Solution (Preservative free) 2,000mg/10mL (200mg/mL)*
- *Lidocaine 2% Buffered Inj. Solution (PF) 1000mg/50mL (20mg/mL)*

b. Directions for use, including, as appropriate, dosage and administration.
Examples of your container labels that do not contain this information include:
- *Ascorbic Acid Inj. Solution (Preserved, Non-corn) 25,000mg/50mL (500mg/mL)*
- *Lidocaine 2% Buffered Inj. Solution (PF) 1000mg/50mL (20mg/mL)*

Response:
Staska acknowledges the expectation for compliance with defined labeling requirements for all drug products produced by 503B outsourcing facilities and has taken steps to immediately rectify the deficiencies noted in this observation. Dehydrated Alcohol 70% Solution has been discontinued; revised product labeling for the remaining four (4) drug products listed in this observation are provided as **Annexure 8.1**.

- Revised SOP QA042 revision 01 Titled Preparation and approval of label artworks, effective 10/09/2024, to clearly define the elements required on every label to comply with 503B(a)(10)(B) and establish a process for development, review, approval, and control of product labeling. Attached as **Annexure 8.2**.
- Training imparted concern personnel on the new procedure. Attached as **Annexure 8.3**.

Based on the provided information and evidence of completion, Staska considers this observation closed.
Annexures:
Revised product labels: **Annexure 8.1**
Revised SOP QA042 : **Annexure 8.2.**
Training sheet : **Annexure 8.3**.
Change control: **Annexure 8.4**

OBSERVATION 9:
Bulk drug substances used by your outsourcing facility to compound drug products are not manufactured by an establishment that is registered under section 510 as required by section 503B (a) (2) (C).

Specifically,

The bulk drug substance, Vitamin B2-5-Phosphate (Riboflavin 5'-phosphate sodium), is manufactured by, Hangzhou Zhiju Biotechnology Co., LTD., an establishment that is no longer registered under section 510 as required by section 503B (a) (2) (C).

Response:
Staska acknowledges the importance of properly vetting and monitoring suppliers used in manufacturing processes. Pursuant to section 510 as required by section 503B(a)(2)(C), Staska has removed the bulk drug substance, Vitamin B2-5-Phosphate (Riboflavin 5'-phosphate sodium), manufactured by Hangzhou Zhiju Biotechnology Co., LTD. from the Approved Supplier List as outlined in QA031. Effective 09/07/2023, the manufacturer was disqualified as a bulk drug substance supplier.

- Revised SOP QA031 revision 02 titled Vendor qualification to reflect verbiage specific to the ongoing monitoring of establishment registration and language specific to ensuring all bulk drug substances come from approved and registered vendors. Attached as **Annexure: 9.1**
- Training of relevant personnel on the revised procedure. Attached as **Annexure 9.2.**
- Updated Approved Supplier List, attached as **Annexure 9.3.**
- New manufacturer COA of Vitamin B2-5-Phosphate (Riboflavin 5'-phosphate sodium) attached as **Annexure 9.4**

Based on the provided information and evidence of completion, Staska considers this observation closed.
Annexure:
Revised SOP QA031-02 : **Annexure 9.1**
Training sheet: **Annexure 9.2.**
Updated Approved supplier list**: Annexure 9.3.**
Manufacturer COA of Vitamin Riboflavin 5'-phosphate sodium: **Annexure 9.4.**
Change control of SOP QA031: **Annexure 9.5**

Conclusion
In closing, Staska appreciates the opportunity to demonstrate its willingness and ability to comply with all requirements and expectations for 503B outsourcing facilities by completing the corrective actions described herein. Staska is hopeful that continued collaborative and open dialogue can occur and welcomes the Agency's feedback on these planned corrective actions. The following page summarizes the actions and timelines for completion, with follow-up with the Agency to occur quarterly starting in January 2025 through completion of all items.

Sincerely,

10/18/2024

LYNDON LEITNER, PHARMD, CEO

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Summary of Actions with Timelines for Completion

Observation	Corrective Action Reference	Target Completion
2, 3	CAPA/PD/018/24	31-Jan-2025
4	Annexures 4.1-4.4 CAPA/PD/010/24	30/Dec/2024
5.A	CAPA/PD/014/24	12/30/2024
5.B	Annexures 5.B.1-5.B.4	N/A (Closed)
6.A	CAPA/PD/009/24	30-Jun-2025
6.B	CAPA/PD/016/24	30/Dec/2024
6.C	CAPA/PD/013/24	30/Dec/2024
7.A, 7.B, 7.D	CAPA/PD/010/24	30/Dec/2024

List of Annexures

Annexure	Description
1.1	Photo of vacuum sealed vials
1.2	Post-inspection worksheets
1.3	5 preceding and 5 succeeding batches Visual inspection sheets
1.4	Revise SOP QA019-02 and CAPA form QA019-F02-01
1.5	Training Records for SOP QA-019-01
1.6	Change control
1.7	VI Records, Lot SP2400052
1.8	VI Records, Lot SP2400054
1.9	Visual inspection record for empty vials (Lot numbers: 018323, 018324, and 018326)
1.10	Visual inspection record for drug product (Batch numbers: SP2400076 and SP2400078)
1.11	SOP PD039 Visual Inspection of Incoming Vials
1.12	Personnel training, SOP PD039
1.13	Preceding and succeeding batches visual inspection data
1.14	Empty vials lot# 019216 visual inspection test record
1.15	Empty vials lot# 019217 visual inspection test record
1.16	Empty vials lot# 019218 visual inspection test record
1.17	Empty vials lot# 019219 visual inspection test record
1.18	Empty vials lot# 019220 visual inspection test record
1.19	Empty vials lot# 019221 visual inspection test record
2.1	CAPA/PD/018/24
2.2	CCR/PD/24/035 (draft)
3.1	Retraining of VI operators
4.1	SOP MC028 Aseptic filling room personnel monitoring
4.2	Training Records for SOP MC028
4.3	Personnel Monitoring Trend Date, 2024 YTD
4.4	Retrospective Personnel Monitoring Data Review Summary
4.5	Revised SOP MC010
4.6	Training Records for SOP MC010
4.7	Change Control
4.8	Environmental monitoring data SP2400076

Annexure	Description
4.9	Environmental monitoring data SP2400077
4.10	Environmental monitoring data SP2400078
5.A.1	CAPA/PD/014/24
5.A.2	Purchase Order for Sterile Liners
5.A.3	Purchase Order for Impellers
5.B.1	Revised SOP PD016
5.B.2	Timer photos
5.B.3	Training Records for SOP PD016
5.B.4	Change control
6.A.1	CAPA/PD/009/24
6.A.2	Master Process Validation Protocol
6.A.3	Record of Observations (Execution)
6.B.1	CAPA/PD/016/24
6.B.2	Revised SOP QA042
6.B.3	Personnel training record
6.B.4	Revised Sections of BMR for Ascorbic Acid 500 mg/mL 50 mL vial (Preserved)
6.B.5	Revised Product Label
6.B.6	Training record for Ascorbic Acid preserved BMR
6.B.7	Revised Sop QA012
6.B.8	Training record on SOP QA012-02
6.B.9	Change control of SOP QA012
6.B.10	Change control of SOP QA042
6.C.1	Hold Time Study Protocol
6.C.2	Hold Time Study Execution (draft)
6.C.3	Interim Test Reports
6.C.4	CAPA/PD/013/24
7.A.1	CAPA/PD/010/24
7.A.2	Revised Media fill BMR
7.A.3	personnel training sheet media fill BMR
7.A.4	Revised Product (Ascorbic Acid 500 mg/mL preserved) BMR
7.A.5	Change control
7.B.1	Machine parts assembly
7.B.2	Time personnel participate and their activities
7.B.3	Representative number of aseptic additions

Annexure	Description
7.B.4	Raw data results of all media vials incubated
7.C.1	Yeast Recovery
7.C.2	Agar Supplier COA
7.C.3	Agar Growth promotion test results
7.C.4	Revised SOP MC015
7.C.5	Growth promotion test tracking record
7.C.6	Training record
7.C.7	Change control
8.1	Revised Product Labeling
8.2	Revised SOP QA042
8.3	Training sheet
9.1	Revised SOP QA031
9.2	Training sheet
9.3	Updated Approved supplier list
9.4	New manufacturer's COA of Vitamin Riboflavin 5'-phosphate sodium
9.5	Change control

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024 FEI NUMBER 3017473850

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Lyndon R. Leitner, CEO	
FIRM NAME Staska Pharmaceuticals, Inc.	STREET ADDRESS 742 Evergreen Dr.
CITY, STATE, ZIP CODE, COUNTRY Bennet, NE 68317	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

Observations for the Quality System

OBSERVATION 1

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,
During your firm's visual inspection of Buffered Lidocaine HCl USP 2% 20mg/mL, 50mL Vials for injection Lot SP2200092, MFG 08/30/2022, 924 vials were rejected due to defects including particles, package defects, sealing defects and abnormal fill volume. Deviation DR/PD/22/09/004 determined the root cause for the defects was contamination and damage incurred during transportation. However, the investigation wasn't expanded to determine if other lots using Lot YF652003 were affected. CAPAs included vacuum-sealing vials to prevent rattling and post-cleaning inspections by the vial manufacturer. The batch was rejected but no CAPA's were implemented by your firm, and no effectiveness check was conducted. A second deviation occurred on July 19, 2024.

During your firm's visual inspection of Ascorbic Acid 500mg/mL 50mL Vials for sterile injection Lot SP2400058, BUD 12/31/2024, you initially identified 1,494 vials containing glass particles. As a result, deviation DR/PD/24/07/006 was initiated. After testing Amber Vials Lot 017634, the root cause was identified as glass contamination. However, the other three amber vial lots used in filling batch SP2400058 were not tested and the investigation was not expanded to determine if Lots 017628, 017632, 017633 & 017634 were affected. CAPAs included implementing an in-house testing procedure

SEE REVERSE OF THIS PAGE	Lisa L. Flores, Investigator		09/18/2024

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8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024 FEI NUMBER 3017473850
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Lyndon R. Leitner, CEO	
FIRM NAME Staska Pharmaceuticals, Inc.	STREET ADDRESS 742 Evergreen Dr.
CITY, STATE, ZIP CODE, COUNTRY Bennet, NE 68317	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

to test for particles prior to approval of the vials. No effectiveness check was conducted. The testing procedure has been implemented practically but the SOP remains in the draft phase. Additionally, since there are no established limits or rejection rates for defects identified during the visual inspection process, 4,775 vials of Ascorbic Acid 500mg/mL 50mL Vials for injection Lot SP2400058, BUD 12/31/2024 were released and distributed.

OBSERVATION 2

Your firm failed to establish acceptance criteria for the sampling and testing conducted by the quality control unit that are adequate to assure that batches of drug products meet each appropriate specification and appropriate statistical quality control criteria as a condition for their approval and release.

Specifically,
In regards to your 100% visual inspection of finished product vials and syringes:
Your firm has not implemented a clear classification scheme for defects, including critical, major, and minor categories nor have you established rejection rates to identify atypical lots. Furthermore, there is no SOP for this process.

OBSERVATION 3

Employees engaged in the manufacture and processing of a drug product lack the training required to perform their assigned functions.

Specifically,

A. Your firm has not implemented a clear classification scheme for defects, including critical, major, and minor categories. In addition, there is an absence of established, documented defect characterizations that detail defect size ranges, specific defect locations on containers, and where feasible, photographs of the defects to ensure consistency in defect identification during qualification visual inspections.

SEE REVERSE OF THIS PAGE	Lisa L. Flores, Investigator		09/18/2024

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024 FEI NUMBER 3017473850
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Lyndon R. Leitner, CEO	
FIRM NAME Staska Pharmaceuticals, Inc.	STREET ADDRESS 742 Evergreen Dr.
CITY, STATE, ZIP CODE, COUNTRY Bennet, NE 68317	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

B. Your firm has not incorporated defect types routinely encountered during production into the training program. The absence of naturally occurring defects or production rejects in inspector training can limit an inspector's ability to detect actual production-related defects effectively during routine inspections.

C. Your firm has not established a limit for false rejection of acceptable vials during a visual inspection qualification.

D. There is no requirement to conduct a 360-degree visual inspection of each unit. Full rotation (360°) of the container during the container–closure defect inspection sequence is recommended for identifying small container defects such as cracks or chips.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

Observations for the Production System

OBSERVATION 4

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,
According to SOP MC010, Environmental Monitoring, Rev 06, microbial contamination recovery limits for the elbows or gowning elements of operators are set at Alert: NA and Action: 4 CFU, while the limit for hands or gloves entering the Grade A area is Action < 1 CFU. However, when operators conduct interventions in which they open the RAB door, both their elbows and hands/gloves enter the ISO 5 area.

SEE REVERSE OF THIS PAGE	Lisa L. Flores, Investigator		09/18/2024

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
8050 Marshall Dr., Suite 205 Lenexa, KS 66214 (913) 495-5100	09/03-18/2024 FEI NUMBER 3017473850
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Lyndon R. Leitner, CEO	
FIRM NAME Staska Pharmaceuticals, Inc.	STREET ADDRESS 742 Evergreen Dr.
CITY, STATE, ZIP CODE, COUNTRY Bennet, NE 68317	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

During the filling of SP2400073, Buffered Lidocaine 1%, production technicians were observed reaching into the ISO 5 laminar flow hood past their elbows to clean the hangers for the suspension rod and placement of the settle plate. Additionally, viable air monitoring was conducted during the calibration of the repeater pump and not during routine filling.

OBSERVATION 5

Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions.

Specifically,

A. Your firm has not conducted a cleaning validation on product contact equipment including stainless steel mixing pots and mixing impellers to assure your cleaning process removes microbial content or chemical residues on the equipment used in your aseptic operations. Fifty-liter stainless steel pots were used in batches including but not limited to:

- Methylcobalamin 1 mg/mL 30 mL Preserved Lot SP2400059
- Methylcobalamin 5 mg/mL 30 mL Preserved Lot SP2400060
- Buffered Lidocaine HCL 1% (10 mg/mL) Syringes Lot SP00066
- Buffered Lidocaine HCL 1% (10 mg/mL) Syringes Lot SP2400073

B. The wet contact times specified in SOP PD016 Cleaning, Disinfection of ISO 5, ISO 7, ISO 8 Areas and Equipment, Rev 5 for cleaners and disinfectants are not consistently being met. During cleaning and disinfection of Room G (ISO 8) on 09/09/2024, Room A (ISO 7) on 09/09/2024 and left laminar flow hood (ISO 5) on 09/09/2024, the established one minute wet contact time for Contec Healthcare Sterile 70% Isopropanol was not met.

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OBSERVATION 6

Your firm failed to establish written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Specifically,

A. Your firm has not performed Process Validation (PV) for finished products. You have considered performance of stability studies suitable to satisfy PV requirements. There are no documented / established written PV protocols or reports.

From 2021 until the beginning of this inspection, the firm has made 474 batches of products including but not limited to:

Product	Batches
Ascorbic Acid 500 mg/mL 10 mL Syringes	8
Ascorbic Acid 500 mg/mL 50 mL vial	103
Ascorbic Acid 500 mg/mL 50 mL vial Preserved	76
B Complex	11
Buffered Lidocaine HCL 1% (10mg/mL) 10 ml syringe	3
Buffered Lidocaine HCL 2% (20 mg/mL) 50 mL	126
Buffered Lidocaine HCL 2% (20 mg/mL) Syringes	16
Glutathione injection (200 mg/mL)	40
Glutathione injection (200 mg/mL) 30 mL Preserved	13
Methyl Cobalamin 5 mg/mL 30 mL preserved	15
Methylcobalamin 1 mg/mL Preserved 30 mL vial	20
Methylcobalamin 25 mg/mL Preserved	6

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B. An unapproved ingredient, Hydrochloric acid, that was not part of the approved formulation, batch record, or product label was added to the following batches:

- Batch SP2300004, Ascorbic Acid Preserved BUD: 07/07/2023
- Batch SP2300076, Methylcobalamin 25 mg/mL BUD: 10/21/2023
- Batch SP2400007, Methylcobalamin 25 mg/mL BUD: 06/30/2024

C. Hold times for in-process bulk material have not been established or validated. For example:

- Batch SP2300187 Ascorbic Acid Preserved BUD: 05/24/2024 – bulk solution was covered and held for 20 hours due to a "stuck syringe" on the automated filling line.
- Batch SP2300014 Ascorbic Acid Preserved BUD: 08/02/2024 – bulk solution was covered and held for 16.5 hours due to a "stuck syringe" on the automated filling line.

OBSERVATION 7

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established or followed.

Specifically,

A. Your aseptic personnel practices and interventions are not scientifically justified or documented.

1. Corrective and inherent interventions are not documented in your batch record.
2. You do not document the amount of time each operator participates in or the activities they perform as part of the media fill for the automated fill line.
3. Interventions performed during media fills do not reflect routine production.

B. Media fills do not document:

1. Aseptic assembly of equipment (e.g., at start-up, during processing)
2. Time personnel participate and their activities

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3. Representative number of aseptic additions (e.g., charging containers and closures as well as sterile vials) or transfers
4. Raw data results of all media vials incubated (results for unknown number of vials or vials associated with interventions only)

C. Growth promotion is not conducted on every lot of agar received and data loggers are not used to document the conditions of shipping. SOP MC015, Growth Promotion Test of Microbiological Media Effective 1/13/2022 does not require growth promotion to be performed on each batch of purchased agar received. The agar is used for cleaning validation conducted from 12/7/2021 through 1/20/2022 as well as routine environmental and personnel monitoring in the ISO 5 and ISO 7 manufacturing rooms.

To date, no gram negative bacteria or yeast have been recovered at this facility and there is no growth promotion data showing that agar used at this facility can recover either gram negative bacteria or yeast.

D. ISO-5 classified areas were not adequately certified under dynamic conditions. For example:
1. The smoke study labeled ISO5 Syringes fails to incorporate all aseptic operations used in routine production that can potentially disrupt unidirectional airflow within the ISO5 laminar flow hood.
2. Smoke study ISO5 Syringes and ISO5 Automation were not informative as the generated "smoke" was not robust, widespread or continuous to demonstrate airflow on your automated line or in ISO 5 laminar flow hood.
3. Your smoke study, ISO5 Syringes shows an influx of poor quality air from ISO7 Room A into the ISO5 laminar flow hood.

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OBSERVATION 8

The containers of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(B). Specifically, your containers do not include the following information:

a. Information to facilitate adverse event reporting: www.fda.gov/medwatch and 1–800–FDA–1088;

Examples of your container labels that do not contain this information:
Ascorbic Acid Inj. Solution (Preserved, Non-corn) 25,000mg/50mL (500mg/mL)

- Dehydrated Alcohol 70% Solution
- Glutathione Inj. Solution (Preservative free) 2,000mg/10mL (200mg/mL)
- Lidocaine 2% Buffered Inj. Solution (PF) 1000mg/50mL (20mg/mL)

b. Directions for use, including, as appropriate, dosage and administration.

Examples of your container labels that do not contain this information include:

- Ascorbic Acid Inj. Solution (Preserved, Non-corn) 25,000mg/50mL (500mg/mL)
- Lidocaine 2% Buffered Inj. Solution (PF) 1000mg/50mL (20mg/mL)

SEE REVERSE OF THIS PAGE	Lisa L. Flores, Investigator		09/18/2024

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
PO BOX 94986
LINCOLN NE 68509-4986

WHOLESALE DRUG DISTRIBUTOR INSPECTION REPORT

Legal Name of Business: Staska Pharmaceuticals

Street Address: 742 Evergreen Drive

City, State, Zip: Bennett, NE 68317

Name of Designated Representative of Facility: Lyndon Leitner

Telephone Number: 402-560-4688

Wholesale Drug Distributor License #: 1615

DEA Controlled Substances Registration # (if applicable): N/A

Business Hours: Mon – Fri 8 am – 5 pm

Type of Business Entity (check one): Partnership **Corporation** Sole Proprietor

Type of Operation (check all that apply): **Wholesaler** Manufacturer Medical Gas Distributor

Third-party Logistics Provider Reverse Distributor Other (specify)_____

Section cited	Requirement	P	F	*NA*
131-006.01	***Standards of Practice (personnel)***			
	1. DR has knowledge of federal and state statutes	X		
	2. DR has no convictions of any wholesale laws	X		
	3. DR has minimum of 2 years experience	X		
	4. DR employed full time as the manager	X		
	5. DR present during normal hours and actively involved	X		
	6. DR is aware of all contents of policies and procedures	X		
131-006.02	***Standards of Practice (facility)***			
	1. Must comply with USP/NF standards for construction	X		
	2. Allows for cleaning, maintenance & operations	X		
	3. Has adequate storage areas	X		
	4. Has a designated quarantine area	X		
	5. Be clean and orderly	X		
	6. Be free of infestation of any kind	X		
	7. Be a commercial location only	X		
	8. Information is secure and confidential/restricted access	X		
	9. Inventory controls to detect and documents loses	X		
	10. Able to provide pedigrees when applicable	X		
	11. Records maintained for 3 years	X		
	12. Registered with DEA when applicable			X

Section cited	Requirement	P	F	NA
131-006.03	***Pedigree requirements***			
	1. Name of the prescription drug	X		
	2. Dosage form and strength of prescription drug	X		
	3. Size of the container	X		
	4. Number of containers	X		
	5. Lot number of the prescription drug	X		
	6. Manufacturer's name of finished form of drug	X		
	7. Name, address, phone #, e-mail of each owner of drug	X		
	8. Name and address of each shipping location	X		
	9. Transaction dates	X		
	10. Certification of authentication of each pedigree	X		
	11. Name of any repackager	X		
	12. Name and address of certifying person	X		
	13. Pedigrees maintained for 3 years	X		
	14. drug is quarantined if no authentication in 48 hours	X		
	15. report filed within 5 days if no authentication	X		
131-006.04	***Policies and Procedures***			
	1. Policy to handle all kinds of recalls	X		
	2. Procedure for guarding against losses/employee theft	X		
	3. Procedure to identify, record, report & correct losses	X		
	4. Procedure to report criminal activity to department(5 day notify)	X		
	5 Procedure for drug security in natural disaster/emergency	X		
	6 Procedure to inspect all in and out shipments of drugs	X		
	7. Procedure to segregate all outdated drugs(2 yr records)	X		
	8. Procedure for destruction of outdated drugs(3 yr records)	X		
	9. Procedure for disposal of containers, labels, etc(3 yr records)	X		
	10. Procedure for identifying counterfeit drugs(5 day notify)	X		
	11. Procedure for authentication of pedigrees	X		
131-006.05	***Records***			
	1. Records kept of all drug purchases and sales	X		
	2. Records must include receipt date/other disposition	X		
	3. Records of pedigrees outside normal distribution chain	X		
	4. Records available for inspection for 3 years	X		
	5. Electronic records must be readily retrievable	X		
	6. Central records must be available within 2 working days	X		
	7. Ongoing list of persons facility does business with	X		
	8. Records kept for counterfeit reporting to FDA & Dept.	X		
	9. Losses reported to FDA, Dept. and DEA if needed	X		
	10. Purchases, sales, destructions, transfers, loss and returns	X		
	11. Back-up of electronic records every 7 days	X		

Lyndon Leitner
Designated Representative

6/18/24
Date

Melissa Pollard, PharmD
Inspector

PASS/FAIL

Comments Staska Pharmaceuticals is registered with the FDA as a 503B Compounding Facility. Sterile compounding only at this point and facility is compliant with all sterile compounding requirements. Facility does not compound with any hazardous drugs or controlled substances. FDA has not yet inspected and facility has not had any communication from FDA regarding a date for inspection. The facility is planning on adding to the facility – mostly in the packaging and warehouse areas. The mailing address is Bennett, NE but the facility is actually located in Otoe County.

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

STASKA PHARMACEUTICALS, INC.

incorporated on November 7, 2017 and is duly incorporated under the law of Nebraska;

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

March 13, 2025

Secretary of State

Verification ID 5526668 has been assigned to this document. Go to ne.gov/go/validate to validate authenticity for up to 12 months.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Public Health Licensure Unit
Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 7/16/2025.

Name:	Staska Pharmaceuticals
Owner:	Lyndon Leitner, Designated Rep
Address:	742 Evergreen Drive, Bennet, NE
Type:	Wholesale Drug Distributor
Number:	1615
Status:	Active
Issued:	01/14/2021
Expiration:	07/01/2026

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

4VVVVVV

NEVADA STATE BOARD OF PHARMACY

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

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you.

- ☐ I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)
- ☐ I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)
- ☑ I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)

Section 2: General Information

First: Alexander Middle: Bon Last: Koo

NV Pharmacist Registration # 24601

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Roseman University of Health Sciences

Address: 11 Sunset Way

City: Henderson State: NV Zip: 89014

Employer Contact Name: Larry Fannin

Employer Contact Telephone: 702-968-5944 Employer Contact email: lfannin@roseman.edu

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Dignity Health Medical Group

Address: 1550 W. Craig Rd, Ste 220

City: Las Vegas State: NV Zip: 89032

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☒ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? Up to 3 days (24 hours) per week

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Collaborative medication management of patients.

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Underserved adult patients

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

Electronic health record, Drug Information Sources (Lexicomp, Micromedex), Clinical Tools (UpToDate), and other resources as made available via the Roseman University library.

4. Provide an explanation of the policy for users of the services when you are unavailable.

Scheduling will be set for when I am available. Otherwise, another pharmacist will fill in if/when possible. The goal is to have two pharmacists to facilitate continuity of care.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

I will comply with HIPAA as well as Dignity Health policies and procedures. Additionally, records will be maintained in accordance with Nevada law.

6. Provide a description of the business plan for the services provided.

Roseman University is my employer and is placing me at the site to provide an APPE site for students. I will not be supporting my position via generated revenue.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

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.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Alexander Koo

Print Name

Original Signature, no copies or stamps accepted

10/1/25

Date

Board Use Only	Date Received: 10/8/25 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

4WWWWWW

NEVADA STATE BOARD OF PHARMACY

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

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

Section 1: Select the following that applies to you.
☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
☑ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

Section 2: General Information

First: Quynh Nhu Middle: Nguyen Last: Doan

NV Pharmacist Registration # 20459

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Roseman University of Health Sciences

Address: 11 Sunset Way

City: Henderson State: NV Zip: 89014

Employer Contact Name: Larry Fannin

Employer Contact Telephone: 801-878-1053 Employer Contact email: lfannin@roseman.edu

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Dignity Health - St Rose

Address: 1550 W Craig Rd Ste 220

City: North Las Vegas State: NV Zip: 89032

Country/Territory/Province: US

Is this a medical, residential, or business site? ☑ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? M-F 8-430

Name of Site (if applicable): Roseman University

Address: 11 Sunset Way

City: Henderson State: NV Zip: 89014

Country/Territory/Province: US

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☑ Business

Days of the week and hours services will be provided at this site? M-F 8-430

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

- Disease states & medication education
- Initiate, modify, discontinue therapy per protocol under Collaborative Practice Agreement (CPA) for diabetes, hypertension, hyperlipidemia, hypothyroidism, asthma/COPD, NTM)
- Order labs for monitoring

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

- All patients referred to pharmacy services by providers in clinic under CPA

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

- All resources available through Roseman University & Dignity Health (Lexicomp, Micromedex, Clinical Pharmacology, Uptodate, etc.)
- Guidelines & clinical trials

4. Provide an explanation of the policy for users of the services when you are unavailable.

- Alternating Pharmacist schedules (2 pharmacists on site)
- Location is a medical clinic so patients have access to medical students & physicians as well
- If no pharmacist on site, patients will be rescheduled.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

All data will be collected, stored, and maintain through Dignity Health's EHR.

6. Provide a description of the business plan for the services provided.

N/A.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

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.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Quynh Nhu Doan
Print Name

Original Signature, no copies or stamps accepted

10/22/25
Date

Board Use Only	Date Received: 10/27/25 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

4XXXXXX

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 04461	☐ Retail/Community ■ Hospital (# beds 67) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: AH0252673 ☐ 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: Humboldt County General Hospital Pharmacy

Physical Address: 118 E. Haskell St

City: Winnemucca State: NV Zip: 89445

Mailing Address (if different from physical address): --- same

City: --- State: --- Zip: ---

Telephone: 775.623.5222 x 1550 Toll Free # (NAC 639.708, NRS 639.23286): 775.623.5222

Fax: 775.625.8559 Contact Email: simonsenj@hghospital.org

Website: www.hghospital.org

Nevada Business License # (if applicable) NV20131249080

Supervising/Managing Pharmacist Name (NRS 639.220): Joseph Tyler Simonsen

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20645

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 Tyler Simonsen	NV Pharmacist Registration #:	20645
Name:	Chanhyuk Jung	NV Pharmacist Registration #:	20349
Name:	Donel F. Sullivan	NV Pharmacist Registration #:	18272
Name:	Vassil I. Gurov	NV Pharmacist Registration #:	20894
Name:	Marian Altephany Celine Lopez	NV Pharmacist Registration #:	23363
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: Nevada

Parent Company (if any): n/a

Corporation/Organization Name: Humboldt County General Hospital

Mailing Address: 118 E. Haskell St

City: Winnemucca State: NV Zip: 89445

Telephone: 775.623.5222 Email: dunckhorstr@hghospital.org

Contact Person Name: Robyn Dunckhorst

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 Director of Pharmacy (title) for Humboldt Co. Gen. Hospital 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).

Joseph Tyler Simonsen

Print Name of Authorized Person

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

17 Nov 2015

Date

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

Affidavit for Pharmacy License

I, Robyn Dunckhorst 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 Executive Officer (title) for Humboldt County General Hospital 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 17th day of November, 2025

Notary Public

ALICIA WOGAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-03-29
Certificate No: 01-66503-9

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 Tyler Simonsen Pharmacist Registration #: 20645

Pharmacy Name: Humboldt County General Hospital Pharmacy

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

JTS 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.

JTS 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.

JTS 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.

JTS 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)).

JTS 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.

JTSimonsen B.S., Pharm. D. 17 Nov 2015

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

Joseph Tyler Simonsen

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

B.S., Pharm.D.

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

17 Nov 2015

Date

Board Use Only	Date Received: _____	Amount: _____

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AH0252673	10-31-2028	Exempt

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	HOSPITAL/CLINIC	10-16-2025

HUMBOLDT CO GENERAL HOSPITAL
ATTENTION: PHARMACY DEPT
118 E HASKELL ST
WINNEMUCCA, NV 89445

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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Form DEA-223 (9/2016)

Humboldt County General Hospital Pharmacy	PH04461	Active	10/31/2026	Winnemucca	NV	N

StreetLine 1 : 118 E Haskell St
City : Winnemucca
Zip : 89445
License Date : 12/28/2022
License Number : PH04461

Expiration Date : 10/31/2026

StreetLine 2 :
State : NV

Status : Active
Type : Pharmacy
Discipline : None

Drop file(s) here to upload or click here to browse and select file(s) to upload.

Complete Upload | Reset

Document Type	Upload Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions

Print | ← Close

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: Humboldt County General Hospital Pharmacy

Pharmacy/Wholesaler License # (if applicable): PH04461

Physical Address: 118 E. Haskell St

City: Winnemucca State: NV Zip: 89445

Mailing Address (if different from physical address): --- same

City: --- State: --- Zip: ---

Telephone: 775.623.5222 x 1550 Website: www.hghospital.org

Licensing Company Email: simonsenj@hghospital.org (PIC), wogana@hghospital.org (Administrative Assistant)

Section 2: Personal Information

First: Joseph Middle: Tyler Last: Simonsen

Alias(es, nicknames, name changes, etc.): J.T.

Date of Birt[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)	
Midwestern University - College of Pharmacy Glendale		06/14-06/17	
Address	**City**	**State**	**Zip**
19555 N 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada - Reno		06/01-06/05	
Address	**City**	**State**	**Zip**
1664 N. Virginia St	Reno	NV	89557
Diploma/Degree obtained, if any			
B.S. Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Albert Lowry High School		06/97-06/01	
Address	**City**	**State**	**Zip**
5375 Kluncy Canyon Rd	Winnemucca	NV	89445
Diploma/Degree obtained, if any			
High School Diploma with Honors			

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
10/21-current	[redacted]			
07/17-10/21				
06/14-06/17				
06/10-06/14				
06/07-06/10				
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)	
Humboldt County General Hospital Pharmacy			11/23-current	
Business Address		City	State	Zip
118 E. Haskell St		Winnemucca	NV	89445
Phone	Title		Number of Employed Hours	
775.623.5222x 1550	Director of Pharmacy		4160 hours	
Description of Duties				
Manage formulary, train staff on protocols and policies, prepare immediate-use IV medications, verify daily automated dispensing cabinet fills, field phone calls from providers and nursing staff for all questions pharmacy-related, co-chair P&T				

Business Name			From - To (MM/YY – MM/YY)	
Wal-Mart #2617			11/21-11/23	
Business Address		City	State	Zip
3010 Potato Rd		Winnemucca	NV	89445
Phone	Title		Number of Employed Hours	
775.625.3888	Pharmacy Manager		4160 hours	
Description of Duties				
Fill prescriptions, facilitate vaccine administration, train staff on updated policies and procedures from state and corporate guidelines, counsel patients on proper use/best practices for new medications, field phone calls from hospital staff/clinics.				

Business Name			From - To (MM/YY – MM/YY)	
ValisureRx			06/20-11/21	
Business Address		City	State	Zip
5 Science Park		New Haven	CT	06511
Phone	Title		Number of Employed Hours	
475.201.9088	Operations Manager		3120 hours	
Description of Duties				
Managed formulary, fielded phone calls from patients and providers, trained staff on proper packaging of medications being shipped, checked in with Chief Operating Pharmacist and Patient Access Manager weekly to troubleshoot growth.				

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, Joseph Tyler Simonsen, certify that as the designated representative for

Humboldt County General Hospital Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JTS I am at least 21 years of age;
3. JTS 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. JTS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JTS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JTS 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. JTS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joseph Tyler Simonsen

Print Name (First, Last)

J. Simonsen B.S., Pharm. D.

Original Signature (electronic, copies or stamps not accepted)

17 Nov 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.

Joseph Tyler Simonsen

Print Name (First, Last)

J Tyler Simonsen D.S., Pharm. D.

Original Signature (electronic, copies or stamps not accepted)

17 Nov 2025

Date

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

State of Nevada, ss. County of Humboldt

I, Joseph Tyler Simonsen, 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.

J Tyler Simonsen D.S., Pharm. D.

Original Signature

17 Nov 2025

Date

Subscribed and Sworn to before me this 17th day of November 2025

Alicia Wogan

Notary Public Signature

ALICIA WOGAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-03-29
Certificate No: 01-66503-9

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Inspection Report
Institution

Section 1: General Information	
Inspection Date:	10/6/2025
Pharmacy Name:	HUMBOLDT COUNTY GENERAL HOSPITAL
Pharmacy Address:	118 E HASKELL ST, WINNEMUCCA NV 89445
Pharmacy Phone:	775-623-5222
Pharmacy License #:	IA00315
Managing Pharmacist:	JOSEPH SIMONSEN
Managing Pharmacist License #:	20645
E-mail to be utilized for inspection f/u:	simonsenj@hghospital.org
Number of beds:	67
Name of Pharmacist present for Inspection:	JOSEPH SIMONSEN
Name of NVBOP Inspector:	MUI LEE

Section 2: Inspector Review		Yes	No
1.	Self-Inspection Form complete and accurate. Comments: INSPECTION FORM SIC COMPLETED PRIOR TO VISIT	☒	☐
2.	Pharmacy is complying with all regulations related to pre-packaging of drugs if applicable. Comments: PREPACKAGE LOG REVIEWED CONSIST OF LOCAL LOT AND ASSIGNED EXPIRATION DATE	☒	☐
3.	Pharmacy staff perform routine reconciliation of controlled substances. Comments: CONTROLLED RECONCILATION IS DONE DAILY	☒	☐
4.	Controlled Substance Biennial inventory complete and accurate. Comments: CONTROLLED INVENTORY WAS DONE ON 6/30/2025	☒	☐
5.	CSOS receiving documents complete and accurate. Comments: CSOS REVIEWED ARE COMPLETED WITH DATE/QTY RECEIVED AND RPH SIGNATURE	☒	☐
6.	Controlled Substance invoices are complete and accurate. Comments: CONTROLLED INVOICES REVIEWED ARE SIGNED/DATE BY RPH	☒	☐
7.	Change in Managing Pharmacist controlled substance inventory complete and accurate (if applicable). Comments: ---------- N/A---------- NO CHANGE IN PHARMACY MANAGER	☐	☒

8.	Security of the pharmacy meets all of Nevada Statutes and Regulations. Comments:	☒	☐
9.	In-Service training records for pharmacy technicians complete and accurate. Comments: CEs AND NV LAW CERTIFICATION REVIEWED	☒	☐
10.	Activity logs for technicians in training complete and accurate. Comments: ---------- N/A---------- NO TECH-IN-TRAINING	☐	☒
11.	Poison Control number posted. Comments: POISON CONTROL PHONE POSTED ON PHONE	☒	☐
12.	Policies and Procedures are available for review. Comments: P&P WAS LAST UPDATE ON 11/2024	☒	☐
13.	Each controlled substance administered during a surgical procedure has a valid order signed by a licensed practitioner. Comments: LICENSED APRN WITH CONTROLLED LICENSE DOES THE ORDERING	☒	☐
14.	Pharmacy utilizes an off-site pharmaceutical services provider. Comments: PIPELINERX PROVIDES ORDER VERIFICATION DURING PHARMACY IS CLOSED	☒	☐
15.	Pharmacy performs non-sterile compounding. Comments:	☐	☒
16.	Pharmacy performs sterile compounding. Comments:	☐	☒

Section 3: Required Follow-Up - The following items were identified as issues which require a response from the managing pharmacist.	
Description of Issue	**Response due date**
NO FOLLOW UP IS REQUIRED	

Additional Comments:
- SINK WITH HOT/COLD WATER
- FRIDGE TEMP IS IN CONPLIANCE DURING VISIT
- NO ACCESS TO PHARMACY AFTER HOUR, NURSES GET MEDICATION FROM OMNICELL AFTER ORDER IS REVIEWED BY PIPELINERX
- HANDWASHING SIGN POSTED IN RESTROOM
- PHARMACY IS IN THE PROCESS OF BUILDING STERILE/HAZARDOUS COMPOUNDING ROOM===PLEASE SEND IN APPLICATION ALONG WITH STERILE COMPOUNDING FORM TO THE BOARD FOR ACTIVITY MODIFICATION
- EMAIL ME CERTIFICATION OF ANTE-ROOM AND PEC PLUS GFT/MEDIA FILL FOR EACH COMPOUNDER WHEN ENGAGE IN STERILE COMPOUNDING

-BEST PRACTICE TO KEEP HAZARDOUS MEDICATION NEARBY HAZARDOUS COMPOUNDING ROOM SINCE PERSONNEL NEEDS TO GOWN UP TO MOVE THE MEDICATION THRU THE PHARMACY AND CAN CONTAMINATE THE GOWN UNLESS NEW GARBING IS DONE AGAIN INSIDE THE ANTE ROOM
- MAKE SURE THERE IS MIRROR AND CLOCK IN ANTE- ROOM FOR PROPER GARBING
- MAKE SURE THERE IS NO PERSONNEL ACTIVITIES NEAR ENTRANCE TO COMPOUNDING ROOM
- BEST PRACTICE TO HAVE AUTOMATIC SLIDING DOOR TO ENTER COMPOUNDING TO REDUCE CLEANING ISSUE, EASIER TO MOVE MEDICATIONS IN & OUT OF COMPOUNDING ROOM
- MAKE SURE HD STORAGE ROOM IS NEGATIVE PRESSURE AND VENTED OUTSIDE

If you are required to provide documentation to the inspector via fax or e-mail use the contact information listed below.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

John Castaldo – jcastaldo@pharmacy.nv.gov
Leo Basch – lbasch@pharmacy.nv.gov
Joe Dodge – j.dodge@pharmacy.nv.gov

Please fax required documents to 1-775-850-1444 for Reno inspectors

Mui Lee – m.lee@pharmacy.nv.gov

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

Recoverable Signature

X

Signature of Pharmacist on Duty
Signed by: b55d7188-f5cd-400d-b052-f22b285ce302

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Humboldt County General Hospital Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): PH04461

Physical Address: 118 E. Haskell St

City: Winnemucca State: NV Zip: 89445

Mailing Address (if different from physical address): same ---

City: --- State: --- Zip: ---

Telephone: 775.623.5222 x 1550 Toll Free # (NAC 639.708, NRS 639.23286): 775.623.5222

Fax: 775.625.8559 Contact Email: simonsenj@hghospital.org

Website: www.hghospital.org

Nevada Business License # (if applicable) NV20131249080

Supervising/Managing Pharmacist Name (NRS 639.220): Joseph Tyler Simonsen

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20645

Name of Designated Person(s) as defined by revised USP-797 guidelines: Joseph Tyler Simonsen

Email of Designated Person(s): simonsen@hghospital.org

Telephone of Designated Person(s): 775.623.5222 x 1551

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   ■ Category 1 ☐ Category 2 ☐ Category 3

   If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ■ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? TBD ~ pending remodel (due for completion 12/25)

6. What is the frequency of the recertification for the ISO classified areas? Every six months, relocations, major service

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? At least monthly

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

    If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

    Refer to IV formulary; primarily antibiotics, pain management drips, PPI drips, etc

    Upon completion of remodel there will be compounding of IV chemotherapy agents as made formulary upon discussions between infusion nursing team and pharmacy practice team as requested from surrounding oncologic providers.

12. What laboratory performs your sterility or endotoxin testing?

    Name: TBD, obtaining quotes

    Address: _____

    City: _____ State: _____ Zip: _____

    Telephone: _____

13. What is your procedure for visual inspection of compounded sterile products?
After verifying the compounded batch:
Integrity Check: cracks, leads, compromised seals - verifying ports are intact and not tampered with.
Verify Compound Appearance: monitor for particulates, evaluate clarity and color
Labeling: Verify drug name, strength, volume, BUD, auxillary labeling is appropriate, storage requirements

14. How often do you perform glove fingertip and medial fill testing?
Upon completion of the remodel and after all qualifying entities have deemed our sterile compounding suite as functional, and every six months thereafter for each employee who shall be compounding.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
Annual refresher on hand hygiene and proper garbing, cleaning and disinfecting procedures, appropriate use of primary engineering controls, CPhTs shall be registered for Sterile Compounding Certification and Hazardous Compounding Certification through a national organization (National Pharmacy Technician Association for 2025)

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Before each shift, each batch, and after any spill or contamination all primary engineering controls will be cleaned with sterile 70% isopropyl alcohol using a sterile lint-free wipe, from the top and back down.

Once daily all primary engineering controls will be cleaned with a germicidal detergent wipe (Cavicide) , then disinfected with sterile 70% isopropyl alcohol.

Once monthly the primary engineering controls will be cleaned with MicroKill Bleach Germicidal Wipes (sporicidal, viruscidal, fungicidal, & bactericidal).

17. Who performs the sterile compounding process at your facility?

Certified Pharmacy Technicians primarily and pharmacists when necessary.

18. Who is responsible and accountable for the sterile compounding process at your facility?

Director of Pharmacy, with the Director of Compliance Risk Manager, Patient Safety assisting with quality assurance and performance improvement initiatives.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

n/a - products are not shipped/mailed.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological Safety Cabinet (BSC)		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	■ Yes	No
9. If yes, list the name of the device: Two-Way Transfer Device by ICUMedical		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

All Hazardous Drugs Safety Data Sheets are available to staff on our shared drive. These sheets contain first aid measures, indication for medical attention and special treatment, fire-fighting measures, accidental release measures, PPE to be utilized, environmental precautions, and handling/storage requirements among other data, including disposal considerations. As the formulary expands new Safety Data Sheets will be added to the shared drive for staff review.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

All new employees will be walked through appropriate garbing procedures, hand-washing techniques, their initial gloved fingertip test and subsequent media fill test as well as will be required to review HGH's Policy: Preparation of Sterile Products, Monitoring of Ante-Room and Clean Rooms, and Training of Personel.

New employees will review ASHP's training on Basic Aseptic Compounding Technique, Safe Handling of Hazardous Drugs.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

n/a

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Upon completion of remodel and every six months thereafter.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes ■ No

4. What is the frequency for completing volumetric active air sampling?

Upon completion of remodel and every six months thereafter.

5. What is the frequency for completing surface sampling? Monthly.	
6. What is the frequency for using sporicidal agents? Monthly.	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes |No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ |Yes |No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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 Tyler Simonsen

Name of Person who Completed the Form

Director of Pharmacy

Title

J Tyler Simonsen B.S. Pharm. D. — 17 Nov 2025

Signature (copies or stamps not accepted) — Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

5

ANNUAL DISCIPLINE CASES Reporting Period: January 2025 – October 2025			
FINDING	**HARM**	**DISCIPLINE INDIVIDUAL**	**DISCIPLINE FACILITY**
SY was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.	No	Certificate of Registration No. CS27231, is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs.	N/A
MH was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.	No	Certificate of Registration No. CS22622 is suspended. The suspension is stayed, and Respondent is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs.	N/A
JG pled guilty pursuant to a plea agreement and was convicted on one felony count of conspiracy in United States of America v. Jeffrey Dave Gress, United States District Court for Central District of California, Case 8:18-cr-00014-JLS. Respondent subsequently surrendered his DEA Registration No. FG3245455 by executing a DEA Form 104	No	Certificate of Registration No. CS20182 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $5,000and assessed $1,000 for attorney's fees and costs.	N/A
WP dispensed a prescription with erroneous directions for use which resulted in negative outcome to patient and failed to properly document medication counseling.	Yes	N/A	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.
WH performed data entry review and final product verification of a prescription and failed to detect erroneous directions for use which resulted in a negative outcome to the patient.	Yes	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.	N/A

HB failed to properly document medication counseling for a prescription.	Yes	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.	N/A
NSP compounded and dispensed drug products for 64 patients located in Nevada without holding a Nevada Pharmacy license, and the prescriptions dispensed may not have been compounded in compliance with Nevada Law.	No	N/A	Respondent fined $25,000 for the violations.
JK surrendered his Neveda Medical License No. 15386 to practice medicine for cause and no longer qualifies as a practitioner for registration to dispense controlled substances, and he committed acts that render his registration inconsistent with the public interest.	No	Certificate of Registration No. CS24228 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $2,000 and assessed $1,880.42 for attorney's fees and costs.	N/A
JB failed to disclose arrests and/or convictions on his original Pharmaceutical Technician in Training application. The Board held a hearing to address the charges against him on January 15, 2025, where he failed to appear, and a default order was taken.	No	Certificate of Registration No. PT28790 was revoked for a period of one year and assessed $511.46 in attorney's fees and costs.	N/A

AL transported a supply of controlled substances between his home/vehicle/office and various hospital operating rooms and/or surgery centers in a location other than a registered office in violation of Nevada Law. In addition, he knowingly or intentionally acquired controlled substances and/or dangerous drugs without a prescription and failed to query the controlled substance information in the PMP in violation of Nevada Law.	No	Certificate of Registration No. CS18089 is revoked. The revocation is stayed and placed on probation for a period of five years from the effective date of the Order. Respondent Lee shall not possess controlled substances except while on the premises of a hospital, a surgery center for ambulatory patients, or another medical facility where respondent is treating or caring for a surgical patient. Respondent Lee shall participate in four quarterly inspections from the effective date of the Order to January 14, 2026. Respondent fined $10,000 for the violations; and assessed $5,000 in attorney's fees and costs.	N/A
YS failed to secure dangerous drugs in a locked cabinet thereby allowing access to dangerous drugs by unlicensed personnel and administered drug products to a patient that were not acquired in compliance with Nevada Law.	No	YS accepts the Stipulation and Order as a public reprimand; fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
RR worked as a pharmaceutical technician in training without obtaining a certificate of registration from the Board for the work location.	No	Certificate of Registration No. PT28825 is revoked, and Respondent may not petition for reinstatement for a period of one year from the effective date of the Order; and assessed $1,222.85 in attorney's fees and costs.	N/A

JS failed to disclose disciplinary order on his 2022 biennial renewal application for his Certificate of Registration No. CS09874. Respondent JS issued sixty-eight controlled substance prescriptions on a suspended registration and permitted his medical assistants to forge and issue prescriptions for controlled substances.	No	Respondent's Certificate of Registration No. CS09874 is revoked, and Respondent may not petition for reinstatement for a period of two years from the effective date of the Order; Respondent fined $5,000 for the violations; and assessed $2,968.64 in attorney's fees and costs.	N/A
SCS engaged in the sale and or distribution of counterfeit HIV-1 drugs and transmitted falsified transaction records.	No	N/A	Respondent's License No. WH02131 is revoked, the revocation is stayed and Respondent placed on probation for a period of three years subject to the following conditions: a) Respondent shall pay a fine of $5,000 for the violations; b) assessed $3,584.10 in attorney's fees and costs; and c) Respondent shall be subject to an inspection by Board staff at respondent's expense.
WP is responsible for the acts of its employees who made an error in a prescription and failed 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.	No	N/A	Respondent fined $2,000 for the violations; and assessed $500 in attorney's fees and costs.
JE failed 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.	No	Respondent fined $500 for the violations; and assessed $500 in attorney's fees and costs.	N/A

CQ fined $500 for the violations; and assessed $500 in attorney's fees and costs.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
OM billed insurers for products that were never delivered to patients, failed to maintain an adequate system to resolve complaints by these patients, and failed to notify the Board of the departure of its facility administrator within three business days.	No	N/A	Respondent is not eligible to apply for a license or engage in business as a medical products provider or medical products wholesaler for a period of two years after the effective date of this Stipulation; Respondent shall notify the Board in writing if it becomes aware that any of its current officers, directors, shareholders, partner, or members have applied in an individual or representative capacity for a license to conduct business as a medical products provide or medical products wholesaler; Respondent shall accept this Stipulation as a public reprimand; Respondent shall refund payments or deposits as described in sections 1a, 1b, 1c, 1d, and 1f of the Investigate Report by June 30, 2025; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.
WP is responsible for the acts of an employee who accessed protected health information for the purpose of learning personal information about a patient.	No	N/A	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.

MR accessed protected health information for the purpose of learning personal information about a patient.	No	Certificate of Registration No. PT28786 is revoked retroactively to October 31, 2024, and may not petition the Board for reinstatement for a period of one year from the effective date of the revocation; and assessed $500 in attorney's fees and costs.	N/A
EC diverted controlled substances from her place of employment at CVS Pharmacy.	No	Certificate of Registration No. PT18610 is revoked and may not petition for reinstatement for a period of one year.	N/A
LI failed to properly service the respiratory equipment furnished to a patient at least every 24 months as required by the manufacturer's product manual.	N/A	N/A	Respondent fined $1,000 for the violations; and assessed $1,000 in attorney's fees and costs.
HM failed to pay the $10,000 fine and $544.55 in attorney's fees and costs in Case No. 20-070-PR-N ordered on April 17, 2024. The Board filed an Order to Show Cause due to non-compliance with the Order, and HM petitioned the Board to vacate the disciplinary actions in the case.	No	The Board denied the request to vacate the decision and upheld the $10,000 fine and $544.55 in attorney's fees and costs.	N/A
MPS is responsible for the acts of its employees who filled and dispensed unlawful prescriptions for controlled substances and compounded semiglutide, employed one pharmaceutical technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at Meta Pharmacy.	No	N/a	Respondent fined $10,000 for the violations; $2,000 in attorney's fees and costs; and quarterly inspections for a period of one year not to exceed $500 at owner's expense.

SB Respondent filled and dispensed unlawful prescriptions for controlled substances and compounded semiglutide, employed one pharmaceutical technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at MPS.	No	Certificate of Registration No. 17303 is revoked, the revocation is stayed, and respondent is placed on probation for a period of ten years subject to the following conditions: a) a public reprimand; b) pay a $10,000 fine for the violations; c) pay $2,000 in attorney's fees and costs; d) 12 additional continuing education on pharmacy law and ethics within six months of the Order date; e) shall not be a managing pharmacist at Meta Pharmacy or any pharmacy licensed by the Board during the probation period; f) shall divest himself of any ownership interest in Meta Pharmacy within 90 days of the Order and shall not hold any ownership in any pharmacy licensed by the Board during the probation period; and g) shall not work as a pharmacist for Meta Pharmacy for a period of two years from the effective date of the Order.	N/A
MB knowingly filled and dispensed unlawful prescriptions for controlled substances.	No	Certificate of Registration No. 14966-B is suspended, the suspension is stayed, and respondent is placed on probation for a period of one year subject to the following conditions: a) a public reprimand; b) pay a $1,000 fine for the violations; c) pay $1,000 in attorney's fees and costs	N/A

CP in Case No. 23-175-RPH-S refused to transfer a prescription as requested by a patient and engaged in unprofessional conduct, and he knowingly filled and dispensed unlawful prescriptions for controlled substances in Case No. 24-125-RPH-B-S.	No	Certificate of Registration No. 16325 is suspended, the suspension is stayed, and respondent is placed on probation for a period of two years subject to the following conditions: a) a public reprimand; b) pay a $2,000 fine for the violations; c) pay $2,000 in attorney's fees and costs; and d) shall complete ten additional continuing education (CE) hours on pharmacy law and ethics within six months of the effective date of the Order.	N/A
UAK has failed to pay the fine payment of $1,300 and $749 in attorney's fees and costs ordered December 1, 2021. The Board filed an Order to Show Cause due to non-compliance with the Order, and a default hearing was heard on April 16, 2025, due to his failure to appear.	No	The Board upheld the fine payment of $1,300 and $749 in attorney's fees and costs.	N/A
EM has failed to pay the fine payment of $5,000 and $812.50 in attorney's fees and costs ordered April 21, 2021. The Board filed an Order to Show Cause due to non-compliance with the Order, and a default hearing was heard on April 16, 2025, due to his failure to appear.	No	The Board upheld the fine payment of $5,000 and $812.50 in attorney's fees and costs.	N/A
The Board filed an Order of Summary Suspension based upon the preliminary findings that AG diverted controlled substances. AG failed to appear, and a default hearing was heard on April 16, 2025.	No	The Board upheld the summary suspension for AG's Certificate of Registration No. PT20499 pending the filing of charges.	N/A

As pharmacy/pharmacy owner, PSP is responsible for the acts of its employee in Case No. 23-175-PH-S who refused to transfer a prescription at the request of the patient. PSP is responsible for the acts of its employees in Case No. 23-239-PH-S who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy. PSP is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the "COVID Kits". PSP is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.	No	N/A	Respondent PSP shall be revoked effective December 31, 2025. Before the revocation, PSP License No. PH02028 shall be placed on probation, effective immediately, and is subject to the following conditions of probation: 1) Respondent fined $10,000; 2) Respondent assessed $3,000 in attorney's fees and costs; 3) Respondent shall comply with all federal and state statutes and regulations concerning controlled substance and dangerous drugs and shall have no additional charges filed against it during the period of probation; and 4) Respondent shall submit to monthly inspections at its own expense during the probation period.
Respondent MB failed to complete his 2019 and 2021 continuing education hours as required by Nevada Law. Respondent's Certificate of Registration No. 18710 is placed on probation until July 18, 2025. He must produce proof of two and one-half continuing education credits and one law continuing education credit.	No	If he fails to provide proof, his Certificate of Registration No. 18710 will be suspended for a period of time not to exceed five months; any suspension will be lifted upon proof of his completed required continuing education credit. Respondent fined $1,000; and assessed $500 in attorney's fees and costs.	N/A

As managing pharmacist during the times of the events, Respondent JL is responsible for the acts of its employees who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy.	No	Respondent JL, Certificate of Registration No. 17503, is revoked, effective immediately. The revocation is stayed and is placed on probation for a period of five years subject to the following conditions: 1) Respondent fined $10,000; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent shall complete twelve additional hours of continuing education on pharmacy law and ethics; During the period of probation, Respondent shall not work as a managing pharmacy for or hold an ownership in any pharmacy licensed by the Board other than EliteRx (License No. PH04615).; 4) Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and have no additional charges filed against him during the probation; and 5) Respondent shall not engage in the practice of compounding "sterile compounded drug products" for a period of two years after the approval of the Stipulation.	N/A

As pharmacy owner and managing pharmacist during the times of the events, Respondent RS is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the "COVID Kits". Respondent RS is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.	No	Respondent RS, Certificate of Registration No. 13574, shall be revoked effective August 1, 2025. The revocation shall be stayed and is placed on probation for a period of five years subject to the following conditions: 1) Respondent shall pay a fined $10,000; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent shall complete twelve addition hours of continuing educations on pharmacy law and ethics; 4) On or after August 1, 2025, and through the end of probation, Respondent shall not work as a managing pharmacist for any pharmacy licensed by the Board; 5) On and after December 31, 2025, Respondent shall not hold an ownership in any pharmacy licensed by the Board; 6) On and after the entry of this Stipulation through the end of the period of probation, Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him; and 7) On and after the entry of this Stipulation through the end of the period of probation, Respondent shall not engage in the practice of compounding drug products.	N/A

Respondent GD entered a Settlement Agreement with the Osteopathic Board's Case No. PN1407002 and voluntarily surrendered his license. The Nevada Board of Pharmacy took reciprocal action on Certificate of Registration No. CS03830 due to violations relating to controlled substances, engaging in unprofessional conduct, and acts committed that render his registration inconsistent with the public interest.	No	Respondent's Certificate of Registration No. CS03830 is revoked retroactively to October 31, 2024, and may not petition for reinstatement for a period of one year.	N/A
Respondent MC diverted controlled substances for 863 Alprazolam and 2,057mg of promethazine with codeine syrup.	No	Respondent's Certificate of Registration No. PT16852 is revoked and cannot petition for reinstatement for a period of one year. Respondent fined $1,000; and assessed $638.97 in attorney's fees and costs.	N/A
CVS is responsible for the acts of its employees who made an error in a prescription and failed to provide medication counseling to a patient.	No	N/A	Respondent fined $3,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent KK made an error in a prescription and failed to provide medication counseling to a patient.	No	Respondent fined $1,500 for the violations; and assessed $500 in attorney's fees and costs.	N/A
Respondent HR engaged in the business of selling, leasing, supply and/or distributing medical devices to hospitals and other licensed care facilities without a license to engage in business as a wholesaler.	No	N/A	Respondent fined $2,500 for the violations; and assessed $500 in attorney's fees and costs.
AA had was in violation of Board order for failing to pay $5,000 fine and $4,065.51 in attorney's fees and costs.	No	Respondent must pay $5,000 fine and $4,065.51 in attorney's fees and costs.	N/A
Respondent WP compounded essential copies of commercially available drugs without a "statement of significant difference" for each prescription documenting a medical need specific to the patient for the compounded product.	No	Respondent fined $2,500 for the violations; assessed $3,884.85 in attorney's fees and costs; and shall be subject to a Board inspection within the next six months at respondent's expense.	N/A

Respondent PS engaged in the business as a medical products provider and failed to service and communicate with a patient who needed emergency oxygen equipment and supplies.	Yes	N/A	Respondent accepts this Stipulation as a public reprimand; Previous License No. MP02951 is forfeited; Respondent fined $8,000 fine for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent MVL allowed a non-practitioner to receive, possess, store and/or administer dangerous drugs outside of respondent's presence.	No	Respondent accepts this Stipulation as a public reprimand; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
MS falsely stated on her renewal application that she had not been convicted of any felony or misdemeanor offenses since her last renewal. However, she was convicted of two felony offenses in July 2022. A default hearing was heard on July 16, 2025, due to her failure to appear.	No	Certificate of Registration No. PT17066, is retroactively revoked to October 31, 2024, and may not petition the Board for reinstatement of her registration for a period of one year from the date of the Order. Respondent fined $500 for the violations and assessed $757.41 in attorney's fees and costs, payable if Respondent ever petitions for reinstatement of her registration.	N/A
Respondent MO issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances while travelling out of country which is in violation of Nevada Law. In addition, respondent participated in deceitful transactions and billed Medicaid for services that respondent did not provide. Additionally, The Board took reciprocal action based on discipline that the Nevada State Board of Medical Examiners took for numerous findings of professional misconduct.	No	Certificate of Registration No. CS10934, is revoked, effective immediately, and may not petition the Board for reinstatement for a period of one year from the date of the Order. Respondent fined $10,000 for the violations; and assessed $3,000 in attorney's fees and costs.	N/A

Respondent KF stole $320 from her place of employment at Walgreen's Pharmacy #5862. A default hearing was heard on July 16, 2025, due to her failure to appear.	No	Certificate of Registration No. PT26333 is retroactively revoked to October 31, 2022, and may not petition for reinstatement for a period of one year from the date of the Order. Respondent fined $500 for the violations; and assessed $482.27 in attorney's fees and costs and must reimburse the Board if she ever petitions for reinstatement of her registration.	N/A
Respondent RI allowed his medical assistants to use his credentials to issue prescriptions for controlled substances and failed to query the PMP as required by Nevada Law. A default hearing was heard on July 16, 2025, due to his failure to appear.	No	Respondent is publicly reprimanded; Respondent fined $5,000 for the violations; and assessed $691.46 in attorney's fees and costs.	N/A
The California State Board of Pharmacy entered an Order in approving a stipulated settlement for voluntary surrender of Respondent MCP'S California licenses for numerous violations of federal and California state law related to compounding drug products, and the Board took reciprocal action.	No	N/A	Respondent's expired Pharmacy License No. PH01563 is revoked; pay a fine of $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.
IWP engaged in unprofessional conduct and violations of federal law related to dispensing controlled substances.	No	N/A	Respondent's Pharmacy License No. PH02281 is suspended for a period of one year. The suspension is stayed, and respondent is placed on probation subject to the following terms: 1) pay a $10,000 fine for the violations; 2) pay $1,000 in attorney's fees and costs; and 3) Respondent shall have no new charges filed against them while on probation.

FS unlawfully prescribed a controlled substance for his own personal use in violation of state law, engaged in unprofessional conduct and committed acts that render registration inconsistent with the public interest, and failed to properly disclose reportable discipline on his 2024 biennial renewal application for his controlled substance registration.	No	Certificate of Registration No. CS20566 is suspended for a period of one year. The suspension is stayed and respondent is placed on probation subject to the following terms: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) pay a $5,000 fine for the violations; 3) pay $1,000 in attorney's fees and costs; and 4) Respondent shall comply with all federal and state statutes regarding controlled substances and dangerous drugs, and have no additional charges filed against them while on probation.	N/A
AG diverted 9,515 Alprazolam 1mg tablets, 19,908 2mg tablets, and 1,018 Tramadol 50mg tablets. A default hearing was heard on September 4, 2025, due to her failure to appear.	No	Respondent's Certificate of Registration No. PT20499 is revoked, and respondent cannot petition for reinstatement for a period of five years from the effective date of the Order; and assessed $2,277.45 in attorney's fees and costs.	N/A
APAON failed to notify the Board of a change in the authorized administrator and controlling interest of the business.	No	N/A	License No. MP01037 is forfeited. Respondent fined $4,000 for the violations; and assessed $500 in attorney's fees and costs.

The California Board of Nursing entered an Order revoking Respondent DM's California license to practice nursing for numerous violations of federal and state law, and the Board took reciprocal action. Respondent's DEA registration and license with the Nevada State Board of Nursing (NSBN) are no longer remaining active in good standing, and the Respondent violated state law, engaged in unprofessional conduct and committed acts that render registration inconsistent with the public interest. A default hearing was heard on September 4, 2025, due to her failure to appear.	No	Respondent's Certificate of Registration No. CS31659 is revoked, and respondent cannot petition for reinstatement for a period of five years from the effective date of the Order; and assessed $1,590.55 in attorney's fees and costs.	N/A
QT failed to comply with the PMP requirements as required by Nevada Law.	No	Respondent accepts this Stipulation and Order as public reprimand; Respondent agrees to continue with all PMP-related laws and regulations; Respondent agrees to participate in training with Board staff on the use of the PMP system within 60 days of the effective date of the Order and will participate in a follow-up training six months after the initial training. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, EP is responsible for recordkeeping violations, pharmacist/technician ratio violations, and violations by the managing pharmacist.	No	N/A	Respondent fined $5,000 for the violations; assessed $1,000 in attorney's fees and costs.
As managing pharmacist, PS is responsible for recordkeeping violations and pharmacist/technician ratio violations.	No	Respondent fined $1,500 for the violations; and assessed $500 in attorney's fees and costs.	N/A

AA failed to secure her inventory of dangerous drugs and properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs.	No	Public reprimand; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, WP #3844 is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	No	N/A	Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
KO made an error in a prescription that resulted in a negative outcome to the patient	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
KL made an error in a prescription that resulted in a negative outcome to the patient.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, WP #7841 is responsible for the acts of its employees who made an error in a prescription.	No	N/A	Respondent fined $2,000 for the violations; and assessed $1,0000 in attorney's fees and costs.
As managing pharmacist, JF is responsible for an error in a prescription.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
KH violated a Board order and no longer qualifies for registration to dispense controlled substances.	No	Respondent's Certificate of Registration No. CS38528 is revoked; assessed $1000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, SP #315 is responsible for the diversion of controlled substances by an employee and errors and omissions of the managing pharmacist.	No	N/A	Respondent fined $2,500 for the violations; and assessed $1,000 in attorney's fees and costs. In addition, Smith's Pharmacy #315 will implement policies, procedures and training to prevent and detect diversion within 60 days of the Order.

As managing pharmacist, OB is responsible for the diversion of controlled substances by an employee.	No	Respondent's Certificate of Registration No. 20950 is placed on probation for a period of five years subject to the following conditions: 1) Respondent fined $2,500 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs; and 3) Respondent cannot be a managing pharmacist during probationary period.	N/A
BB performed his duties as managing pharmacist while impaired.	No	Certificate of Registration No. 20571 is revoked. The suspension is stayed, and respondent is placed on probation for a period of five years subject to the following conditions: 1) Respondent fined $5,000 for violations; 2) Respondent assessed $6,656.06 in attorney's fees and costs; 3) Respondent shall remain in a treatment for alcohol use disorder by evaluator/practitioner and shall comply with all treatment/counseling for the full term of probation; 4) The evaluator/practitioner shall provide quarterly reports to the Board for the full term of probation; and 5) Other than his current employment Respondent shall not work as a managing pharmacist of any pharmacy licensed by the Board while on probation without prior approval.	N/A

GSP engaged in unprofessional conduct when it purchased prescription drugs from a wholesaler not licensed in the state of Nevada. GSP subsequently dispensed the drugs despite concerns that they were potentially counterfeit.	No	N/A	Respondent is placed on probation for a period of one year subject to the following conditions: 1) pay a fine of $10,000 for the violations; and 2) pay $1,000 in attorney's fees and costs.
KK failed to disclose administrative action by the Neveda State Board of Osteopathic Medicine on his 2022 controlled substance renewal application.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
AS failed to review the PMP and did not personally evaluate patients for controlled substance prescriptions.	No	Certificate of Registration No. CS36319 is revoked, but the revocation is stayed and Respondent is placed on probation for a period of one year subject to the following conditions: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $1,250 in attorney's fees and costs; 3) Respondent shall continue to comply with all PMP related laws and regulations; 4) Respondent agrees to participate in training with Board staff on use of the PMP system, and 5) Respondent shall not engage in any conduct for which disciplinary action may be imposed.	N/A

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FILED
SEP 0 5 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #6867,
Pharmacy License No. PH01976,

OLEG BEDERMAN, RPH,
Certificate of Registration No. 20591,

and,

PRATIK M. PATEL, RPH,
Certificate of Registration No. 19927,

Respondents.

Case Nos. 21-119-PH-S
21-119-RPH-A-S
21-119-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 CVS Pharmacy #6867 (Respondent CVS) because the Board has licensed Respondent CVS to operate a pharmacy at 4490 Paradise Road, Las Vegas, Nevada.

2. The Board has jurisdiction over Respondent Oleg Bederman (Respondent Bederman) because the Board has issued Respondent Bederman a certificate of registration authorizing Respondent Bederman to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Pratik M. Patel (Respondent Patel) because the Board has issued Respondent Patel a certificate of registration authorizing Respondent Patel to practice pharmacy in Nevada.

FACTUAL ALLEGATIONS

4. At the time of the violations alleged herein, Respondent Bederman was a registered pharmacist employed by Respondent CVS.

5. At the time of the violations alleged herein, Respondent Patel was a registered pharmacist employed by Respondent CVS.

6. In December 2020 and January 2021, Respondent CVS hosted a vaccination clinic at the Southern Nevada State Veteran's Home in Boulder City, Nevada.

7. Respondent Bederman and Respondent Patel participated in the vaccination clinic at the Southern Nevada State Veteran's Home.

8. Respondent Bederman was responsible for administering COVID-19 vaccines at the Southern Nevada State Veteran's Home.

9. Respondent Patel was responsible for making a record of the vaccines administered to residents of the Southern Nevada State Veteran's Home.

10. In 2020 and 2021, patient J.M. was a resident of the Southern Nevada State Veteran's Home. Patient J.M. was cognitively impaired, such that he was unable to make informed decisions concerning his health care.

11. In December 2020, patient J.M.'s daughter (C.M.) received a telephone call from Respondent CVS informing her of the vaccination clinic.

12. C.M., who held patient J.M.'s durable power of attorney for heath care, confirmed that she was authorized to make health care decisions on her father's behalf. C.M. explained that her father would decline to be vaccinated for religious reasons.

13. On or about January 20, 2021, Respondent Bederman telephoned C.M. to ask her to reconsider her decision to decline a COVID-19 vaccination for her father. C.M. repeated that her father would decline to be vaccinated for religious reasons.

14. On or about January 20, 2021, Respondent Bederman administered a COVID-19 vaccine to patient J.M despite his previous conversation with C.M. wherein she explained that her father would decline to be vaccinated for religious reasons

15. On or about January 20, 2021, Respondent Bederman administered a COVID-19 vaccine to patient J.M even though patient J.M.'s name appeared on a written list of residents who had declined to be vaccinated.

16. The above list of declinations was in Respondent Bederman's possession when he administered the vaccine to patient J.M.

17. On or about January 20, 2021, a nurse from the Southern Nevada State Veteran's Home telephoned C.M. to inform her that her father had been vaccinated against his wishes.

18. Patient J.M. passed away on January 31, 2021.

19. C.M., through her attorney, subsequently made a complaint to the Board.

20. Board Investigator Dena McClish investigated C.M.'s complaint.

21. During her investigation, Investigator McClish requested vaccination records related to the vaccination clinic at the Southern Nevada State Veteran's Home.

22. Respondent CVS was unable to produce a complete and/or accurate record of the vaccination that had been administered to patient J.M.

23. The vaccination record relating to patient J.M. was incomplete and/or inaccurate in the following respects: the record of the vaccination indicated that the data entry was verified and the product was filled on February 4, 2021 (after patient J.M.'s death), as opposed to January 20, 2021 when the vaccine was administered; the assigned prescription number did not correlate with the name of the pharmacist who administered the vaccine; the record of the vaccination was not accompanied by a written consent form signed by patient J.M. and/or his daughter; the record reflects that the product verification process was bypassed.

24. Additional records reviewed by Investigator McClish indicate that on or about January 20, 2021, someone administered a COVID-19 vaccine to patient R.B. even though patient R.B.'s name

appeared on a written list of residents who had declined to be vaccinated. Patient J.M. and patient R.B. were roommates at the time of the vaccination.

25. The vaccination record relating to patient R.B. was incomplete and/or inaccurate in the following respects: the record of the vaccination incorrectly noted that it was performed by Pharmacist Alec Madriaga as opposed to Respondent Bederman; the record of the vaccination was not accompanied by a written consent form signed by patient R.B. or his legal representative; the record reflects that the product verification process was bypassed.

26. Respondent Patel was the supervisor of the vaccination clinic at the Southern Nevada State Veteran's Home and was responsible for maintaining accurate and complete records.

27. As the pharmacist responsible for administering vaccines at the Southern Nevada State Veteran's Home, Respondent Bederman had a corresponding duty to make accurate and complete records of the vaccines administered.

APPLICABLE LAW

28. 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).

29. A pharmacist's conduct is unprofessional and/or contrary to the public interest if the pharmacist performs his duties in a negligent, unskillful, or incompetent manner. NAC 639.945(1)(i).

30. A pharmacist who administers vaccines must do so in adherence to a written protocol. NAC 639.2972. Generally, any such protocol should include a requirement that the pharmacist obtain the patient's informed consent to the vaccination. *See, e.g.,* NAC 639.707.

31. A pharmacist and/or pharmacy who administers vaccines must keep and maintain accurate and complete records of the vaccines administered. NAC 639.2977; NAC 639.706; NAC 639.910.

32. 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
Unprofessional Conduct by a Pharmacist
(Respondent Bederman)

33. As alleged above, Respondent Bederman administered a COVID-19 vaccine to patient J.M. even though patient J.M. and/or his daughter repeatedly informed Respondent Bederman, both verbally and in writing, that patient J.M. would not consent to be vaccinated.

34. As alleged above, Respondent Bederman administered a COVID-19 vaccine to patient R.B. even though patient R.B.'s name appeared on a written list of residents who had declined to be vaccinated.

35. Pursuant to NAC 639.2972, Respondent CVS adopted a written protocol requiring Respondent Bederman to obtain patient J.M.'s and/or patient R.B.'s informed consent to be vaccinated.

36. Respondent Bederman had a duty to adhere to the vaccination protocol adopted by Respondent CVS and failed to do so.

37. Having failed to adhere to the protocol adopted by Respondent CVS, Respondent Bederman performed his duties in a negligent, unskillful, or incompetent manner.

38. Respondent Bederman may be disciplined for his unprofessional conduct as described above.

COUNT TWO
Unprofessional Conduct by a Pharmacist
(Respondents Bederman and Patel)

39. As alleged above, Respondent Bederman and/or Respondent Patel failed to make and/or maintain accurate and complete records of the vaccines administered to patients J.M. and/or R.B.

40. Respondent Bederman and/or Respondent Patel had a duty to make and/or maintain accurate and complete records of the vaccines administered to patients J.M. and/or R.B.

41. Having failed to make and/or maintain accurate and complete records of the vaccines administered to patients J.M. and/or R.B., Respondent Bederman and/or Respondent Patel performed their duties in a negligent, unskillful, or incompetent manner.

42. Respondent Bederman and/or Respondent Patel may be disciplined for their unprofessional conduct as described above.

COUNT THREE
Employer Liability
(Respondent CVS)

43. In December 2020 and January 2021, Respondent CVS employed Respondent Bederman and/or Respondent Patel.

44. Pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2), Respondent CVS is responsible for the unprofessional conduct of Respondent Bederman and/or Respondent Patel as alleged above.

45. Respondent CVS may be disciplined for the unprofessional conduct as described above.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Oleg Bederman and Respondent Pratik M. Patel, and the pharmacy license of Respondent CVS Pharmacy #6867.

DATED this 5th day of September 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #6867,** **Pharmacy License No. PH01976,** **Respondent.**	**Case No. 21-119-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 5th day of SEPTEMBER 2025.

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.** **CVS PHARMACY #6867,** **Pharmacy License No. PH01976,** **Respondent.**	**Case No. 21-119-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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #6867

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of Sept. 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

CVS Pharmacy #6867
4490 Paradise Rd.
Las Vegas, NV 89169

CVS Pharmacy #6867 c/o
Brian J. Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

And via email: brian.convery@cvshealth.com

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #6867,** **License No. PH01976,** **OLEG BEDERMAN, RPH,** **Certificate of Registration No. 20591, and** **PRATIK M. PATEL, RPH,** **Certificate of Registration No. 19927,** **Respondents.**	**Case No. 21-119-PH-S** **21-119-RPH-A-S** **21-119-RPH-B-S** **STIPULATION AND ORDER** **(Respondent CVS #6867 Only)**

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 CVS Pharmacy #6867 ("Respondent CVS"), 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 CVS 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 CVS agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.

4. Respondent CVS acknowledges that the undersigned authorized representative understands the terms of this Stipulation and Proposed Order ("Stipulation") and has executed it knowingly and voluntarily on behalf of Respondent CVS.

5. Respondent CVS 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 CVS under NRS

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

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

7. Respondent CVS does not contest the allegations stated in the Accusations on file herein, and he further 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 against him in the Accusation, to wit:

A. Respondent Oleg Bederman ("Respondent Bederman"), a CVS employee, participated in the CVS vaccination clinic at the Southern Nevada State Veteran's Home ("Veteran's Home").

B. On or about January 20, 2021, while participating in the vaccination clinic at the Veteran's Home, Respondent Bederman administered a COVID-19 vaccine to resident J.M., who was cognitively impaired.

C. Because J.M. was cognitively impaired, J.M.'s daughter C.M. made medical decisions for J.M. pursuant to a durable power of attorney for health care.

D. In December 2020, C.M. advised CVS management via telephone that J.M. would decline to be vaccinated for religious reasons. CVS management listed J.M. as one of the residents of the Veteran's Home who was not to be vaccinated.

E. On January 20, 2021, Respondent Bederman administered the COVID-19 vaccine to J.M. even though J.M. had not consented to be vaccinated.

F. At some point after the vaccination clinic on January 20, 2021, CVS management determined to make a written record of the vaccine that was administered to J.M. However, the CVS computer system would not allow entries to be back dated. Accordingly, CVS records

incorrectly show that the vaccine was administered to J.M. on February 4, 2021, by a pharmacist other than Respondent Bederman.

G. As Respondent Bederman's employer, Respondent CVS assumes responsibility for Respondent Bederman's conduct as a pharmacist.

8. Now, therefore, to resolve this case without incurring any further costs or the expenses associated with a hearing, the Board and Respondent CVS agree to the following discipline:

A. Respondent CVS accepts this Stipulation as a public reprimand.

B. Respondent CVS agrees to pay an administrative fine of **Two Thousand and 00/100 Dollars ($2,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent CVS 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 January 31, 2026.

C. Respondent CVS shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this case. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent CVS 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 January 31, 2026.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 21-119-PH-S. Any failure by Respondent CVS to comply with the terms of this Stipulation may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing him 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 noncompliance by Respondent CVS, 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 December 3,

2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if a representative of Respondent CVS fails to appear at the meeting.

11. The Board may accept this Stipulation, but it has no obligation to accept this Stipulation. 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 hold a 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 CVS 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 date of entry set forth below.

Respondent CVS 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 14th **day of November 2025.**

CVS PHARMACY #6867

By_____

Name: Brian J. Convery

Title: Senior Legal Counsel - CVS Health

Signed this 14th **day of October 2025.**

NEVADA STATE BOARD OF PHARMACY

By /s/ Gregory L. Zunino

GREGORY L. ZUNINO

Senior General Counsel

DECISION AND ORDER

As to Respondent CVS #6867, in Case No. 21-119-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 and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 3rd day of December 2025.

_____
Helen Park, 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.

CVS PHARMACY #6867,
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36. Respondent Bederman had a duty to adhere to the vaccination protocol adopted by Respondent CVS and failed to do so.

37. Having failed to adhere to the protocol adopted by Respondent CVS, Respondent Bederman performed his duties in a negligent, unskillful, or incompetent manner.

38. Respondent Bederman may be disciplined for his unprofessional conduct as described above.

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(Respondent CVS)

43. In December 2020 and January 2021, Respondent CVS employed Respondent Bederman and/or Respondent Patel.

44. Pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2), Respondent CVS is responsible for the unprofessional conduct of Respondent Bederman and/or Respondent Patel as alleged above.

45. Respondent CVS may be disciplined for the unprofessional conduct as described above.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Oleg Bederman and Respondent Pratik M. Patel, and the pharmacy license of Respondent CVS Pharmacy #6867.

DATED this 5th day of September 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OLEG BEDERMAN, RPH,** **Certificate of Registration No. 20591,** **Respondent.**	**Case No. 21-119-RPH-A-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 5th day of September 2025.

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.** **OLEG BEDERMAN, RPH,** **Certificate of Registration No. 20591,** **Respondent.**	**Case No. 21-119-RPH-A-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 _____ 2025.

_____

OLEG BEDERMAN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of Sept. 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Oleg Bederman, RPH
[redacted]
Las Vegas, NV [redacted]

Oleg Bederman, RPH c/o
CVS Pharmacy
3550 South Rainbow Blvd.
Las Vegas, NV 89103

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #6867,** **License No. PH01976,** **OLEG BEDERMAN, RPH,** **Certificate of Registration No. 20591, and** **PRATIK M. PATEL, RPH,** **Certificate of Registration No. 19927,** **Respondents.**	**Case No. 21-119-PH-S** **21-119-RPH-A-S** **21-119-RPH-B-S** **STIPULATION AND ORDER** **(Respondent Bederman Only)**

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 Oleg Bedreman ("Respondent"), 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 the parties pursued settlement negotiations.

4. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and he 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, and NRS Chapter 639, the Nevada Pharmacy 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 his rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Although Defendant denies that he knowingly or intentionally administered a vaccine without the patient's consent, Respondent generally admits the allegations stated in the Accusations on file herein, to wit:

A. Respondent, a CVS employee, participated in the CVS vaccination clinic at the Southern Nevada State Veteran's Home ("Veteran's Home").

B. On or about January 20, 2021, while participating in the vaccination clinic at the Veteran's Home, Respondent administered a COVID-19 vaccine to resident J.M., who was cognitively impaired.

C. Because J.M. was cognitively impaired, J.M.'s daughter C.M. made medical decisions for J.M. pursuant to a durable power of attorney for health care.

D. In December 2020, C.M. advised CVS management via telephone that J.M. would decline to be vaccinated for religious reasons. CVS management listed J.M. as one of the residents of the Veteran's Home who was not to be vaccinated.

E. On January 20, 2021, when Respondent administered the COVID-19 vaccine to J.M., he found himself in a chaotic environment and neglected to check whether J.M. had consented to be vaccinated.

F. Respondent spoke with C.M. by telephone after the vaccination clinic. However, Respondent did not attempt to change C.M.'s mind about declining a vaccination for her father. According to Respondent, given that CVS had no written declination form signed or transmitted by C.M., Respondent called C.M. for the simple purpose of confirming that she had declined the vaccination on her father's behalf.

G. After vaccinating J.M., Respondent did not immediately make a record of the vaccination because no information had been gathered in advance of the clinic (given that J.M. was not on the vaccination schedule for January 20, 2021).

H. At some point after the vaccination clinic on January 20, 2021, CVS management determined to make a written record of the vaccine that was administered to J.M. However, the CVS computer system would not allow entries to be back dated. Accordingly, CVS records incorrectly show that the vaccine was administered to J.M. on February 4, 2021, by a pharmacist other than Respondent.

8. Now, therefore, to resolve this case without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the following discipline:

A. Respondent accepts this Stipulation as a public reprimand for having performed his duties as a pharmacist in a negligent manner.

B. Respondent agrees to pay an administrative fine of **Two Thousand and 00/100 Dollars ($2,000.00)**, 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 June 30, 2026.

C. Respondent shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this case. 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 June 30, 2026.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 21-119-RPH-A-S. Any failure by Respondent to comply with the terms of this Stipulation may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing him 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 noncompliance 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 December 3, 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 has no obligation to accept this Stipulation. 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 hold a 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 date of entry set forth below.

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 28th **day of October 2025.**

OLEG BEDERMAN, RPH
Certificate of Registration No. 20591

Signed this 30th **day of October 2025.**

NEVADA STATE BOARD OF PHARMACY

By Gregory Zunino

GREGORY L. ZUNINO
Senior General Counsel

DECISION AND ORDER

As to Respondent Oleg Bederman, RPh, in Case No. 21-119-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 and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 3rd day of December 2025.

_____

Helen Park, 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.

CVS PHARMACY #6867,
Pharmacy License No. PH01976,

OLEG BEDERMAN, RPH,
Certificate of Registration No. 20591,

and,

PRATIK M. PATEL, RPH,
Certificate of Registration No. 19927,

Respondents.

Case Nos. 21-119-PH-S
21-119-RPH-A-S
21-119-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 CVS Pharmacy #6867 (Respondent CVS) because the Board has licensed Respondent CVS to operate a pharmacy at 4490 Paradise Road, Las Vegas, Nevada.

2. The Board has jurisdiction over Respondent Oleg Bederman (Respondent Bederman) because the Board has issued Respondent Bederman a certificate of registration authorizing Respondent Bederman to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondent Pratik M. Patel (Respondent Patel) because the Board has issued Respondent Patel a certificate of registration authorizing Respondent Patel to practice pharmacy in Nevada.

FACTUAL ALLEGATIONS

4. At the time of the violations alleged herein, Respondent Bederman was a registered pharmacist employed by Respondent CVS.

5. At the time of the violations alleged herein, Respondent Patel was a registered pharmacist employed by Respondent CVS.

6. In December 2020 and January 2021, Respondent CVS hosted a vaccination clinic at the Southern Nevada State Veteran's Home in Boulder City, Nevada.

7. Respondent Bederman and Respondent Patel participated in the vaccination clinic at the Southern Nevada State Veteran's Home.

8. Respondent Bederman was responsible for administering COVID-19 vaccines at the Southern Nevada State Veteran's Home.

9. Respondent Patel was responsible for making a record of the vaccines administered to residents of the Southern Nevada State Veteran's Home.

10. In 2020 and 2021, patient J.M. was a resident of the Southern Nevada State Veteran's Home. Patient J.M. was cognitively impaired, such that he was unable to make informed decisions concerning his health care.

11. In December 2020, patient J.M.'s daughter (C.M.) received a telephone call from Respondent CVS informing her of the vaccination clinic.

12. C.M., who held patient J.M.'s durable power of attorney for heath care, confirmed that she was authorized to make health care decisions on her father's behalf. C.M. explained that her father would decline to be vaccinated for religious reasons.

13. On or about January 20, 2021, Respondent Bederman telephoned C.M. to ask her to reconsider her decision to decline a COVID-19 vaccination for her father. C.M. repeated that her father would decline to be vaccinated for religious reasons.

14. On or about January 20, 2021, Respondent Bederman administered a COVID-19 vaccine to patient J.M despite his previous conversation with C.M. wherein she explained that her father would decline to be vaccinated for religious reasons

15. On or about January 20, 2021, Respondent Bederman administered a COVID-19 vaccine to patient J.M even though patient J.M.'s name appeared on a written list of residents who had declined to be vaccinated.

16. The above list of declinations was in Respondent Bederman's possession when he administered the vaccine to patient J.M.

17. On or about January 20, 2021, a nurse from the Southern Nevada State Veteran's Home telephoned C.M. to inform her that her father had been vaccinated against his wishes.

18. Patient J.M. passed away on January 31, 2021.

19. C.M., through her attorney, subsequently made a complaint to the Board.

20. Board Investigator Dena McClish investigated C.M.'s complaint.

21. During her investigation, Investigator McClish requested vaccination records related to the vaccination clinic at the Southern Nevada State Veteran's Home.

22. Respondent CVS was unable to produce a complete and/or accurate record of the vaccination that had been administered to patient J.M.

23. The vaccination record relating to patient J.M. was incomplete and/or inaccurate in the following respects: the record of the vaccination indicated that the data entry was verified and the product was filled on February 4, 2021 (after patient J.M.'s death), as opposed to January 20, 2021 when the vaccine was administered; the assigned prescription number did not correlate with the name of the pharmacist who administered the vaccine; the record of the vaccination was not accompanied by a written consent form signed by patient J.M. and/or his daughter; the record reflects that the product verification process was bypassed.

24. Additional records reviewed by Investigator McClish indicate that on or about January 20, 2021, someone administered a COVID-19 vaccine to patient R.B. even though patient R.B.'s name

appeared on a written list of residents who had declined to be vaccinated. Patient J.M. and patient R.B. were roommates at the time of the vaccination.

25. The vaccination record relating to patient R.B. was incomplete and/or inaccurate in the following respects: the record of the vaccination incorrectly noted that it was performed by Pharmacist Alec Madriaga as opposed to Respondent Bederman; the record of the vaccination was not accompanied by a written consent form signed by patient R.B. or his legal representative; the record reflects that the product verification process was bypassed.

26. Respondent Patel was the supervisor of the vaccination clinic at the Southern Nevada State Veteran's Home and was responsible for maintaining accurate and complete records.

27. As the pharmacist responsible for administering vaccines at the Southern Nevada State Veteran's Home, Respondent Bederman had a corresponding duty to make accurate and complete records of the vaccines administered.

APPLICABLE LAW

28. 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).

29. A pharmacist's conduct is unprofessional and/or contrary to the public interest if the pharmacist performs his duties in a negligent, unskillful, or incompetent manner. NAC 639.945(1)(i).

30. A pharmacist who administers vaccines must do so in adherence to a written protocol. NAC 639.2972. Generally, any such protocol should include a requirement that the pharmacist obtain the patient's informed consent to the vaccination. *See, e.g.,* NAC 639.707.

31. A pharmacist and/or pharmacy who administers vaccines must keep and maintain accurate and complete records of the vaccines administered. NAC 639.2977; NAC 639.706; NAC 639.910.

32. 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
Unprofessional Conduct by a Pharmacist
(Respondent Bederman)

33. As alleged above, Respondent Bederman administered a COVID-19 vaccine to patient J.M. even though patient J.M. and/or his daughter repeatedly informed Respondent Bederman, both verbally and in writing, that patient J.M. would not consent to be vaccinated.

34. As alleged above, Respondent Bederman administered a COVID-19 vaccine to patient R.B. even though patient R.B.'s name appeared on a written list of residents who had declined to be vaccinated.

35. Pursuant to NAC 639.2972, Respondent CVS adopted a written protocol requiring Respondent Bederman to obtain patient J.M.'s and/or patient R.B.'s informed consent to be vaccinated.

36. Respondent Bederman had a duty to adhere to the vaccination protocol adopted by Respondent CVS and failed to do so.

37. Having failed to adhere to the protocol adopted by Respondent CVS, Respondent Bederman performed his duties in a negligent, unskillful, or incompetent manner.

38. Respondent Bederman may be disciplined for his unprofessional conduct as described above.

COUNT TWO
Unprofessional Conduct by a Pharmacist
(Respondents Bederman and Patel)

39. As alleged above, Respondent Bederman and/or Respondent Patel failed to make and/or maintain accurate and complete records of the vaccines administered to patients J.M. and/or R.B.

40. Respondent Bederman and/or Respondent Patel had a duty to make and/or maintain accurate and complete records of the vaccines administered to patients J.M. and/or R.B.

41. Having failed to make and/or maintain accurate and complete records of the vaccines administered to patients J.M. and/or R.B., Respondent Bederman and/or Respondent Patel performed their duties in a negligent, unskillful, or incompetent manner.

42. Respondent Bederman and/or Respondent Patel may be disciplined for their unprofessional conduct as described above.

COUNT THREE
Employer Liability
(Respondent CVS)

43. In December 2020 and January 2021, Respondent CVS employed Respondent Bederman and/or Respondent Patel.

44. Pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2), Respondent CVS is responsible for the unprofessional conduct of Respondent Bederman and/or Respondent Patel as alleged above.

45. Respondent CVS may be disciplined for the unprofessional conduct as described above.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Oleg Bederman and Respondent Pratik M. Patel, and the pharmacy license of Respondent CVS Pharmacy #6867.

DATED this 5th day of September 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PRATIK M. PATEL, RPH** **Certificate of Registration No. 19927,** **Respondent.**	**Case No. 21-119-RPH-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 5th day of September 2025.

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.** **PRATIK M. PATEL, RPH** **Certificate of Registration No. 19927,** **Respondent.**	**Case No. 21-119-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 _____ 2025.

PRATIK M. PATEL, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of Sept. 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Pratik Patel, RPH
[redacted]
Las Vegas, NV [redacted]

Pratik Patel, RPH c/o
CVS Pharmacy #8809
4014 S Rainbow Blvd.
Las Vegas, NV 89103

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

5D

FILED
JUL 24 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #06625,** **Pharmacy License No. PH02556, and** **VICTOREEA S. HARRIS, RPH,** **Certificate of Registration No. 20276,** **Respondents.**	**CASE NOS. 23-314-PH-N** **23-314-RPH-N** **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 Victoreea S. Harris, RPh (Harris), Certificate of Registration No. 20276, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #06625, Pharmacy License No. PH02556, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Harris was employed as managing pharmacist by CVS Pharmacy #06625 at the time of the events alleged herein.

3. On July 31, 2023, prescriber S.P. issued an electronic prescription for patient J.W. for Yuvafem 10Mcg Vaginal Insert, with directions to take "1 tablet nightly for two weeks, then decrease to twice a week, vaginal 90 days."

4. The prescription was submitted to CVS Pharmacy #06625, where in the course of performing data entry on August 1, 2023, pharmacy staff erroneously entering directions to take

"1 tablet by mouth nightly for two weeks, then decrease to twice a week, vaginal 90 days" and the CVS computer system designated this prescription no. 872597.

5. Harris performed final product verification for prescription no. 872597 on August 1, 2023, and failed to detect the erroneous direction to take by mouth on the label, and prescription no. 872597 was dispensed to J.W.'s husband that day.

6. On or about August 4, 2023, J.W. ingested the first dose of the medication orally and suffered severe stomach cramps.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Harris)

7. 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 registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Harris engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she dispensed prescription no. 872597 and failed to detect the erroneous direction to take by mouth on the label, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS Pharmacy #06625)

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(3).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #06625 is responsible for those violations, including all errors and omissions of Respondent Harris and other pharmacy personnel in filling and dispensing

prescription no. 872597 with the erroneous direction to take by mouth on the label, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 24 day of JULY 2025

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #06625,** **Pharmacy License No. PH02556,** **Respondent.**	**Case No. 23-314-PH-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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, 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 24 day of JULY 2025.

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.** **CVS PHARMACY #06625,** **Pharmacy License No. PH02556,** **Respondent.**	**Case No. 23-314-PH-N** **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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #06625

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

CVS Pharmacy #6625
1081 Steamboat Pkwy
Reno NV 89521

CVS Pharmacy #6625 c/o
Brian J. Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #06625,** **Pharmacy License No. PH02556, and** **VICTOREEA S. HARRIS, RPH,** **Certificate of Registration No. 20276,** **Respondents.**	**CASE NOS. 23-314-PH-N** **23-314-RPH-N** **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, Respondent Victoreea S. Harris, RPh (Harris), Certificate of Registration No. 20276, and Respondent CVS Pharmacy #06625, Pharmacy License No. PH02556, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 24, 2025, 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 fully aware of the right to seek the advice of counsel in this matter prior to entering into 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. Upon information and belief that Harris is deceased, all causes of action against Harris as set forth in Count 1, Paragraphs 7 and 8 of the Accusation in Case No. 23-314-RPH-N, are hereby DISMISSED pursuant to NRS 622A.320(4).

6. Respondent CVS Pharmacy #06625 does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that as the pharmacy/pharmacy owner at which the violations of law occurred, Respondent CVS Pharmacy #06625 is responsible for those violations, including all errors and omissions of Respondent Harris and other pharmacy personnel in filling and dispensing prescription no. 872597 with the erroneous direction to take by mouth on the label, 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 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 CVS Pharmacy #06625, Pharmacy License No. PH02556, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #06625 shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada,

Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by January 2, 2026; and

B. Pursuant to NRS 622.400, CVS Pharmacy #06625 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs 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 January 2, 2026.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639.

10. 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 December 3, 2025. A representative of Respondent CVS Pharmacy #06625 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 Respondent or counsel are not present at the meeting.

11. 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.

12. 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.

13. 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 ___ day of _____ 2025

CVS PHARMACY #06625
Pharmacy License No. PH02556

Signed this ___ day of _____ 2025

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 Victoreea S. Harris, RPh, Certificate of Registration No. 20276, and Respondent CVS Pharmacy #06625, Pharmacy License No. PH02556, in Case Nos. 23-314-PH-N and 23-314-RPH-N and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of December 2025.

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

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FILED
JUL 24 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #06625,** **Pharmacy License No. PH02556, and** **VICTOREEA S. HARRIS, RPH,** **Certificate of Registration No. 20276,** **Respondents.**	**CASE NOS. 23-314-PH-N** **23-314-RPH-N** **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 Victoreea S. Harris, RPh (Harris), Certificate of Registration No. 20276, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #06625, Pharmacy License No. PH02556, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Harris was employed as managing pharmacist by CVS Pharmacy #06625 at the time of the events alleged herein.

3. On July 31, 2023, prescriber S.P. issued an electronic prescription for patient J.W. for Yuvafem 10Mcg Vaginal Insert, with directions to take "1 tablet nightly for two weeks, then decrease to twice a week, vaginal 90 days."

4. The prescription was submitted to CVS Pharmacy #06625, where in the course of performing data entry on August 1, 2023, pharmacy staff erroneously entering directions to take

"1 tablet by mouth nightly for two weeks, then decrease to twice a week, vaginal 90 days" and the CVS computer system designated this prescription no. 872597.

5. Harris performed final product verification for prescription no. 872597 on August 1, 2023, and failed to detect the erroneous direction to take by mouth on the label, and prescription no. 872597 was dispensed to J.W.'s husband that day.

6. On or about August 4, 2023, J.W. ingested the first dose of the medication orally and suffered severe stomach cramps.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Harris)

7. 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 registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Harris engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she dispensed prescription no. 872597 and failed to detect the erroneous direction to take by mouth on the label, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS Pharmacy #06625)

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(3).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #06625 is responsible for those violations, including all errors and omissions of Respondent Harris and other pharmacy personnel in filling and dispensing

prescription no. 872597 with the erroneous direction to take by mouth on the label, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 24th day of July 2025

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTOREEA S. HARRIS, RPH,** **Certificate of Registration No. 20276,** **Respondent.**	**Case No. 23-314-RPH-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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, 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 24th day of July 2025.

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.** **VICTOREEA S. HARRIS, RPH,** **Certificate of Registration No. 20276,** **Respondent.**	**Case No. 23-314-RPH-N** **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 _____ 2025.

_____

VICTOREEA S. HARRIS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Victoreea Harris, RPh
[redacted]
Sparks, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
JUL 25 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8787, Pharmacy License No. PH01144, and** **SARAH MAE PASCUAL, RPH, Certificate of Registration No. 20433,** **Respondents.**	**CASE NOS. 23-412-PH-S** **23-412-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 and these Respondents because at the time of the events alleged herein, Respondent Sarah Mae Pascual, RPh (Pascual), Certificate of Registration No. 20433, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8787, Pharmacy License No. PH01144, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Pascual was employed as managing pharmacist by CVS Pharmacy #8787 at the time of the events alleged herein.

3. Video surveillance and pharmacy records document that Abegail Ross performed the duties of a pharmaceutical technician in CVS Pharmacy #8787 from August 28, 2023, to September 6, 2023, without a registration issued by the Board.

4. Text message evidence documents Pascual authorizing, counseling and/or inducing Ross to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration.

5. CVS Health subsequently terminated Pascual from employment for cause.

6. On September 18, 2023, Ross was issued a registration as a pharmaceutical technician, Certificate of Registration No. PT29215.

7. CVS Health self-reported in correspondence from District Leader Chistopher Scalzitti dated October 11, 2023, and October 30, 2023, that Ross performed the duties of a pharmaceutical technician in CVS Pharmacy #8787 August 28, 2023, to September 6, 2023, without a registration.

8. On or about December 14, 2023, Pascual represented in writing to a Board investigator that Ross did not perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration.

9. On or about December 21, 2023, Ross admitted in an email communication to a Board investigator that Pascual authorized, counseled and/or induced her to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 commencing on August 28, 2023.

APPLICABLE LAW

10. No person shall perform the duties of a pharmaceutical technician unless registered by the Board pursuant to the provisions of NRS Chapter 639. NRS 639.100(1); NAC 639.240; NAC 639.260. Engaging in practice as a pharmaceutical technician without a valid registration is a felony. NRS 639.100(2).

11. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Performing any duties as the holder of a license or registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

15. Willfully making a materially false statement in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

16. A managing pharmacist 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

17. 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(3).

COUNT ONE

Violation of State Law - Aiding and Abetting Unlicensed Practice/ Managing Pharmacist Responsibility

(Respondent Pascual)

18. Respondent Pascual violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100, NAC 639.240 and/or NAC 639.260 when she authorized, counseled and/or induced Ross to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration as alleged herein, and is therefore subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT TWO

Unprofessional Conduct/Managing Pharmacist Responsibility

(Respondent Pascual)

19. Respondent Pascual performed her duties as a managing pharmacist in an incompetent, unskillful or negligent manner, aided and abetted Ross in unlicensed practice, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (j) when she authorized, counseled and/or induced Ross to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration as alleged herein, and is therefore subject to discipline pursuant to NRS 639.210(4), NRS 639.220(1) and/or NAC 639.702.

COUNT THREE

False Statements in Course of Investigation

(Respondent Pascual)

20. In the course of the Board's investigation, Respondent Pascual willfully made false statements that Ross did not perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration as alleged in Paragraph 8 herein, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210(4) and (9).

COUNT FOUR

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS Pharmacy #8787)

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8787 is responsible for those violations, including all errors and omissions of Pascual and Ross, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 25th day of JULY 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8787,** **Pharmacy License No. PH01144,** **Respondent.**	**CASE NO. 23-412-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of JULY 2025.

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.** **CVS PHARMACY #8787,** **Pharmacy License No. PH01144,** **Respondent.**	**CASE NO. 23-412-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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
CVS Pharmacy #8787

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #8787
1551 W Sunset Blvd
Henderson, NV 89014

CVS Pharmacy #8787
c/o Brian Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

Sarah Mae Pascual, RPh
[redacted]
Henderson, NV [redacted]

CVS Pharmacy #8787
c/o Sarah Mae Pascual, RPh
1551 W Sunset Blvd
Henderson, NV 89014

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8787,** **Pharmacy License No. PH011440, and** **SARAH MAE PASCUAL, RPH,** **Certificate of Registration No. 20433,** **Respondents.**	**CASE NOS. 23-412-PH-S** **23-412-RPH-S** **STIPULATION AND ORDER** **[CVS PHARMACY #8787 ONLY]**

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 CVS Pharmacy #8787, Pharmacy License No. PH01144, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 9, 2025, Board Staff served Respondent CVS Pharmacy #8787 with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

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

5. Respondent CVS Pharmacy #8787 does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,*

A. Respondent Pascual violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100, NAC 639.240 and/or NAC 639.260, and performed her duties as a managing pharmacist in an incompetent, unskillful or negligent manner, aided and abetted Ross in unlicensed practice, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (j), when she authorized, counseled and/or induced Abegail Ross to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration.

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8787 is responsible for those violations, including all errors and omissions of Pascual and Ross, 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 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 CVS Pharmacy #8787, Pharmacy License No. PH01144, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #8787 shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by January 2, 2026; and

B. Pursuant to NRS 622.400, CVS Pharmacy #8787 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs 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 January 2, 2026.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639.

9. 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 December 3, 2025. A representative of Respondent CVS Pharmacy #8787 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 Respondent or counsel are not present at the meeting.

10. 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.

11. 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.

12. 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.

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

AGREED:

Signed this ___ day of _____ 2025

_____

CVS PHARMACY #8787
Pharmacy License No. PH011440

Signed this ___ day of _____ 2025

_____

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 CVS Pharmacy #8787, Pharmacy License No. PH011440, in Case No. 23-412-PH-S and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of December 2025.

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

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FILED
JUL 25 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8787,** **Pharmacy License No. PH01144, and** **SARAH MAE PASCUAL, RPH,** **Certificate of Registration No. 20433,** **Respondents.**	**CASE NOS. 23-412-PH-S** **23-412-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 and these Respondents because at the time of the events alleged herein, Respondent Sarah Mae Pascual, RPh (Pascual), Certificate of Registration No. 20433, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #8787, Pharmacy License No. PH01144, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Pascual was employed as managing pharmacist by CVS Pharmacy #8787 at the time of the events alleged herein.

3. Video surveillance and pharmacy records document that Abegail Ross performed the duties of a pharmaceutical technician in CVS Pharmacy #8787 from August 28, 2023, to September 6, 2023, without a registration issued by the Board.

4. Text message evidence documents Pascual authorizing, counseling and/or inducing Ross to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration.

5. CVS Health subsequently terminated Pascual from employment for cause.

6. On September 18, 2023, Ross was issued a registration as a pharmaceutical technician, Certificate of Registration No. PT29215.

7. CVS Health self-reported in correspondence from District Leader Chistopher Scalzitti dated October 11, 2023, and October 30, 2023, that Ross performed the duties of a pharmaceutical technician in CVS Pharmacy #8787 August 28, 2023, to September 6, 2023, without a registration.

8. On or about December 14, 2023, Pascual represented in writing to a Board investigator that Ross did not perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration.

9. On or about December 21, 2023, Ross admitted in an email communication to a Board investigator that Pascual authorized, counseled and/or induced her to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 commencing on August 28, 2023.

APPLICABLE LAW

10. No person shall perform the duties of a pharmaceutical technician unless registered by the Board pursuant to the provisions of NRS Chapter 639. NRS 639.100(1); NAC 639.240; NAC 639.260. Engaging in practice as a pharmaceutical technician without a valid registration is a felony. NRS 639.100(2).

11. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Performing any duties as the holder of a license or registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

15. Willfully making a materially false statement in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

16. A managing pharmacist 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

17. 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(3).

COUNT ONE

Violation of State Law - Aiding and Abetting Unlicensed Practice/ Managing Pharmacist Responsibility

(Respondent Pascual)

18. Respondent Pascual violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100, NAC 639.240 and/or NAC 639.260 when she authorized, counseled and/or induced Ross to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration as alleged herein, and is therefore subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT TWO

Unprofessional Conduct/Managing Pharmacist Responsibility

(Respondent Pascual)

19. Respondent Pascual performed her duties as a managing pharmacist in an incompetent, unskillful or negligent manner, aided and abetted Ross in unlicensed practice, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (j) when she authorized, counseled and/or induced Ross to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration as alleged herein, and is therefore subject to discipline pursuant to NRS 639.210(4), NRS 639.220(1) and/or NAC 639.702.

COUNT THREE

False Statements in Course of Investigation

(Respondent Pascual)

20. In the course of the Board's investigation, Respondent Pascual willfully made false statements that Ross did not perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration as alleged in Paragraph 8 herein, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210(4) and (9).

COUNT FOUR

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS Pharmacy #8787)

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #8787 is responsible for those violations, including all errors and omissions of Pascual and Ross, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 25th day of JULY 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SARAH MAE PASCUAL, RPH,** **Certificate of Registration No. 20433,** **Respondent.**	**CASE NO. 23-412-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of JULY 2025.

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.** **SARAH MAE PASCUAL, RPH,** **Certificate of Registration No. 20433,** **Respondent.**	**CASE NO. 23-412-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 _____ 2025.

_____

Sarah Mae Pascual, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #8787
1551 W Sunset Blvd
Henderson, NV 89014

CVS Pharmacy #8787
c/o Brian Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

Sarah Mae Pascual, RPh
[redacted]
Henderson, NV [redacted]

CVS Pharmacy #8787
c/o Sarah Mae Pascual, RPh
1551 W Sunset Blvd
Henderson, NV 89014

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8787,** **Pharmacy License No. PH011440, and** **SARAH MAE PASCUAL, RPH,** **Certificate of Registration No. 20433,** **Respondents.**	**CASE NOS. 23-412-PH-S** **23-412-RPH-S** **STIPULATION AND ORDER** **[RESPONDENT PASCUAL ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Sarah Mae Pascual, RPh (Pascual), Certificate of Registration No. 20433, by and through counsel, Melanie L. Thomas, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 25, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about October 3, 2025, Respondent filed an Answer and Notice of Defense to the Amended Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Amended Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her 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).

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

6. Respondent contests the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that as the managing pharmacist of Respondent CVS Pharmacy #8787, Pharmacy License No. PH01144:

A. Pascual violated NRS 639.100, NAC 639.240 and/or NAC 639.260 when she authorized, counseled and/or induced Abegail Ross to perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration;

B. Pascual performed her duties as a managing pharmacist in an incompetent, unskillful or negligent manner, aided and abetted Ross in unlicensed practice, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (j) and is therefore subject to discipline pursuant to NRS 639.210(4), NRS 639.220(1) and/or NAC 639.702; and

C. Pascual willfully made false statements in the course of the Board's investigation, that Ross did not perform the duties of a pharmaceutical technician in CVS Pharmacy #8787 without a registration, violated NRS 197.190, was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210(4) and (9).

7. Those violations are pled with particularity in the Amended Accusation and 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 stipulate to the following penalties. The certificate of registration of Respondent Sarah Mae Pascual, RPh (Pascual), Certificate of Registration No. 20433, is suspended for a period of two (2) years pursuant to NRS 639.255(1)(c). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Pascual shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by April 1, 2026;

B. Pursuant to NRS 622.400, Pascual shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs 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 April 1, 2026;

C. Pascual shall complete two (2) hours of continuing education (CE) on ethics and two (2) hours of CE on duties of a managing pharmacist, in addition to the CE hours she must otherwise complete to maintain licensure, and shall provide certificates demonstrating completion of the additional CEs by April 1, 2026; and

D. Other than her current position as managing pharmacist at Walgreens Pharmacy #11668, Pascual shall not work as managing pharmacist of any pharmacy licensed by the Board while on probation without prior approval from the Board.

Upon successful completion of probation, Respondent's Certificate of Registration No. 20433 will be fully restored.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of suspension and immediately suspend Respondent's Certificate of Registration No. 20433 and impose additional discipline consistent with the provisions of NRS Chapter 639.

10. 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 December 3, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. 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, and shall be further reported pursuant to NAC 639.960.

12. 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.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent 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.

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

AGREED:

Signed this ___ day of _____ 2025

SARAH MAE PASCUAL, RPH
Certificate of Registration No. 20433

Signed this ___ day of _____ 2025

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

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

MELANIE L. THOMAS, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Sarah Mae Pascual, RPh (Pascual), Certificate of Registration No. 20433, in Case No. 23-412-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 ___ day of December 2025.

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

5H

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #6717,
Pharmacy License No. PH01932,

ANALEAH PRESBITERO, RPH,
Certificate of Registration No. 23353, and

TODD SPEARS, RPH,
Certificate of Registration No. 18123,

Respondents.

CASE NOS. 24-013-PH-S
24-013-RPH-A-S
24-013-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 and these Respondents because at the time of the events alleged herein, Respondent Analeah Presbitero, RPh (Presbitero), Certificate of Registration No. 23353, and Respondent Todd Spears, RPh (Spears), Certificate of Registration No. 18123, were pharmacists registered with the Board, and Respondent CVS Pharmacy #6717, Pharmacy License No. PH01932, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Presbitero was employed as managing pharmacist of CVS Pharmacy #6717, located at 60 N. Valle Verde Drive in Henderson, and Spears was employed as a pharmacist at CVS Pharmacy #6717 at the time of the events alleged herein.

3. On January 3, 2024, CVS Pharmacy #6717 received a prescription for 30 escitalopram 20 mg tablets from prescriber G.W. for patient J.F. The CVS pharmacy computer system designated this prescription no. 1223493.

4. Also on January 3, 2024, CVS Pharmacy #6717 received a prescription for 90 tramadol HCl 50mg tablets from prescriber S.J. for patient T.B. The CVS pharmacy computer system designated this prescription no. 1223500.

5. On January 3, 2024, Jasmine Harshman (Harshman), a pharmaceutical technician, concurrently prepared prescription no. 1223493 for escitalopram and prescription no. 1223500 for tramadol.

6. When preparing prescription no. 1223493, Harshman poured the escitalopram tablets from a stock bottle, counted them according to the number prescribed, and then placed them in an unlabeled amber vial.

7. When preparing prescription no. 1223500, Harshman poured the tramadol tablets from a stock bottle, counted them according to the number prescribed, and then placed them in an unlabeled amber vial.

8. Harshman recalls that she placed an amber vial atop one of the printed labels that she was preparing to affix to the vial. According to Harshman, the amber vial containing escitalopram was likely pushed off its corresponding label, and when she handled it again, she inadvertently placed it atop the label designated for prescription no. 1223500.

9. At some point after Harshman first handled prescription nos. 1223493 and 1223500, the label for the escitalopram was mistakenly affixed to the amber vial containing tramadol.

10. At some point after Harshman first handled prescription nos. 1223493 and 1223500, the label for the tramadol was mistakenly affixed to the amber vial containing escitalopram.

11. Harshman used the CVS accuracy scan technology when preparing the above prescriptions.

12. For example, in preparing the prescription for escitalopram, Harshman snapped a photographic image of the escitalopram tablets on the counting tray, she scanned the manufacturer's data associated with the stock bottle containing the escitalopram, and then she scanned the label that she had prepared to affix to the amber vial. This created a digital file that correlated the escitalopram product image with the escitalopram product information.

13. On January 3, 2024, using the accuracy scan technology described above, Presbitero performed final verification of prescription no. 1223493. In this regard, Presbitero viewed the digital file, including the product image, and concluded that the prescription had been accurately filled with escitalopram. Presbitero did not directly inspect the amber vial or its contents. Had she done so, she would have seen that the amber vial contained 90 tablets of tramadol.

14. On January 3, 2024, using the accuracy scan technology described above, Presbitero performed final verification of prescription no. 1223500. In this regard, Presbitero viewed the digital file, including the product image, and concluded that the prescription had been accurately filled with tramadol. Presbitero did not directly inspect the amber vial or its contents. Had she done so, she would have seen that the amber vial contained 30 tablets of escitalopram.

15. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists, including Presbitero and Spears, to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients.

16. On information and belief, it became standard operating procedure for the pharmacists employed by CVS #6717 to use the accuracy scan technology as a substitute for a

direct visual inspection of the drugs that they dispensed to their patients. CVS #6717 actively encouraged adherence to this standard operating procedure.

17. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists to use the accuracy scan technology as a means of meeting production goals that would not otherwise have been met if pharmacists had performed a direct visual inspection of the drugs that they dispensed.

18. On January 4, 2024, CVS #6717 dispensed prescription no. 122493.

19. On or about January 31, 2024, patient J.F. called and returned to CVS #6717 carrying 19 tablets of tramadol in a plastic bag. Patient J.F. explained that she had received the wrong medication, and after an internal investigation, CVS #6717 confirmed that it had dispensed tramadol to patient J.F. instead of escitalopram, as prescribed.

20. Patient J.F. ingested eight tramadol tablets before she noticed the error and experienced drowsiness and hallucinations.

21. On January 5, 2024, CVS #6717 dispensed prescription no. 1223500. Patient T.B. picked up the prescription and immediately returned to the pharmacy because she noticed that she had only received 30 tablets instead of 90.

22. Although patient T.B. promptly returned to the pharmacy to complain about the tablet count, patient T.B. failed to notice that the tablets were escitalopram, not tramadol as prescribed.

23. Spears was the pharmacist on duty on January 5, 2024, when patient T.B. returned to the pharmacy to correct her tablet count. A pharmaceutical technician on duty at the time poured the 30 tablets into the pill counter and notified Spears of the 60-tablet shortage. Spears did not view the bottle or tablets. Another technician added 60 tablets of tramadol to the machine. All 90 tablets were then placed back into the amber vial and the technician handed it back to patient T.B.

24. After the patient had left the pharmacy, Spears viewed the original product image of the tablets associated with prescription no. 1223500. The image showed that patient T.B.'s prescription contained 90 tablets of tramadol, as opposed to the 30 tablets of escitalopram and 60 tablets of tramadol that were ultimately dispensed to her. Spears did not document the shortage, and he did not perform any further investigation.

25. Patient T.B. ingested all the medication in the amber vial for prescription no. 1223500.

26. Patient T.B. reported feeling more pain than usual, weight gain, and migraines.

27. On information and belief, patient T.B. ingested at least 30 tablets of the escitalopram that had been prescribed for patient J.F.

APPLICABLE LAW

28. 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).

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

30. 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. NAC 639.252 and NAC 639.702. Such a pharmacist must verify, among other things, the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

31. A pharmaceutical technician may perform one or more of the functions necessary to prepare a prescription only if the supervising pharmacist inspects the final product. NAC 639.245(2).

32. 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. Furthermore, 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(3).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Presbitero)

33. Presbitero engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final verifications for prescription no. 1223493 and prescription no. 1223500 and failed to observe that the tablets in each of the amber vials did not correlate with the labels on each of the amber vials.

34. Having performed her duties in incompetent, unskillful, or negligent manner, as described above, Presbitero is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Spears)

35. Spears engaged in unprofessional conduct, as defined in NAC 639.945(1)(d) and (i), when he failed to perceive and correct the error in prescription no. 1223500 after patient T.B. returned with a complaint about the tablet count.

36. Although patient T.B. ultimately left the pharmacy with 90 tablets, including 60 tablets of tramadol, patient T.B. remained unaware that 30 of those tablets were never prescribed for her.

37. After becoming aware of the patient's complaint about the tablet count, Spears delegated to a pharmaceutical technician the responsibility to investigate and correct the discrepancy. Had Spears visually inspected the tablets, as opposed to a product image of the

tablets, he would have seen that the amber vial contained escitalopram instead of tramadol as indicated on the label.

38. Furthermore, Spears engaged in unprofessional conduct, as defined in NAC 639.945(1)(i), when he failed to investigate why patient T.B. received 30 tablets instead of 90 as prescribed.

39. Having performed his duties in incompetent, unskillful, or negligent manner, as described above, Spears is subject to discipline pursuant to NRS 639.210(4).

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS #6717)

40. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent CVS #6717 is responsible for those violations, including all errors and omissions of Respondents Presbitero, Spears, and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 1223493 and prescription no. 1223500.

41. Due to the unprofessional conduct of Presbitero, Spears, and/or other of its employees, CVS #6717 is subject to professional discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT FOUR
Performing Duties in a Negligent Manner
(Respondent CVS #6717)

42. As alleged above, CVS #6717, acting through its corporate officers and managers, directed its pharmacists, including Presbitero and Spears, to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients.

43. As alleged above, it became standard operating procedure for the pharmacists employed by CVS #6717 to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients. CVS #6717 actively encouraged adherence to this standard operating procedure.

44. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists to use the accuracy scan technology as a means of meeting production goals that would not otherwise have been met if pharmacists had performed a direct visual inspection of the drugs that they dispensed.

45. Pursuant to NAC 639.245 and NAC 639.252, CVS #6717 had a duty to ensure that its pharmacists performed a direct visual inspection of the drugs that they dispensed.

46. Acting through its officers and managers, CVS #6717 fostered a work environment in which its pharmacists were actively discouraged from performing a direct visual inspection of the drugs that they dispensed.

47. In light of the foregoing, CVS #6717 performed its duties as a licensee in an incompetent, unskillful, or negligent manner.

48. Due to its unprofessional conduct as alleged above, CVS #6717 caused prescription no. 1223493 and prescription no. 1223500 to be erroneously filled.

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

Signed this 11th day of September 2025.

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 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #6717,** **Pharmacy License No. PH01932,** **Respondent.**	**Case No. 24-013-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 11th day of September 2025.

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.** **CVS PHARMACY #6717,** **Pharmacy License No. PH01932,** **Respondent.**	**Case No. 24-013-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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
CVS Pharmacy #6717

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

Analeah Presbitero, RPh
[redacted]
Las Vegas, NV [redacted]

Todd Spears, RPh
[redacted]
Henderson, NV [redacted]

Todd Spears, RPh
[redacted]
Henderson, NV [redacted]

Todd Spears, RPh
c/o CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

CVS Pharmacy #6717
c/o Brian J. Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

Analeah Presbitero, RPh
c/o CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
SEP 11 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #6717,
Pharmacy License No. PH01932,

ANALEAH PRESBITERO, RPH,
Certificate of Registration No. 23353, and

TODD SPEARS, RPH,
Certificate of Registration No. 18123,

Respondents.

CASE NOS. 24-013-PH-S
24-013-RPH-A-S
24-013-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 and these Respondents because at the time of the events alleged herein, Respondent Analeah Presbitero, RPh (Presbitero), Certificate of Registration No. 23353, and Respondent Todd Spears, RPh (Spears), Certificate of Registration No. 18123, were pharmacists registered with the Board, and Respondent CVS Pharmacy #6717, Pharmacy License No. PH01932, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Presbitero was employed as managing pharmacist of CVS Pharmacy #6717, located at 60 N. Valle Verde Drive in Henderson, and Spears was employed as a pharmacist at CVS Pharmacy #6717 at the time of the events alleged herein.

3. On January 3, 2024, CVS Pharmacy #6717 received a prescription for 30 escitalopram 20 mg tablets from prescriber G.W. for patient J.F. The CVS pharmacy computer system designated this prescription no. 1223493.

4. Also on January 3, 2024, CVS Pharmacy #6717 received a prescription for 90 tramadol HCl 50mg tablets from prescriber S.J. for patient T.B. The CVS pharmacy computer system designated this prescription no. 1223500.

5. On January 3, 2024, Jasmine Harshman (Harshman), a pharmaceutical technician, concurrently prepared prescription no. 1223493 for escitalopram and prescription no. 1223500 for tramadol.

6. When preparing prescription no. 1223493, Harshman poured the escitalopram tablets from a stock bottle, counted them according to the number prescribed, and then placed them in an unlabeled amber vial.

7. When preparing prescription no. 1223500, Harshman poured the tramadol tablets from a stock bottle, counted them according to the number prescribed, and then placed them in an unlabeled amber vial.

8. Harshman recalls that she placed an amber vial atop one of the printed labels that she was preparing to affix to the vial. According to Harshman, the amber vial containing escitalopram was likely pushed off its corresponding label, and when she handled it again, she inadvertently placed it atop the label designated for prescription no. 1223500.

9. At some point after Harshman first handled prescription nos. 1223493 and 1223500, the label for the escitalopram was mistakenly affixed to the amber vial containing tramadol.

10. At some point after Harshman first handled prescription nos. 1223493 and 1223500, the label for the tramadol was mistakenly affixed to the amber vial containing escitalopram.

11. Harshman used the CVS accuracy scan technology when preparing the above prescriptions.

12. For example, in preparing the prescription for escitalopram, Harshman snapped a photographic image of the escitalopram tablets on the counting tray, she scanned the manufacturer's data associated with the stock bottle containing the escitalopram, and then she scanned the label that she had prepared to affix to the amber vial. This created a digital file that correlated the escitalopram product image with the escitalopram product information.

13. On January 3, 2024, using the accuracy scan technology described above, Presbitero performed final verification of prescription no. 1223493. In this regard, Presbitero viewed the digital file, including the product image, and concluded that the prescription had been accurately filled with escitalopram. Presbitero did not directly inspect the amber vial or its contents. Had she done so, she would have seen that the amber vial contained 90 tablets of tramadol.

14. On January 3, 2024, using the accuracy scan technology described above, Presbitero performed final verification of prescription no. 1223500. In this regard, Presbitero viewed the digital file, including the product image, and concluded that the prescription had been accurately filled with tramadol. Presbitero did not directly inspect the amber vial or its contents. Had she done so, she would have seen that the amber vial contained 30 tablets of escitalopram.

15. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists, including Presbitero and Spears, to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients.

16. On information and belief, it became standard operating procedure for the pharmacists employed by CVS #6717 to use the accuracy scan technology as a substitute for a

direct visual inspection of the drugs that they dispensed to their patients. CVS #6717 actively encouraged adherence to this standard operating procedure.

17. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists to use the accuracy scan technology as a means of meeting production goals that would not otherwise have been met if pharmacists had performed a direct visual inspection of the drugs that they dispensed.

18. On January 4, 2024, CVS #6717 dispensed prescription no. 122493.

19. On or about January 31, 2024, patient J.F. called and returned to CVS #6717 carrying 19 tablets of tramadol in a plastic bag. Patient J.F. explained that she had received the wrong medication, and after an internal investigation, CVS #6717 confirmed that it had dispensed tramadol to patient J.F. instead of escitalopram, as prescribed.

20. Patient J.F. ingested eight tramadol tablets before she noticed the error and experienced drowsiness and hallucinations.

21. On January 5, 2024, CVS #6717 dispensed prescription no. 1223500. Patient T.B. picked up the prescription and immediately returned to the pharmacy because she noticed that she had only received 30 tablets instead of 90.

22. Although patient T.B. promptly returned to the pharmacy to complain about the tablet count, patient T.B. failed to notice that the tablets were escitalopram, not tramadol as prescribed.

23. Spears was the pharmacist on duty on January 5, 2024, when patient T.B. returned to the pharmacy to correct her tablet count. A pharmaceutical technician on duty at the time poured the 30 tablets into the pill counter and notified Spears of the 60-tablet shortage. Spears did not view the bottle or tablets. Another technician added 60 tablets of tramadol to the machine. All 90 tablets were then placed back into the amber vial and the technician handed it back to patient T.B.

24. After the patient had left the pharmacy, Spears viewed the original product image of the tablets associated with prescription no. 1223500. The image showed that patient T.B.'s prescription contained 90 tablets of tramadol, as opposed to the 30 tablets of escitalopram and 60 tablets of tramadol that were ultimately dispensed to her. Spears did not document the shortage, and he did not perform any further investigation.

25. Patient T.B. ingested all the medication in the amber vial for prescription no. 1223500.

26. Patient T.B. reported feeling more pain than usual, weight gain, and migraines.

27. On information and belief, patient T.B. ingested at least 30 tablets of the escitalopram that had been prescribed for patient J.F.

APPLICABLE LAW

28. 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).

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

30. 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. NAC 639.252 and NAC 639.702. Such a pharmacist must verify, among other things, the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

31. A pharmaceutical technician may perform one or more of the functions necessary to prepare a prescription only if the supervising pharmacist inspects the final product. NAC 639.245(2).

32. 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. Furthermore, 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(3).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Presbitero)

33. Presbitero engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final verifications for prescription no. 1223493 and prescription no. 1223500 and failed to observe that the tablets in each of the amber vials did not correlate with the labels on each of the amber vials.

34. Having performed her duties in incompetent, unskillful, or negligent manner, as described above, Presbitero is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Spears)

35. Spears engaged in unprofessional conduct, as defined in NAC 639.945(1)(d) and (i), when he failed to perceive and correct the error in prescription no. 1223500 after patient T.B. returned with a complaint about the tablet count.

36. Although patient T.B. ultimately left the pharmacy with 90 tablets, including 60 tablets of tramadol, patient T.B. remained unaware that 30 of those tablets were never prescribed for her.

37. After becoming aware of the patient's complaint about the tablet count, Spears delegated to a pharmaceutical technician the responsibility to investigate and correct the discrepancy. Had Spears visually inspected the tablets, as opposed to a product image of the

tablets, he would have seen that the amber vial contained escitalopram instead of tramadol as indicated on the label.

38. Furthermore, Spears engaged in unprofessional conduct, as defined in NAC 639.945(1)(i), when he failed to investigate why patient T.B. received 30 tablets instead of 90 as prescribed.

39. Having performed his duties in incompetent, unskillful, or negligent manner, as described above, Spears is subject to discipline pursuant to NRS 639.210(4).

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS #6717)

40. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent CVS #6717 is responsible for those violations, including all errors and omissions of Respondents Presbitero, Spears, and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 1223493 and prescription no. 1223500.

41. Due to the unprofessional conduct of Presbitero, Spears, and/or other of its employees, CVS #6717 is subject to professional discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT FOUR
Performing Duties in a Negligent Manner
(Respondent CVS #6717)

42. As alleged above, CVS #6717, acting through its corporate officers and managers, directed its pharmacists, including Presbitero and Spears, to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients.

43. As alleged above, it became standard operating procedure for the pharmacists employed by CVS #6717 to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients. CVS #6717 actively encouraged adherence to this standard operating procedure.

44. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists to use the accuracy scan technology as a means of meeting production goals that would not otherwise have been met if pharmacists had performed a direct visual inspection of the drugs that they dispensed.

45. Pursuant to NAC 639.245 and NAC 639.252, CVS #6717 had a duty to ensure that its pharmacists performed a direct visual inspection of the drugs that they dispensed.

46. Acting through its officers and managers, CVS #6717 fostered a work environment in which its pharmacists were actively discouraged from performing a direct visual inspection of the drugs that they dispensed.

47. In light of the foregoing, CVS #6717 performed its duties as a licensee in an incompetent, unskillful, or negligent manner.

48. Due to its unprofessional conduct as alleged above, CVS #6717 caused prescription no. 1223493 and prescription no. 1223500 to be erroneously filled.

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

Signed this 11th day of September 2025.

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 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANALEAH PRESBITERO, RPH,** **Certificate of Registration No. 23353,** **Respondent.**	**Case No. 24-013-RPH-A-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 11th day of September 2025.

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.** **ANALEAH PRESBITERO, RPH,** **Certificate of Registration No. 23353,** **Respondent.**	**Case No. 24-013-RPH-A-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 _____ 2025.

_____

Analeah Presbitero, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

Analeah Presbitero, RPh
[redacted]
Las Vegas, NV [redacted]

Todd Spears, RPh
[redacted]
Henderson, NV [redacted]

Todd Spears, RPh
[redacted]
Henderson, NV [redacted]

Todd Spears, RPh
c/o CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

CVS Pharmacy #6717
c/o Brian J. Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

Analeah Presbitero, RPh
c/o CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
SEP 11 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #6717,** **Pharmacy License No. PH01932,** **ANALEAH PRESBITERO, RPH,** **Certificate of Registration No. 23353, and** **TODD SPEARS, RPH,** **Certificate of Registration No. 18123,** **Respondents.**	**CASE NOS. 24-013-PH-S** **24-013-RPH-A-S** **24-013-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 and these Respondents because at the time of the events alleged herein, Respondent Analeah Presbitero, RPh (Presbitero), Certificate of Registration No. 23353, and Respondent Todd Spears, RPh (Spears), Certificate of Registration No. 18123, were pharmacists registered with the Board, and Respondent CVS Pharmacy #6717, Pharmacy License No. PH01932, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Presbitero was employed as managing pharmacist of CVS Pharmacy #6717, located at 60 N. Valle Verde Drive in Henderson, and Spears was employed as a pharmacist at CVS Pharmacy #6717 at the time of the events alleged herein.

3. On January 3, 2024, CVS Pharmacy #6717 received a prescription for 30 escitalopram 20 mg tablets from prescriber G.W. for patient J.F. The CVS pharmacy computer system designated this prescription no. 1223493.

4. Also on January 3, 2024, CVS Pharmacy #6717 received a prescription for 90 tramadol HCl 50mg tablets from prescriber S.J. for patient T.B. The CVS pharmacy computer system designated this prescription no. 1223500.

5. On January 3, 2024, Jasmine Harshman (Harshman), a pharmaceutical technician, concurrently prepared prescription no. 1223493 for escitalopram and prescription no. 1223500 for tramadol.

6. When preparing prescription no. 1223493, Harshman poured the escitalopram tablets from a stock bottle, counted them according to the number prescribed, and then placed them in an unlabeled amber vial.

7. When preparing prescription no. 1223500, Harshman poured the tramadol tablets from a stock bottle, counted them according to the number prescribed, and then placed them in an unlabeled amber vial.

8. Harshman recalls that she placed an amber vial atop one of the printed labels that she was preparing to affix to the vial. According to Harshman, the amber vial containing escitalopram was likely pushed off its corresponding label, and when she handled it again, she inadvertently placed it atop the label designated for prescription no. 1223500.

9. At some point after Harshman first handled prescription nos. 1223493 and 1223500, the label for the escitalopram was mistakenly affixed to the amber vial containing tramadol.

10. At some point after Harshman first handled prescription nos. 1223493 and 1223500, the label for the tramadol was mistakenly affixed to the amber vial containing escitalopram.

11. Harshman used the CVS accuracy scan technology when preparing the above prescriptions.

12. For example, in preparing the prescription for escitalopram, Harshman snapped a photographic image of the escitalopram tablets on the counting tray, she scanned the manufacturer's data associated with the stock bottle containing the escitalopram, and then she scanned the label that she had prepared to affix to the amber vial. This created a digital file that correlated the escitalopram product image with the escitalopram product information.

13. On January 3, 2024, using the accuracy scan technology described above, Presbitero performed final verification of prescription no. 1223493. In this regard, Presbitero viewed the digital file, including the product image, and concluded that the prescription had been accurately filled with escitalopram. Presbitero did not directly inspect the amber vial or its contents. Had she done so, she would have seen that the amber vial contained 90 tablets of tramadol.

14. On January 3, 2024, using the accuracy scan technology described above, Presbitero performed final verification of prescription no. 1223500. In this regard, Presbitero viewed the digital file, including the product image, and concluded that the prescription had been accurately filled with tramadol. Presbitero did not directly inspect the amber vial or its contents. Had she done so, she would have seen that the amber vial contained 30 tablets of escitalopram.

15. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists, including Presbitero and Spears, to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients.

16. On information and belief, it became standard operating procedure for the pharmacists employed by CVS #6717 to use the accuracy scan technology as a substitute for a

direct visual inspection of the drugs that they dispensed to their patients. CVS #6717 actively encouraged adherence to this standard operating procedure.

17. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists to use the accuracy scan technology as a means of meeting production goals that would not otherwise have been met if pharmacists had performed a direct visual inspection of the drugs that they dispensed.

18. On January 4, 2024, CVS #6717 dispensed prescription no. 122493.

19. On or about January 31, 2024, patient J.F. called and returned to CVS #6717 carrying 19 tablets of tramadol in a plastic bag. Patient J.F. explained that she had received the wrong medication, and after an internal investigation, CVS #6717 confirmed that it had dispensed tramadol to patient J.F. instead of escitalopram, as prescribed.

20. Patient J.F. ingested eight tramadol tablets before she noticed the error and experienced drowsiness and hallucinations.

21. On January 5, 2024, CVS #6717 dispensed prescription no. 1223500. Patient T.B. picked up the prescription and immediately returned to the pharmacy because she noticed that she had only received 30 tablets instead of 90.

22. Although patient T.B. promptly returned to the pharmacy to complain about the tablet count, patient T.B. failed to notice that the tablets were escitalopram, not tramadol as prescribed.

23. Spears was the pharmacist on duty on January 5, 2024, when patient T.B. returned to the pharmacy to correct her tablet count. A pharmaceutical technician on duty at the time poured the 30 tablets into the pill counter and notified Spears of the 60-tablet shortage. Spears did not view the bottle or tablets. Another technician added 60 tablets of tramadol to the machine. All 90 tablets were then placed back into the amber vial and the technician handed it back to patient T.B.

24. After the patient had left the pharmacy, Spears viewed the original product image of the tablets associated with prescription no. 1223500. The image showed that patient T.B.'s prescription contained 90 tablets of tramadol, as opposed to the 30 tablets of escitalopram and 60 tablets of tramadol that were ultimately dispensed to her. Spears did not document the shortage, and he did not perform any further investigation.

25. Patient T.B. ingested all the medication in the amber vial for prescription no. 1223500.

26. Patient T.B. reported feeling more pain than usual, weight gain, and migraines.

27. On information and belief, patient T.B. ingested at least 30 tablets of the escitalopram that had been prescribed for patient J.F.

APPLICABLE LAW

28. 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).

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

30. 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. NAC 639.252 and NAC 639.702. Such a pharmacist must verify, among other things, the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

31. A pharmaceutical technician may perform one or more of the functions necessary to prepare a prescription only if the supervising pharmacist inspects the final product. NAC 639.245(2).

32. 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. Furthermore, 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(3).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Presbitero)

33. Presbitero engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final verifications for prescription no. 1223493 and prescription no. 1223500 and failed to observe that the tablets in each of the amber vials did not correlate with the labels on each of the amber vials.

34. Having performed her duties in incompetent, unskillful, or negligent manner, as described above, Presbitero is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Spears)

35. Spears engaged in unprofessional conduct, as defined in NAC 639.945(1)(d) and (i), when he failed to perceive and correct the error in prescription no. 1223500 after patient T.B. returned with a complaint about the tablet count.

36. Although patient T.B. ultimately left the pharmacy with 90 tablets, including 60 tablets of tramadol, patient T.B. remained unaware that 30 of those tablets were never prescribed for her.

37. After becoming aware of the patient's complaint about the tablet count, Spears delegated to a pharmaceutical technician the responsibility to investigate and correct the discrepancy. Had Spears visually inspected the tablets, as opposed to a product image of the

tablets, he would have seen that the amber vial contained escitalopram instead of tramadol as indicated on the label.

38. Furthermore, Spears engaged in unprofessional conduct, as defined in NAC 639.945(1)(i), when he failed to investigate why patient T.B. received 30 tablets instead of 90 as prescribed.

39. Having performed his duties in incompetent, unskillful, or negligent manner, as described above, Spears is subject to discipline pursuant to NRS 639.210(4).

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS #6717)

40. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent CVS #6717 is responsible for those violations, including all errors and omissions of Respondents Presbitero, Spears, and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 1223493 and prescription no. 1223500.

41. Due to the unprofessional conduct of Presbitero, Spears, and/or other of its employees, CVS #6717 is subject to professional discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT FOUR
Performing Duties in a Negligent Manner
(Respondent CVS #6717)

42. As alleged above, CVS #6717, acting through its corporate officers and managers, directed its pharmacists, including Presbitero and Spears, to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients.

43. As alleged above, it became standard operating procedure for the pharmacists employed by CVS #6717 to use the accuracy scan technology as a substitute for a direct visual inspection of the drugs that they dispensed to their patients. CVS #6717 actively encouraged adherence to this standard operating procedure.

44. On information and belief, CVS #6717, acting through its corporate officers and managers, directed its pharmacists to use the accuracy scan technology as a means of meeting production goals that would not otherwise have been met if pharmacists had performed a direct visual inspection of the drugs that they dispensed.

45. Pursuant to NAC 639.245 and NAC 639.252, CVS #6717 had a duty to ensure that its pharmacists performed a direct visual inspection of the drugs that they dispensed.

46. Acting through its officers and managers, CVS #6717 fostered a work environment in which its pharmacists were actively discouraged from performing a direct visual inspection of the drugs that they dispensed.

47. In light of the foregoing, CVS #6717 performed its duties as a licensee in an incompetent, unskillful, or negligent manner.

48. Due to its unprofessional conduct as alleged above, CVS #6717 caused prescription no. 1223493 and prescription no. 1223500 to be erroneously filled.

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

Signed this 11th day of September 2025.

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 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TODD SPEARS, RPH,** **Certificate of Registration No. 18123,** **Respondent.**	**Case No. 24-013-RPH-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 11th day of September 2025.

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.** **TODD SPEARS, RPH,** **Certificate of Registration No. 18123,** **Respondent.**	**Case No. 24-013-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 _____ 2025.

Todd Spears, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

Analeah Presbitero, RPh
[redacted]
Las Vegas, NV [redacted]

Todd Spears, RPh
[redacted]
Henderson, NV [redacted]

Todd Spears, RPh
[redacted]
Henderson, NV [redacted]

Todd Spears, RPh
c/o CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

CVS Pharmacy #6717
c/o Brian J. Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

Analeah Presbitero, RPh
c/o CVS Pharmacy #6717
60 N Valle Verde Dr
Henderson, NV 89074

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9981,** **Pharmacy License No. PH01300,** **and** **JOSEPH DELALLO, RPH,** **Certificate of Registration No. 18429,** **Respondents.**	**CASE NOS. 25-034-PH-N** **25-034-RPH-N** **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 and these Respondents because at the time of the events alleged herein, Respondent Joseph Delallo, RPh (Delallo), Certificate of Registration No. 18429, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #9981, Pharmacy License No. PH01300, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Delallo was employed as managing pharmacist of CVS Pharmacy #9981, located at 3240 Hwy. 50 in Carson City, at the time of the events alleged herein.

3. On January 21, 2025, CVS Pharmacy #9981 received a prescription for 5ml Amoxicillin-Pot Clavulanate from prescriber S.E. for 18-month-old patient C.S. The CVS pharmacy computer system designated this prescription no. 1054115.

4. On January 21, 2025, Catherine Torres (Torres), a pharmaceutical technician, prepared prescription no. 1054115.

5. After preparing the prescription, Torres gave prescription no. 1054115 to Delallo for verification. Delallo inspected the medication visually and by scanning a QR code on the bottle.

6. The bottle containing prescription no. 1054115 included a QR code, a lot number, and an expiration date. The QR code contains information about the medication contained within the bottle, including the expiration date.

7. Delallo confirmed through a visual inspection that the medication inside the bottle was correct. However, the QR code did not scan properly, and Delallo was unable to confirm any of the information about the medication from the QR code.

8. The expiration date printed on the bottle for prescription no. 1054115 was May 2024.

9. Although the expiration date was printed on the bottle along with the lot number, Delallo overlooked it during his verification.

10. On January 22, 2025, CVS #9981 dispensed prescription no. 1054115.

11. Beginning on January 22, 2025, Patient C.S.'s parents gave him the medication twice a day for five days, as directed by prescriber S.E.

12. On or about January 27, 2025, Patient C.S.'s father discovered from looking at the bottle that prescription no. 1054115 expired in May 2024.

13. On or about January 27, 2025, Patient C.S.'s mother called CVS #9981 to report that prescription no. 1054115 had expired. Pharmacy staff told C.S.'s mother that, although the bottle said the prescription was expired, it was still good.

14. Patient C.S. ingested the medication for prescription no. 1054115 twice per day for five days as directed. Patient C.S. did not appear to have any negative symptoms.

15. In 2023, the Board disciplined Respondent Delallo for (a) unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest for failing to verify the contents of and dispensing a prescription drug in strict conformance with the instructions of a prescribing practitioner, and (b) violations of law as the responsible managing pharmacist. In the 2023 case, the Board ordered Respondent Delallo to pay a total fine of $3,000.

16. In 2022, the Board issued a citation and fine in the amount of $500 against Respondent Delallo for erroneously dispensing a prescription to a patient with the incorrect instructions.

17. In 2014, the Board disciplined Respondent Delallo for (a) unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest for failing to verify the contents of and dispensing a prescription drug in strict conformance with the instructions of a prescribing practitioner; (b) failing to provide adequate counseling; and (c) removing the original fill record in violation of NAC 639.910(1) and (2). In the 2014 case, the Board and Respondent Delallo stipulated that, among other things, Respondent Delallo should pay a total fine of $1,500 and take a continuing education credit.

APPLICABLE LAW

18. Unprofessional conduct includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i). The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

19. 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. NAC 639.252 and NAC 639.702.

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

by the Board. NRS 639.230(5); NAC 639.702. Furthermore, 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(3).

21. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

22. Any licensee who violates or attempts to violate any law or regulation relating to drugs or the practice of pharmacy is cause for the suspension or revocation of the license of pharmacy by the Board. NRS 639.210(12).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Delallo)

23. Delallo engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when, as the managing pharmacist at CVS #9981, he performed final verification for prescription no. 1054115 and failed to observe that the medication was expired.

24. Having performed his duties in incompetent, unskillful, or negligent manner, as described above, Delallo is subject to discipline pursuant to NRS 639.210(4) and NRS 639.230(5).

COUNT TWO

Unprofessional Conduct – Violation of Law Relating to Drugs

(Respondent Delallo)

25. As alleged above, Delallo violated or attempted to violate NRS 585.520(1) when, as the managing pharmacist at CVS #9981, he sold prescription no. 1054115, an adulterated drug, to a patient.

26. Having violated or attempting to violate NRS 585.520(1), Delallo is subject to discipline pursuant to NRS 639.210(4) and NRS 639.230(5).

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COUNT THREE

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS #9981)

27. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent CVS #9981 is responsible for those violations, including all errors and omissions of Respondent Delallo and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 1054115, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 24th day of JULY 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9981,** **Pharmacy License No. PH01300,** **Respondent.**	**Case No. 25-034-PH-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 24th day of July 2025.

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.** **CVS PHARMACY #9981,** **Pharmacy License No. PH01300,** **Respondent.**	**Case No. 25-034-PH-N** **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 _____ 2025.

AUTHORIZED REPRESENTATIVE FOR
CVS Pharmacy #9981

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #9981
3240 US Hwy 50 E
Carson City, NV 89701

CVS Pharmacy #9981
c/o Brian J. Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

Joseph Delallo, RPh
[redacted]
Reno, NV [redacted]

CVS Pharmacy #9981
c/o Joseph Delallo, RPh
3240 US Hwy 50 E
Carson City, NV 89701

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9981, PHARMACY LICENSE NO. PH01300, AND** **JOSEPH DELALLO, RPH, CERTIFICATE OF REGISTRATION NO. 18429,** **RESPONDENTS.**	**Case No. 25-034-PH-N** **25-034-RPH-N** **STIPULATION AND ORDER [CVS PHARMACY #9981 ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and CVS Pharmacy #9981, Pharmacy License No. PH01300, ("Respondent"), by and through counsel, Brian J. Convery, 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 the parties pursued settlement negotiations.

4. Respondent acknowledges that it understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that it 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 its right 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 Three of the Accusation.

8. Now, therefore, 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 Thousand and 00/100 Dollars ($5,000.00)**, 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 January 5, 2026.

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 January 5, 2026.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 25-034-PH-N. However, Respondent understands and acknowledges that its 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 a 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 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 December 3, 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.

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.

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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 ____ day of _____ 2025.

CVS PHARMACY #9981

By:_____
Name:_____
Title:_____

Signed this ____ day of _____ 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
LAURA M. TUCKER, ESQ.
General Counsel

DECISION AND ORDER

As to CVS Pharmacy #9981, in Case No. 25-034-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 ____day of December 2025.

_____
Helen Park, President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9981,** **Pharmacy License No. PH01300,** **and** **JOSEPH DELALLO, RPH,** **Certificate of Registration No. 18429,** **Respondents.**	**CASE NOS. 25-034-PH-N** **25-034-RPH-N** **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 and these Respondents because at the time of the events alleged herein, Respondent Joseph Delallo, RPh (Delallo), Certificate of Registration No. 18429, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #9981, Pharmacy License No. PH01300, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Delallo was employed as managing pharmacist of CVS Pharmacy #9981, located at 3240 Hwy. 50 in Carson City, at the time of the events alleged herein.

3. On January 21, 2025, CVS Pharmacy #9981 received a prescription for 5ml Amoxicillin-Pot Clavulanate from prescriber S.E. for 18-month-old patient C.S. The CVS pharmacy computer system designated this prescription no. 1054115.

4. On January 21, 2025, Catherine Torres (Torres), a pharmaceutical technician, prepared prescription no. 1054115.

5. After preparing the prescription, Torres gave prescription no. 1054115 to Delallo for verification. Delallo inspected the medication visually and by scanning a QR code on the bottle.

6. The bottle containing prescription no. 1054115 included a QR code, a lot number, and an expiration date. The QR code contains information about the medication contained within the bottle, including the expiration date.

7. Delallo confirmed through a visual inspection that the medication inside the bottle was correct. However, the QR code did not scan properly, and Delallo was unable to confirm any of the information about the medication from the QR code.

8. The expiration date printed on the bottle for prescription no. 1054115 was May 2024.

9. Although the expiration date was printed on the bottle along with the lot number, Delallo overlooked it during his verification.

10. On January 22, 2025, CVS #9981 dispensed prescription no. 1054115.

11. Beginning on January 22, 2025, Patient C.S.'s parents gave him the medication twice a day for five days, as directed by prescriber S.E.

12. On or about January 27, 2025, Patient C.S.'s father discovered from looking at the bottle that prescription no. 1054115 expired in May 2024.

13. On or about January 27, 2025, Patient C.S.'s mother called CVS #9981 to report that prescription no. 1054115 had expired. Pharmacy staff told C.S.'s mother that, although the bottle said the prescription was expired, it was still good.

14. Patient C.S. ingested the medication for prescription no. 1054115 twice per day for five days as directed. Patient C.S. did not appear to have any negative symptoms.

15. In 2023, the Board disciplined Respondent Delallo for (a) unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest for failing to verify the contents of and dispensing a prescription drug in strict conformance with the instructions of a prescribing practitioner, and (b) violations of law as the responsible managing pharmacist. In the 2023 case, the Board ordered Respondent Delallo to pay a total fine of $3,000.

16. In 2022, the Board issued a citation and fine in the amount of $500 against Respondent Delallo for erroneously dispensing a prescription to a patient with the incorrect instructions.

17. In 2014, the Board disciplined Respondent Delallo for (a) unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest for failing to verify the contents of and dispensing a prescription drug in strict conformance with the instructions of a prescribing practitioner; (b) failing to provide adequate counseling; and (c) removing the original fill record in violation of NAC 639.910(1) and (2). In the 2014 case, the Board and Respondent Delallo stipulated that, among other things, Respondent Delallo should pay a total fine of $1,500 and take a continuing education credit.

APPLICABLE LAW

18. Unprofessional conduct includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i). The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

19. 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. NAC 639.252 and NAC 639.702.

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

by the Board. NRS 639.230(5); NAC 639.702. Furthermore, 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(3).

21. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

22. Any licensee who violates or attempts to violate any law or regulation relating to drugs or the practice of pharmacy is cause for the suspension or revocation of the license of pharmacy by the Board. NRS 639.210(12).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Delallo)

23. Delallo engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when, as the managing pharmacist at CVS #9981, he performed final verification for prescription no. 1054115 and failed to observe that the medication was expired.

24. Having performed his duties in incompetent, unskillful, or negligent manner, as described above, Delallo is subject to discipline pursuant to NRS 639.210(4) and NRS 639.230(5).

COUNT TWO

Unprofessional Conduct – Violation of Law Relating to Drugs

(Respondent Delallo)

25. As alleged above, Delallo violated or attempted to violate NRS 585.520(1) when, as the managing pharmacist at CVS #9981, he sold prescription no. 1054115, an adulterated drug, to a patient.

26. Having violated or attempting to violate NRS 585.520(1), Delallo is subject to discipline pursuant to NRS 639.210(4) and NRS 639.230(5).

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COUNT THREE

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS #9981)

27. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent CVS #9981 is responsible for those violations, including all errors and omissions of Respondent Delallo and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 1054115, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 24th day of JULY 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSEPH DELALLO, RPH,** **Certificate of Registration No. 18429,** **Respondent.**	**Case No. 25-034-RPH-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 24th day of JULY 2025.

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.** **JOSEPH DELALLO, RPH,** **Certificate of Registration No. 18429,** **Respondent.**	**Case No. 25-034-RPH-N** **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 _____ 2025.

_____

Joseph Delallo, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #9981
3240 US Hwy 50 E
Carson City, NV 89701

CVS Pharmacy #9981
c/o Brian J. Convery, Esq.
1 CVS Drive, Mail Code 2325
Woonsocket, RI 02895

Joseph Delallo, RPh
[redacted]
Reno, NV [redacted]

CVS Pharmacy #9981
c/o Joseph Delallo, RPh
3240 US Hwy 50 E
Carson City, NV 89701

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #9981, PHARMACY LICENSE NO. PH01300, AND** **JOSEPH DELALLO, RPH, CERTIFICATE OF REGISTRATION NO. 18429,** **RESPONDENTS.**	**Case No. 25-034-PH-N** **25-034-RPH-N** **STIPULATION AND ORDER [JOSEPH DELALLO ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Joseph Delallo, RPH, ("Respondent"), 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 he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

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 hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. 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, to wit:

A. Respondent was employed as managing pharmacist of CVS Pharmacy #9981, located at 3240 Hwy. 50 in Carson City, at the time of the events alleged herein.

B. On January 21, 2025, CVS Pharmacy #9981 received a prescription for 5ml Amoxicillin-Pot Clavulanate from prescriber S.E. for 18-month-old patient C.S. Later that day, a pharmaceutical technician, prepared the prescription.

C. As managing pharmacist on duty, Respondent verified the prescription by inspecting the medication visually and by scanning a QR code on the bottle. Respondent confirmed through a visual inspection that the medication inside the bottle was correct. However, the QR code did not scan properly, and Respondent was unable to confirm any of the information about the medication from the QR code.

D. The expiration date printed on the bottle for the prescription was May 2024. Although the expiration date was printed on the bottle along with the lot number, Respondent overlooked it during his verification.

E. On January 22, 2025, CVS #9981 dispensed the expired prescription, and Patient C.S.'s parents gave him the medication twice a day for five days, as directed by prescriber S.E.

F. On or about January 27, 2025, Patient C.S.'s father discovered from looking at the bottle that the prescription expired in May 2024. That day, Patient C.S.'s mother called CVS #9981 to report that the prescription had expired. Pharmacy staff told C.S.'s mother that, although the bottle said the prescription was expired, it was still good.

G. Patient C.S. continued to take the medication with no adverse reaction.

H. Respondent's conduct constitutes unprofessional conduct in violation of NAC 639.945(1)(i) and a violation of NRS 585.520(1), which is grounds for action under NRS 639.210(4) and NRS 639.230(5).

I. In 2023, the Board disciplined Respondent for (a) unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest for failing to verify the contents of and dispensing a prescription drug in strict conformance with the instructions of a prescribing practitioner, and (b) violations of law as the responsible managing pharmacist. In the 2023 case, the Board ordered Respondent to pay a total fine of $3,000.

J. In 2022, the Board issued a citation and fine in the amount of $500 against Respondent for erroneously dispensing a prescription to a patient with the incorrect instructions.

K. In 2014, the Board disciplined Respondent for (a) unprofessional conduct and/or incompetent, unskillful, or negligent conduct contrary to the public interest for failing to verify the contents of and dispensing a prescription drug in strict conformance with the instructions of a prescribing practitioner; (b) failing to provide adequate counseling; and (c) removing the original fill record in violation of NAC 639.910(1) and (2). In the 2014 case, the Board and Respondent stipulated that, among other things, Respondent Delallo should pay a total fine of $1,500 and take a continuing education credit.

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's certificate of registration no. 18429 shall be **REVOKED**; however, the imposition of the revocation shall be stayed, and Respondent shall be placed on probation for a period of three (3) years from and after the effective date of this Stipulation. Upon successful completion of the terms and conditions of probation as forth herein, Respondent's certificate of registration shall be automatically reinstated without conditions or restrictions;

B. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, 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, in two equal payments: $2,500 due within thirty (30) days of the effective date of this Stipulation and the remaining $2,500 due within sixty (60) days of the effective date of this Stipulation.

C. 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, within thirty (30) days of the effective date of this Stipulation.

D. As a condition of probation, Respondent shall not engage in any conduct for which disciplinary action may be imposed pursuant to the provisions of NRS 639.210 and/or associated regulations.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 25-034-RPH-N. However, 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 a 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 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 December 3, 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.

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 ____ day of _____ 2025.

_____
JOSEPH DELALLO, RPH
Certificate of Registration No. 18429

Signed this ____ day of _____ 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
LAURA M. TUCKER, ESQ.
General Counsel

DECISION AND ORDER

As to Joseph Delallo, in Case No. 25-034-RPH-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 ____day of December 2025.

_____
Helen Park, 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.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01376, and** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01812,** **Respondents.**	**CASE NOS. 23-245-PH-A-S** **23-245-PH-B-S** **SECOND 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 and these Respondents because at the time of the events alleged herein, Respondent Express Scripts, Pharmacy License No. PH01376, located in Fairfield, Ohio (Express Scripts Ohio), and Respondent Express Scripts, Pharmacy License No. PH01812, located in Tempe, Arizona (Express Scripts Arizona), were pharmacies licensed by the Board.

FACTUAL ALLEGATIONS

2. Mandi Pokorney, RPh (Pokorney), Certificate of Registration No. 21502, was employed as managing pharmacist by Express Scripts Arizona at the time of the events alleged herein.

3. Lana DeLong was employed as managing pharmacist by Express Scripts Ohio at the time of the events alleged herein; DeLong is not registered with the Board.

4. On May 31, 2023, Express Scripts received three electronic prescriptions for Ozempic issued by practitioner C.M for patient T.R. The first prescription was for Ozempic (0.25 or 0.5 mg/dose) 1.5ML with direction "1 injection QWK", two pens, zero refills. The electronic prescription transmission contained a pharmacy note that described starting titration: 0.25mg every week for four weeks, then increase to 0.5mg weekly for four weeks. The second prescription was for Ozempic (1mg/dose) 3ML, with directions "1 injection QD", one pen, zero refills. The electronic prescription transmission contained a pharmacy note that stated "inject 1 mg QWK for 4 weeks." The third prescription was for Ozempic Pen (2mg/dose) 3ML with directions "1 injection QWK", three pens with three refills. The electronic prescription transmission contained a pharmacy note that stated "inject 2mg QWK thereafter."

5. On or about June 1, 2023, all three prescriptions were entered into the Express Scripts computer system record as prescribed by pharmaceutical technician Toni Lawver at Express Scripts Ohio; Lawver is not registered with the Board. The first prescription for Ozempic (0.25 or 0.5 mg/dose) was designated prescription no. 2315163986-59; the second prescription for Ozempic (1mg/dose) was designated prescription no. 2315163985-59; the third prescription for Ozempic Pen (2mg/dose) was designated prescription no. 2315163984-59.

6. On or about June 1, 2023, pharmacist Timothy Verquer at Express Scripts Ohio performed data entry verification for the prescriptions; Verquer is not registered with the Board.

7. On or about June 1, 2023, pharmaceutical technician Ruth Anne Tapia at Express Scripts Arizona updated prescriber information for the prescriptions in the Express Scripts computer system record; Tapia is not registered with the Board.

8. On or about June 1, 2023, pharmacist Tamra Watson at Express Scripts Ohio performed data entry verification for the prescriptions; Watson is not registered with the Board.

9. On or about June 1, 2023, pharmaceutical technician Sandy Yellowhorse sent a prior authorization request via facsimile from Express Scripts Arizona to prescribing practitioner C.M.; Yellowhorse is not registered with the Board.

10. On or about June 5, 2023, pharmaceutical technician Jeffrey Poecker at Express Scripts Arizona unilaterally cancelled all three prescriptions for lack of prior authorization; Poecker is not registered with the Board.

11. On or about June 12, 2023, upon receipt of prior authorization, the prescription for Ozempic Pen (2mg/dose), re-designated prescription no. 2316358856-59, pharmacist Mathew Cocking at Express Scripts Arizona performed drug utilization review for the prescription; Cocking is not registered with the Board.

12. On or about June 13, 2023, pharmaceutical technician Beatriz Corral at Express Scripts Arizona filled prescription no. 2316358856-59; Corral is not registered with the Board.

13. On or about June 13, 2023, pharmacist Kathryn Ballhagen at Express Scripts Arizona performed final product verification; Ballhagen is not registered with the Board.

14. On or about June 13, 2023, prescription no. 2316358856-59 was erroneously dispensed to patient T.R. without titration by increasing the dose from 0.25 mg over a 12-week period as prescribed.

15. The prescription label for prescription no. 2316358856-59 misidentified Pokorney as the pharmacist of record.

16. On or about June 18, 2023, pharmacist Robert Fee at Express Scripts performed patient counseling; Fee is not registered with the Board.

17. On June 18, 2023, patient T.R., who was in the middle stages of kidney failure, injected the drug and experienced 36 hours of severe vomiting and dehydration.

APPLICABLE LAW

18. Prior to the amendment of NRS 639.2328 by Assembly Bill 107 in 2023, Nevada law required any pharmacist or pharmaceutical technician at a Nevada-licensed out-of-state pharmacy performing any of the tasks involved in filling and dispensing a prescription for a dangerous drug to a patient located in Nevada to be registered with the Board. *See* NRS 639.100(1)(a), NRS 454.215(1), NRS 639.015 and NRS 639.284(2).

19. A prescription must be labeled in conformance with NRS 639.2801 and include the name of the pharmacist of record who filled the prescription.

20. Failing to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

21. Performing any duties as a license holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

22. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

23. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

24. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

25. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 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(3).

COUNT ONE

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

(Respondents Express Scripts Arizona and Express Scripts Ohio)

26. By utilizing pharmacy personnel not registered in Nevada to perform tasks necessary to filling and dispensing prescription no. 2316358856-59 in violation of NRS 639.100(1)(a), NRS 454.215(1) and NRS 639.284(2), as alleged in Paragraphs 3 and 5-16 herein, Express Scripts Arizona and Express Scripts Ohio all aided and abetted unlicensed practice, and engaged in, or aided and abetted DeLong, Lawver, Verquer, Tapia, Watson, Yellowhorse, Poecker, Cocking, Corral, Ballhagen and Fee to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and/or (k), and each is subject to discipline pursuant to NRS 639.210(4) and NRS 639.2328.

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondents Express Scripts Arizona and Express Scripts Ohio)

27. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the violation of NRS 639.100(1)(a), NRS 454.215(1) and NRS 639.284(2) and error in filling and dispensing prescription no. 2316358856-59, Respondent Express Scripts Arizona and Express Scripts Ohio are responsible for those violations, including all errors and omissions of pharmacy personnel, pursuant to NRS 639.230(5), NRS 639.2328, NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy licenses of these two Respondents.

Signed this 30th day of July 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01376,** **Respondent.**	**Case No. 23-245-PH-A-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 Second Amended Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 30th day of JULY 2025.

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.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01376,** **Respondent.**	**Case No. 23-245-PH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Second Amended 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 Second Amended 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 Second Amended 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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR EXPRESS SCRIPTS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Express Scripts
7909 S Hardy Drive, Suite 106
Tempe, AZ 85284

Express Scripts
4865 Dixie Highway
Fairfield, Ohio 45014

Edward Rickert
Quarles & Brady LLP
155 N Waker Drive, Suite 3200
Chicago, IL 60606

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

FILED
JUN 25 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01376,** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01812, and** **MANDI POKORNEY, RPH,** **Certificate of Registration No. 21502,** **Respondents.**	**CASE NOS. 23-245-PH-A-S** **23-245-PH-B-S** **23-245-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 and these Respondents because at the time of the events alleged herein, Respondent Mandi Pokorney, RPh (Pokorney), Certificate of Registration No. 21502, was a pharmacist registered with the Board, and Respondent Express Scripts, Pharmacy License No. PH01376, located in Fairfield, Ohio (Express Scripts Ohio), and Respondent Express Scripts, Pharmacy License No. PH01812, located in Tempe, Arizona (Express Scripts Arizona), were pharmacies licensed by the Board.

FACTUAL ALLEGATIONS

2. Pokorney was employed as managing pharmacist by Express Scripts Arizona at the time of the events alleged herein.

3. Pharmacist Lana DeLong was employed as managing pharmacist by Express Scripts Ohio at the time of the events alleged herein; DeLong is not registered with the Board.

4. On May 31, 2023, Express Scripts received three electronic prescriptions for Ozempic issued by practitioner C.M for patient T.R. The first prescription was for Ozempic (0.25 or 0.5 mg/dose) 1.5ML with direction "1 injection QWK", two pens, zero refills. The electronic prescription transmission contained a pharmacy note that described starting titration: 0.25mg every week for four weeks, then increase to 0.5mg weekly for four weeks. The second prescription was for Ozempic (1mg/dose) 3ML, with directions "1 injection QD", one pen, zero refills. The electronic prescription transmission contained a pharmacy note that stated "inject 1 mg QWK for 4 weeks." The third prescription was for Ozempic Pen (2mg/dose) 3ML with directions "1 injection QWK", three pens with three refills. The electronic prescription transmission contained a pharmacy note that stated "inject 2mg QWK thereafter."

5. On or about June 1, 2023, all three prescriptions were entered into the Express Scripts computer system record as prescribed by pharmaceutical technician Toni Lawver at Express Scripts Ohio; Lawver is not registered with the Board. The first prescription for Ozempic (0.25 or 0.5 mg/dose) was designated prescription no. 2315163986-59; the second prescription for Ozempic (1mg/dose) was designated prescription no. 2315163985-59; the third prescription for Ozempic Pen (2mg/dose) was designated prescription no. 2315163984-59.

6. On or about June 1, 2023, pharmacist Timothy Verquer at Express Scripts Ohio performed data entry verification for the prescriptions; Verquer is not registered with the Board.

7. On or about June 1, 2023, pharmaceutical technician Ruth Ann Tapla at Express Scripts Arizona updated prescriber information for the prescriptions in the Express Scripts computer system record; Tapla is not registered with the Board.

8. On or about June 1, 2023, pharmacist Tamra Watson at Express Scripts Ohio performed data entry verification for the prescriptions; Watson is not registered with the Board.

9. On or about June 1, 2023, pharmaceutical technician Sandy Yellowhorse sent a prior authorization request via facsimile from Express Scripts Arizona to prescribing practitioner C.M.; Yellowhorse is not registered with the Board.

10. On or about June 5, 2023, pharmaceutical technician Jeffrey Poecker at Express Scripts Arizona unilaterally cancelled all three prescriptions for lack of prior authorization; Poecker is not registered with the Board.

11. On or about June 12, 2023, upon receipt of prior authorization, the prescription for Ozempic Pen (2mg/dose), re-designated prescription no. 2316358856-59, pharmacist Mathew Cocking at Express Scripts Arizona performed drug utilization review for the prescription; Cocking is not registered with the Board.

12. On or about June 13, 2023, pharmaceutical technician Beatriz Corral at Express Scripts Arizona filled prescription no. 2316358856-59; Corral is not registered with the Board.

13. On or about June 13, 2023, pharmacist Kathryn Ballhagen at Express Scripts Arizona performed final product verification; Ballhagen is not registered with the Board.

14. On or about June 13, 2023, prescription no. 2316358856-59 was erroneously dispensed to patient T.R. without titration by increasing the dose from 0.25 mg over a 12-week period as prescribed.

15. The prescription label for prescription no. 2316358856-59 identified Pokorney as the pharmacist of record.

16. On or about June 18, 2023, pharmacist Richard Fee at Express Scripts performed patient counseling; Fee is not registered with the Board.

17. On June 18, 2023, patient T.R., who was in the middle stages of kidney failure, injected the drug and experienced 36 hours of severe vomiting and dehydration.

APPLICABLE LAW

18. Prior to the amendment of NRS 639.2328 by Assembly Bill 107 in 2023, Nevada law required any pharmacist or pharmaceutical technician at a Nevada-licensed out-of-state

pharmacy performing any of the tasks involved in filling and dispensing a prescription for a dangerous drug to a patient located in Nevada to be registered with the Board. *See* NRS 639.100(1)(a), NRS 454.215(1), NRS 639.015 and NRS 639.284(2).

19. A prescription must be labeled in conformance with NRS 639.2801 and include the name of the pharmacist of record who filled the prescription and therefore bears corresponding responsibility for the prescription.

20. Failing to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

21. Performing any duties as a license holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

22. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

23. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

24. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

25. A managing pharmacist 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, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

26. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 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(3).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Pokorney)

27. As the pharmacist of record for prescription no. 2316358856-59, Pokorney engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when the prescription was erroneously filled and dispensed to patient T.R. for the Ozempic Pen (2mg/dose) without titration by increasing the dose from 0.25 mg over a 12-week period as prescribed, and/or the prescription was mislabeled, and Pokorney is therefore subject to discipline pursuant to NRS 639.210(4) and NRS 639.2801(2).

COUNT TWO

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

(Respondents Pokorney, Express Scripts Arizona and Express Scripts Ohio)

28. By utilizing pharmacy personnel not registered in Nevada to perform tasks necessary to filling and dispensing prescription no. 2316358856-59 in violation of NRS 639.100(1)(a), NRS 454.215(1) and NRS 639.284(2), as alleged in Paragraphs 3 and 5-16 herein, Pokorney, Express Scripts Arizona and Express Scripts Ohio all aided and abetted unlicensed practice, and engaged in, or aided and abetted DeLong, Lawver, Verquer, Tapla, Watson, Yellowhorse, Poecker, Cocking, Corral, Ballhagen and Fee to engage in, unprofessional conduct

as defined in NAC 639.945(i), (j) and/or (k), and each is subject to discipline pursuant to NRS 639.210(4).

COUNT THREE

Managing Pharmacist Responsibility

(Respondent Pokorney)

29. As the managing pharmacist of Express Scripts Arizona at the time of the violations alleged herein, including the violation of NRS 639.100(1)(a), NRS 454.215(1) and NRS 639.284(2) and error in filling and dispensing prescription no. 2316358856-59, Pokorney 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

(Respondents Express Scripts Arizona and Express Scripts Ohio)

30. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the violation of NRS 639.100(1)(a), NRS 454.215(1) and NRS 639.284(2) and error in filling and dispensing prescription no. 2316358856-59, Respondent Express Scripts Arizona and Express Scripts Ohio are responsible for those violations, including all errors and omissions of Respondent Pokorney and other pharmacy personnel, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 25th day of June 2025.

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 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01376,** **Respondent.**	**Case No. 23-245-PH-A-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 First Amended Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of June 2025.

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.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01376,** **Respondent.**	**Case No. 23-245-PH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended 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 First Amended 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 First Amended 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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR EXPRESS SCRIPTS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Mandi Pokorney, RPH
[redacted]
Gold Canyon, AZ [redacted]

Mandi Pokorney, RPH
[redacted]
Tempe, AZ [redacted]

Express Scripts
7909 S Hardy Drive, Suite 106
Tempe, AZ 85284

Express Scripts
4865 Dixie Highway
Fairfield, Ohio 45014

Edward Rickert
Quarles & Brady LLP
300 N. LaSalle Street, Suite 4000
Chicago, IL 60654-3406

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

FILED
APR 21 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01812, and** **MANDI POKORNEY, RPH,** **Certificate of Registration No. 21502,** **Respondents.**	**CASE NOS. 23-245-PH-S** **23-245-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 and these Respondents because at the time of the events alleged herein, Respondent Mandi Pokorney, RPh (Pokorney), Certificate of Registration No. 21502, was a pharmacist registered with the Board, and Respondent Express Scripts, Pharmacy License No. PH01812, located in Tempe, Arizona, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Pokorney was employed as a staff pharmacist by Express Scripts at the time of the events alleged herein.

3. On May 31, 2023, Express Scripts received three electronic prescriptions for Ozempic issued by practitioner C.M for patient T.R. The first prescription was for Ozempic (0.25 or 0.5 mg/dose) 1.5ML with direction "1 injection QWK", two pens, zero refills. The electronic

prescription transmission contained a pharmacy note that described starting titration: 0.25mg every week for four weeks, then increase to 0.5mg weekly for four weeks. The second prescription was for Ozempic (1mg/dose) 3ML, with directions "1 injection QD", one pen, zero refills. The electronic prescription transmission contained a pharmacy note that stated "inject 1 mg QWK for 4 weeks." The third prescription was for Ozempic Pen (2mg/dose) 3ML with directions "1 injection QWK", three pens with three refills. The electronic prescription transmission contained a pharmacy note that stated "inject 2mg QWK thereafter."

4. On June 1, 2023, all three prescriptions were entered into the Express Scripts computer system record as prescribed. The first prescription for Ozempic (0.25 or 0.5 mg/dose) was designated prescription no. 2315163986-59; the second prescription for Ozempic (1mg/dose) was designated prescription no. 2315163985-59; the third prescription for Ozempic Pen (2mg/dose) was designated prescription no. 2315163984-59.

5. On June 5, 2023, Express Scripts unilaterally cancelled all three prescriptions for lack of prior authorization.

6. On June 12, 2023, upon receipt of prior authorization, the prescription for Ozempic Pen (2mg/dose), re-designated prescription no. 2316358856-59, was erroneously dispensed to patient T.R. without titration by increasing the dose from 0.25 mg over a 12-week period as prescribed.

7. The prescription label for prescription no. 2316358856-59 for the Ozempic Pen (2mg/dose) identified Pokorney as the pharmacist of record.

8. On June 18, 2023, T.R., who was in the middle stages of kidney failure, injected the drug and experienced 36 hours of severe vomiting and dehydration.

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COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Pokorney)

9. 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 registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

10. Pokorney engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed prescription no. 2316358856-59 for Ozempic Pen (2mg/dose) to patient T.R. without titration by increasing the dose from 0.25 mg over a 12-week period as prescribed and is therefore subject to discipline pursuant to NRS 639.210(4) and NRS 639.2328.

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent Express Scripts)

11. 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 employment. NAC 639.945(3).

12. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Express Scripts is responsible for those violations, including all errors and omissions of Respondent Pokorney and other pharmacy personnel in filling and erroneously dispensing prescription no. 2316358856-59, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 21st day of APRIL 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01812,** **Respondent.**	**Case No. 23-245-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 April 2025.

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.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01812,** **Respondent.**	**Case No. 23-245-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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR EXPRESS SCRIPTS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Mandi Pokorney
[redacted]
Gold Canyon, AZ [redacted]

Mandi Pokorney
[redacted]
Tempe, AZ [redacted]

Express Scripts
7909 S Hardy Drive Suite 106
Tempe, AZ 85484

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01376, and** **EXPRESS SCRIPTS,** **Pharmacy License No. PH01812,** **Respondents.**	**CASE NOS. 23-245-PH-A-S** **23-245-PH-B-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 General Counsel Brett Kandt, and Respondent Express Scripts, Pharmacy License No. PH01376 (Express Scripts Ohio), and Respondent Express Scripts, Pharmacy License No. PH01812 (Express Scripts Arizona), by and through counsel, Edward Rickert, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about September 9, 2025, Respondents were served with the Second Amended Notice of Intended Action and Accusation (Second Amended Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Second Amended Accusation.

2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Second Amended Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act),

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

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

5. Respondents deny the allegations in the Second Amended Accusation, and deny that the facts alleged, if true, support a finding of a violation of Nevada law as applied to a non-resident pharmacy, 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*:

A. Respondents' personnel erroneously dispensed prescription no. 2316358856-59 for Ozempic Pen (2mg/dose) to patient T.R. without titration by increasing the dose from 0.25 mg over a 12-week period as prescribed, and/or the prescription was mislabeled.

B. By utilizing pharmacy personnel not registered in Nevada to perform tasks necessary to filling and dispensing prescription no. 2316358856-59 in violation of NRS 639.100(1)(a), NRS 454.215(1) and NRS 639.284(2), Express Scripts Arizona and Express Scripts Ohio aided and abetted unlicensed practice, and engaged in, or aided and abetted unlicensed pharmacy personnel to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and/or (k), and are is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.2328.

C. As the pharmacy/pharmacy owner at which the violations of law alleged therein occurred, including the violation of NRS 639.100(1)(a), NRS 454.215(1) and NRS 639.284(2) and error in filling and dispensing prescription no. 2316358856-59, Respondent

Express Scripts Arizona and Express Scripts Ohio are responsible for those violations, including all errors and omissions of Respondent Pokorney and other pharmacy personnel, pursuant to NRS 639.230(5), NRS 639.2328, NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Second Amended Accusation and 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 Express Scripts, Pharmacy License No. PH01376, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Express Scripts Ohio shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations; and

B. Pursuant to NRS 622.400, Express Scripts Ohio shall pay One Thousand Dollars ($1,000.00) 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 Express Scripts, Pharmacy License No. PH01812, stipulate to the following penalties:

C. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Express Scripts Arizona shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations; and

D. Pursuant to NRS 622.400, Express Scripts Arizona shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by either 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 either Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. 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 December 3, 2025. Respondents will appear in person or through counsel 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.

11. 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, and shall be further reported pursuant to NAC 639.960.

12. 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.

13. 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 January 2, 2026.

14. 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 January 2, 2026.

15. 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 Second Amended 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 *Second 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** October **2025**

Express Scripts
Pharmacy License No. PH01376

Signed this 1st **day of** October **2025**

Express Scripts
Pharmacy License No. PH01812

APPROVED AS TO FORM AND CONTENT
this 1st **day of** October **2025**

Edward Rickert, Esq.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Express Scripts, Pharmacy License No. PH01376, and Respondent Express Scripts, Pharmacy License No. PH01812, in Case Nos. 23-245-PH-A-S and 23-245-PH-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 ___ day of December 2025.

_____

Helen Park, Pharm.D.
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.** **SAMUEL RODOLFO CHACON, MD,** **Certificate of Registration No. CS05273,** **Respondent.**	**CASE NO. 23-348-CS-N** **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 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Samuel Rodolfo Chacon, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS05273, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 5, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 23-12762-1, summarily suspending Respondent's NSBME License No. 9105 to practice medicine for cause pursuant to NRS 630.326(1), on the basis that Respondent's acts placed the health, safety or welfare of the public at risk of imminent harm.

3. The NSBME subsequently filed 6 separate complaints against Respondent in Case Nos. 23-12762-1, 23-12762-2, 23-12762-3, 23-12762-4, 23-12762-5 and 23-12762-6.

4. On or about September 12, 2023, Board staff served Respondent with notice that the suspension of his NSBME License No. 9105 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS05273 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

5. On or about June 6, 2025, the NSBME and Respondent entered a settlement agreement and order in Case Nos. 23-12762-1, 23-12762-2, 23-12762-3, 23-12762-4, 23-12762-5 and 23-12762-6 (NBSME's Order), revoking Respondent's NSBME License No. 9105 to practice medicine for cause.

APPLICABLE LAW

6. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

7. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

8. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

9. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board

pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

10. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By the revocation of his NSBME License No. 9105 to practice medicine for cause as detailed in the NSBME's Order, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT TWO

Revocation of NSBME License for Cause

12. By the revocation of his NSBME License No. 9105 to practice medicine for cause as detailed in the NSBME's Order, Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law and his Certificate of Registration No. CS05273 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

COUNT THREE

Commission of Acts that Render Registration Inconsistent with the Public Interest

13. By the revocation of his NSBME License No. 9105 to practice medicine for cause as detailed in the NSBME's Order, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

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.

DATED this 24th day of July 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SAMUEL RODOLFO CHACON, MD,** **Certificate of Registration No. CS05273,** **Respondent.**	**CASE NO. 23-348-CS-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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, 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 24th day of JULY 2025.

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.** **SAMUEL RODOLFO CHACON, MD,** **Certificate of Registration No. CS05273,** **Respondent.**	**CASE NO. 23-348-CS-N** **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 _____ 2025.

SAMUEL RODOLFO CHACON, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Samuel Chacon, MD c/o
Women's Health Center of Reno
540 W Plumb Lane #200
Reno, NV 89509

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Samuel Chacon, MD
c/o Eric Stryker, Esq.
770 E Warm Springs Rd., Suite 360
Las Vegas, NV 89119

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SAMUEL RODOLFO CHACON, MD,** **Certificate of Registration No. CS05273,** **Respondent.**	**CASE NO. 23-348-CS-N** **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, submits his answer to same:

Respondent respectfully objects that the Notice of Intended Action and Accusation are incomplete and/or failed to state clearly the charges against him for the following reasons:

Count One of the Notice of Intended Action and Accusation states:

By the revocation of his NSBME License No. 9105 to practice medicine for cause as detailed in the NSBME's Order, **Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i)** and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

"Unprofessional conduct," is defined under NAC 639.945(1)(i) as:

> **NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. (NRS 639.070, 639.210)**
>
> 1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:
>
> . . .
>
> (i) **Performing any of 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.**

(Emphasis added.)

As used above, "Board" refers only to the Nevada State Board of Pharmacy, and <u>does not include the NSBME:</u>

> NAC 639.010 Definitions. (NRS 639.070, 639.0727) As used in this chapter, unless the context otherwise requires:
>
> . . .

2. **"Board" means the State Board of Pharmacy.**

(Emphasis added.)

Pursuant to the above Nevada regulations, Respondent objects that the Notice of Intended Action and Accusation are incomplete and/or failed to state clearly the charges against him because no clear factual allegations were pled by the Board setting forth a showing of how, by entering into a settlement agreement with the NSBME in Case Nos. 23-12762-1, 23-12762-2, 23-12762-3, 23-12762-4, 23-12762-5 and 23-12762-6, Respondent had performed any of his duties as the holder of controlled substance registration issued by the Board in an incompetent, unskillful or negligent manner.

Further, Respondent respectfully submits that none of the charges in any of the above-referenced NSBME complaints, or amended complaints, involved any alleged improper prescription or dispensation of controlled substances under the controlled substance registration issued by the Board. Accordingly, the Notice of Intended Action and Accusation are incomplete, and failed to state clearly the charges against Respondent.

In answer to the Notice of Intended Action and Accusation, Respondent pleads as follows:

Factual Allegations

Paragraph 2: Respondent admits that the Nevada State Board of Pharmacy (Board) issued a controlled substance registration, Certificate of Registration No. CS05273, to Respondent.

Paragraphs 3-6, 9: Respondent further admits that on or about September 12, 2023, Board staff served Respondent with notice that the suspension of his Nevada State Board of Medical Examiners (NSBME) License No. 9105 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS05273 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients. Respondent alleges that he properly adhered to the Board's instruction in all respects.

Respondent further admits that on or about June 6, 2025, the NSBME and Respondent entered a settlement agreement and order in Case Nos. 23-12762-1, 23-12762-2, 23-12762-3, 23-

12762-4, 23-12762-5 and 23-12762-6 (NBSME's Order), revoking Respondent's NSBME License No. 9105 to practice medicine for a period of five (5) years.

Respondent further admits that a practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

Respondent further admits that a surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board. Paragraphs 7, 8, 10 are interpretations of statutes or case law which do not require a response.

Counts One and Two

Paragraphs 11-13: For all of the above reasons, Respondent has engaged in good faith negotiations with the Board to attempt to reach a stipulated temporary revocation of the controlled substance registration issued by the Board, Certificate of Registration No. CS05273.

However, as to Count One Respondent denies the allegations in Count One that he performed any of his duties as the holder of a controlled substance registration issued by the Board in an incompetent, unskillful or negligent manner, making the imposition of any violations or fines inappropriate in this matter.

As to Count Two, Respondent does not contest that a temporary revocation is proper under the circumstances, and considers a hearing of this matter for the purpose of imposing a temporary revocation unnecessary.

As to Count Three, Respondent further denies the allegations that he has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

Respondent alleges that none of the charges in any of the above-referenced NSBME complaints, or amended complaints, involved alleged improper prescription or dispensation of controlled substances which constituted a violation of any duty Respondent held under the controlled substance registration issued by the Board. The settled NSBME cases dealt exclusively with Respondent's practice of OB/GYN medicine.

Respondent alleges those settled cases were adjudicated by another state licensing board, and that duplicative discipline and monetary punishment imposed by this Board for matters unrelated to controlled substances prescription or dispensation would be unreasonable, arbitrary, and capricious. Under Nevada law, "[a]dministrative proceedings by the Board to deny, suspend or revoke a registration must be initiated, conducted and concluded pursuant to the provisions of NRS 639.241 to 639.257, inclusive, **without regard to any** criminal prosecution or **other proceeding**..." NRS 453.241(1)(emphasis added).

Respondent further alleges that footnote one of the subject settlement agreement with the NSBME stated:

> All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, **Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state** or federal **government regulatory agency proceeding**, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

(Emphasis added).

Respondent alleges that the Board's utilization of Respondent's settlement agreement with the NSBME for purposes of the instant Notice of Intended Action and Accusation, despite the express stipulated limitation above, is improper and in violation of: a material term in his agreement with the NSBME, NRS 453.241(1), and his constitutionally protected rights.

Further, as a matter of public policy, the Board's utilization of Respondent's settlement agreement with the NSBME in violation of NRS 453.241(1),. and the stipulated limitation agreement above, will cause a chilling effect that will hinder future negotiations of settlements undertaken by other practitioners with the licensing boards in the State of Nevada.

Respondent further alleges that his medical license was suspended over three years ago, which has prevented him from his chosen profession to earn a living and provide for his family. This factor weighs heavily in favor the Board's acceptance of Respondent's voluntary surrender of his controlled substance registration without the imposition of any fine, costs reimbursement, or other financial penalty to conclude this matter in a fair and equitable manner.

Respectfully submitted this 6th day of November, 2025.

Eric K. Stryker, Esq.
Attorney for Respondent Samuel Chacon, M.D.

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Nevada State Board of Medical Examiners
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Reno, Nevada 89521
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BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaints Against:	**Case Nos. 23-12762-1, 23-12762-2, 23-12762-3, 23-12762-4, 23-12762-5, 23-12762-6**
SAMUEL RODOLFO CHACON, M.D.,	
Respondent.	

FILED
JUN 06 2025
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, Senior Deputy General Counsel for the Board and attorney for the IC, and Samuel Rodolfo Chacon, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Eric K. Stryker, Esq., of the law firm of Freeman, Mathis & Gary LLP, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in suspended status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on July 27, 1999 (License No. 9105).

2. On March 27, 2024, in Case No. 23-12762-1, the IC filed a formal First Amended Complaint (Complaint 1) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges two (2) violations of NRS 630.301(4), Malpractice (Counts I-II); one (1) violation of NRS 630.306(1)(b)(2), Violation of Standards of Practice Established by Regulation – Failure to Consult (Count III); one (1) violation of NRS 630.306(1)(g), Continual

[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

Failure to Exercise Skill or Diligence (Count IV); one (1) violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct (Count V); one (1) violation of NRS 630.306(1)(b)(1), Deceptive Conduct (Count VI); one (1) violation of NRS 630.301(7), Violation of Patient Trust for Financial Gain (Count VII); and one (1) violation of NRS 630.306(1)(b)(2), Violation of Standards of Practice – Falsification of Medical Records (Count VIII).

3. On September 8, 2023, in Case No. 23-12762-2, the IC filed a formal Complaint (Complaint II) charging Respondent with violating the Medical Practice Act. Specifically, Complaint II alleges one (1) violation of NRS 630.301(4), Malpractice (Count I); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count II); one (1) violation of NRS 630.301(8), Failure to Provide Procedures, Studies, Services, and Referrals (Count III); and one (1) violation of NRS 630.301(7), Violation of Patient Trust for Financial Gain (Count IV).

4. On September 8, 2023, in Case No. 23-12762-3, the IC filed a formal Complaint (Complaint III) charging Respondent with violating the Medical Practice Act. Specifically, Complaint III alleges one (1) violation of NRS 630.301(4), Malpractice (Count I); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count II); one (1) violation of NRS 630.301(8), Failure to Provide Procedures, Studies, Services, and Referrals (Count III); one (1) violation of NRS 630.301(7), Violation of Patient Trust for Financial Gain (Count IV); and one (1) violation of NRS 630.301(6), Disruptive Behavior (Count V).

5. On October 4, 2023, in Case No. 23-12762-4, the IC filed a formal Complaint (Complaint IV) charging Respondent with violating the Medical Practice Act. Specifically, Complaint IV alleges one (1) violation of NRS 630.301(4), Malpractice (Count I); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count II); one (1) violation of NRS 630.301(8), Failure to Provide Procedures, Studies, Services, and Referrals (Count III); and one (1) violation of NRS 630.301(7), Violation of Patient Trust for Financial Gain (Count IV).

6. On October 6, 2023, in Case No. 23-12762-5, the IC filed a formal Complaint (Complaint V) charging Respondent with violating the Medical Practice Act. Specifically,

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Complaint V alleges one (1) violation of NRS 630.301(4), Malpractice (Count I); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count II); one (1) violation of NRS 630.306(1)(b)(2) Violation of Standards of Practice – Falsification of Medical Records (Count III); one (1) violation of NRS 630.301(8), Failure to Provide Procedures, Studies, Services, and Referrals (Count IV); and one (1) violation of NRS 630.301(7), Violation of Patient Trust for Financial Gain (Count V).

7. On November 8, 2023, in Case No. 23-12762-6, the IC filed a formal Complaint (Complaint VI) charging Respondent with violating the Medical Practice Act. Specifically, Complaint VI alleges two (2) violations of NRS 630.301(4), Malpractice (Counts I-II); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count III); one (1) violation of NRS 630.306(1)(b)(2) Violation of Standards of Practice – Falsification of Medical Records (Count IV); one (1) violation of NRS 630.301(8), Failure to Provide Procedures, Studies, Services, and Referrals (Count V); and one (1) violation of NRS 630.301(7), Violation of Patient Trust for Financial Gain (Count VI).

8. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

9. On February 26, 2025, through February 28, 2025, a formal Hearing was conducted for Complaint I, in which the Hearing Officer found by a preponderance of the evidence that Counts I-II and Counts V-VIII were proven.

10. Respondent was properly served with a copy of the Complaints, has reviewed and understands these Complaints, and has had the opportunity to consult with competent counsel concerning the nature and significance of these Complaints.

11. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaints. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B and 622A. These rights include the right to

formal hearings on the allegations in the Complaints, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decisions of the Board, and the right to judicial review of the Board's orders, if the decisions are adverse to him.

12. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

13. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaints, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaints has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in these matters materially changes prior to entering into this Agreement and for the duration of this

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Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaints filed in these matters, including defense of the Complaints, adjudication of the allegations set forth in the Complaints, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaints as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaints II-VI remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaints have merit and Respondent is agreeing to resolve these matters to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaints, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaints pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent

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engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. For the purposes of this Agreement, Respondent admits that sufficient evidence exists, and the Hearing Officer has found that specifically Respondent committed two (2) violations of NRS 630.301(4), Malpractice (Count I-II); one (1) violation of NRS 630.306(1)(p) Unsafe or Unprofessional Conduct (Count V); one (1) violation of NRS 630.306(1)(b)(1) Deceptive Conduct (Count VI); one (1) violation of NRS 630.301(7) Violation of Patient Trust for Financial Gain (Count VII); and one (1) violation of NRS 630.306(1)(b)(2) Violation of Standards of Practice – Falsification of Medical Records (Count VIII).

b. In order to resolve Complaints II-VI pending against Respondent, Respondent does not admit any of the counts, but Respondent acknowledges that sufficient evidence may be presented at a hearing, such that the Board could conclude that the counts in Complaints II-VI were proven, and he agrees that the Board may enter a finding that he violated the counts in Complaints II-VI as part of this agreement.

c. Respondent hereby agrees that his license to practice medicine is hereby revoked. Respondent shall not reapply for a license for a period of five (5) years after the date of the Board's acceptance, adoption and approval of this Agreement.

d. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matters in the amount of sixty-five thousand dollars ($65,000). Respondent shall pay the aforementioned costs and expenses by way of six (6) payments, the first of five (5) payments in the amount of ten thousand eight hundred thirty-three dollars and thirty-three cents ($10,833.33) is due on or before July 15, 2025, the second payment is due on or before August 15, 2025, the third payment is due on or before September 15, 2025, the fourth payment is due on or before October 15, 2025, the fifth payment is due on or before November 15, 2025. The sixth and final payment of ten thousand eight hundred thirty-three dollars and thirty-five cents ($10,833.35) is due on or before December 15, 2025. The costs and

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expenses as well as the payment plan are subject to the Board's acceptance, adoption, and approval of this Agreement.

e. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

f. Respondent shall receive a Public Letter of Reprimand.

g. The remaining counts of Complaint I, and any other claims arising from the Board's corresponding investigative case files in Complaints I-VI, shall be dismissed with prejudice. This agreement shall also encompass any other investigatory matters pending against Respondent.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the cases referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of these Complaints. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on his part until the public Board

meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaints and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the cases shall be closed and all remaining claims arising out of the Complaints shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering these Complaints and from participating in disciplinary proceedings against Respondent, including adjudication of these cases; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

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13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, which constitutes a failure to comply with an order of the Board, and may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Additionally, failure to pay any fines, costs, expenses or fees owed to the Board pursuant to this Agreement will result in additional disciplinary action, unless within ten (10) calendar days of the payment due date, Respondent notifies the Board in writing of the inability to comply with the payment terms and requests to appear before the Board at the next regularly scheduled Board meeting to request a modification to any payments ordered in this Agreement. Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 30th day of May, 2025.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DEONNE E. CONTINE
General Counsel
IAN J. CUMINGS
Senior Deputy General Counsel
9600 Gateway Drive
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Tel: (775) 688-2559
Email: dcontine@medboard.nv.gov
icumings@medboard.nv.gov
Attorneys for the Investigative Committee

DATED this 30th day of May, 2025.

By: _____

SAMUEL RODOLFO CHACON, M.D.,
Nevada License No. 9105
Respondent

DATED this 30th day of May, 2025.

FREEMAN, MATHIS & GARY LLP

By: _____

ERIC K. STRYKER, ESQ.
770 East Warm Springs Road, Suite 360
Las Vegas, NV 89119
Tel: (725) 330-2096
Email: eric.stryker@fmglaw.com
Attorney for Respondent

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ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case Nos. 23-12762-1, 23-12762-2, 23-12762-3, 23-12762-4, 23-12762-5, 23-12762-6) was approved and accepted by the Nevada State Board of Medical Examiners on the 6th day of June, 2025.

DATED this 6th day of June, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

NICK M. SPIRTOS, M.D., F.A.C.O.G.
Board President

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SAMUEL RODOLFO CHACON, MD,** **Certificate of Registration No. CS05273,** **Respondent.**	**CASE NO. 23-348-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Samuel Rodolfo Chacon, MD, Certificate of Registration No. CS05273, by and through counsel, Eric K. Stryker, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 31, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about November 6, 2025, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him 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).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent contests the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that by the revocation of his License No. 9105 to practice medicine for cause by the Nevada State Board of Medical Examiners (NSBME) as detailed in the settlement agreement and order entered in NSBME Case Nos. 23-12762-1, 23-12762-2, 23-12762-3, 23-12762-4, 23-12762-5 and 23-12762-6, Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law, and his Certificate of Registration No. CS05273 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1). Respondent does not admit any of the allegations pled against him in the Accusation, and all agreements and admissions made by Respondent are to avoid the fees and costs of further administrative proceedings, and for the final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Additionally, any of Respondent's agreements and admissions herein are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.255.

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

A. The registration of Respondent Samuel Rodolfo Chacon, MD, Certificate of Registration No. CS05273, is hereby revoked pursuant to NRS 453.241(l)(b).

B. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration.

C. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit 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.

E. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Two Thousand Five Hundred Dollars ($2,500.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by June 3, 2026.

F. Pursuant to NRS 622.400, Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by June 3, 2026.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. 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 December 3, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. 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, and shall be further reported pursuant to NAC 639.960.

12. 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.

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

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

AGREED:

Signed this 7th day of November 2025

SAMUEL RODOLFO CHACON, MD
Certificate of Registration No. CS05273

Signed this ___ day of _____ 2025

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

APPROVED AS TO FORM AND CONTENT
this 7 day of NOVEMBER 2025

ERIC K. STRYKER, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Samuel Rodolfo Chacon, MD, Certificate of Registration No. CS05273, in Case No. 23-348-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of December 2025.

Helen Park, Pharm.D.
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.** **REVIVE Rx,** **Pharmacy License No. PH04215,** **Respondent.**	**CASE NO. 23-411-PH-O** **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 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 Revive Rx, Pharmacy License No. PH04215, located in Houston, Texas, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. From October 10, 2023, through January 10, 2024, Respondent compounded and dispensed drug products to Nevada patients using active ingredients that (1) do not have a United States Pharmacopoeia-National Formulary monograph; (2) are not a part of an FDA approved drug product, or (3) are not authorized to be used in pharmacy compounding pursuant to 21 USC § 353a(b)(1) or the regulations adopted pursuant thereto. Specifically, Respondent dispensed compounded injectable peptides, including, without limitation, AOD9604, Ipamorelin, Kisspeptin, and MOTs-C Acetate. Respondent also dispensed KPV 500mcg/BPX-157 20mcg and Dihexa in capsule form and Selank 7.5mg in a nasal spray.

3. Respondent compounded and dispensed high-risk sterile products to Nevada patients with beyond use dates (BUD's) listed on the product label in excess of USP-797 guidelines based on storage conditions without documentation to support the extended BUD.

APPLICABLE LAW

4. A pharmacy engaged in the practice of compounding drug products and dispensing compounded drug products in Nevada shall comply with the provisions of NAC 639.661 -.690, *inclusive*, and related federal law, 21 U.S.C. § 353a, establishing national standards for compounding medications.

5. Any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

6. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

7. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

8. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 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(3).

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COUNT ONE

Violation of Federal and State Compounding Law/Unprofessional Conduct

9. Respondent, Respondent's owner(s), and/or their personnel engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and violated various provisions of 21 U.S.C. § 353a, NAC 639.67019, NAC 639.67067, NAC 639.67071 and/or NAC 639.757 and related provisions of 21 U.S.C. § 353a as alleged in paragraphs 2-3 herein. Respondent is responsible for those violations, including all errors and omissions of pharmacy personnel, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3) and therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

Signed this 11th day of March 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **REVIVE Rx,** **Pharmacy License No. PH04215,** **Respondent.**	**Case No. 23-411-PH-O** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Lane
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 11th day of MARCH 2025.

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.** **REVIVE Rx,** **Pharmacy License No. PH04215,** **Respondent.**	**Case No. 23-411-PH-O** **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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR REVIVE RX

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of March 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Revive Rx
3831 Golf Dr #A
Houston, TX 77018

Philip E. M. Crooker, Esq.
PO Box 339
Tigerville, SC 29688

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

5P

FILED
JUL 25 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TERRY MURATORE, DVM,** **Certificate of Registration No. CS03534,** **Respondent.**	**Case No. 24-036-VS-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 and this Respondent because at the time of the alleged events, Respondent Terry Muratore, DVM, held a Nevada controlled substance registration, Certificate No. CS03534, issued by the Board.

FACTUAL ALLEGATIONS

2. From March 9, 2021, to March 8, 2022, Respondent dispensed controlled substances and/or dangerous drugs for animal patients from his practice at Legacy Animal Hospital, located at 2591 Windmill Parkway in Henderson, without a valid dispensing practitioner registration.

3. On or about April 23, 2020, the Nevada State Board of Veterinary Medical Examiners (NSBVME) entered into a consent decree to resolve three separate cases: Case nos. 09-2019DVM-79, 11-2019DVM-98, and 12-2019DVM-101 (2020 Consent Decree). The 2020 Consent Decree placed Respondent's NSBVME License No. 551-A to practice veterinary medicine on probation for one year for failing to keep proper records.

4. Respondent failed to disclose to the Board the 2020 Consent Decree on his 2020 biennial renewal application for Certificate of Registration No. CS03534.

5. Respondent failed to disclose to the Board the 2020 Consent Decree on his 2023 application for Veterinarian Authority to Dispense Drugs for Certificate of Registration No. CS03534.

6. Respondent failed to disclose to the Board the 2020 Consent Decree on his 2024 biennial renewal application for Certificate of Registration No. CS03534.

7. On or about October 20, 2022, Respondent entered into a joint stipulation with NSBVME for Case No. 03-2022DVM-10 (2022 Stipulation) imposing discipline on Respondent's NSBVME License No. 551-A to practice veterinary medicine for falsifying rabies vaccination records. As a result, Respondent's veterinary license was suspended for 12 months from March 14, 2022.

8. Respondent failed to disclose to the Board that his veterinary license was suspended as a result of the 2022 Stipulation on his 2023 application for Veterinarian Authority to Dispense Drugs for Certificate of Registration No. CS03534.

9. Respondent failed to disclose to the Board that his veterinary license was suspended as a result of the 2022 Stipulation on his 2024 biennial renewal application for Certificate of Registration No. CS03534. Respondent instead listed the 2022 Stipulation as an "accusation" and stated that "litigation is still pending."

APPLICABLE LAW

10. A licensed veterinarian who wishes to dispense controlled substances or dangerous drugs must register with the Board. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226; NRS 453.321; NRS 453.377; NRS 453.381; NRS 454.215; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.7423.

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

12. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(11).

14. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(12).

15. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

16. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

17. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

18. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

19. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has furnished false or fraudulent material information in an application or committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(a) and (e) and NRS 453.241(1).

COUNT ONE

Violation of Federal and State Law - Unlawful Dispensing

20. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03(a)(1), NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 454.215, NRS 454.221, NRS 454.356, NRS 639.100, NRS 639.23505 and/or NAC 639.7423, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and (12).

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

21. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT THREE

Unprofessional Conduct – Dispensing without a Valid Registration

22. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

COUNT FIVE

Furnishing False Material Information to Board/ Obtaining Registration by False or Fraudulent Application

24. By failing to disclose to the Board the disciplinary order in NSBVME Case nos. 09-2019DVM-79, 11-2019DVM-98, and 12-2019DVM-101 and the disciplinary order in NSBVME Case No. 03-2022DVM-10 on his 2020 and 2024 biennial renewal applications for Certificate of Registration No. CS03534 and on his 2023 application for Veterinarian Authority to Dispense Drugs for Certificate of Registration No. CS03534, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(l)(e) and NRS 639.281(1), and is subject to discipline pursuant to NRS 453.236(1)(a), NRS 453.241(1) and/or NRS 639.210(9), (10) and/or (12).

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.

DATED this 25th day of JULY 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TERRY MURATORE, DVM,** **Certificate of Registration No. CS03534,** **Respondent.**	**Case No. 24-036-VS-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 25th day of JULY 2025.

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.** **TERRY MURATORE, DVM,** **Certificate of Registration No. CS03534,** **Respondent.**	**Case No. 24-036-VS-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 _____ 2025.

_____

TERRY MURATORE, DVM

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of August 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Terry Muratore
[redacted]
Henderson, NV [redacted]

Terry Muratore
[redacted]
Las Vegas, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TERRY MURATORE, DVM,** **Certificate of Registration No. CS03534,** **Respondent.**	**CASE NO. 24-036-VS-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 General Counsel Brett Kandt, and Respondent Terry Muratore, DVM, expired Certificate of Registration No. CS03534, by and through counsel, Aaron Bart Fricke, Esq., Sklar Williams PLLC,**HEREBY STIPULATE AND AGREE THAT**:

1. On or about August 15, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him 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 Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a

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hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him 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. Respondent maintains that the wrongdoing alleged in the Accusation was the product of inadvertence, inattention and reliance on others to maintain his licensure in good standing and communicate effectively with the Board on his behalf, which the Board does not dispute. Nevertheless, Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. From March 9, 2021 to March 8, 2022, Respondent dispensed controlled substances and/or dangerous drugs for animal patients from his former practice at Legacy Animal Hospital without a valid dispensing practitioner registration, in violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03(a)(1), NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 454.215, NRS 454.221, NRS 454.356, NRS 639.100, NRS 639.23505 and/or NAC 639.7423;

B. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration, Respondent has engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (k), and committed acts that render his registration inconsistent with the public interest and defined in NRS 453.231(1); and

C. By failing to disclose to the Board the disciplinary order in NSBVME Case nos. 09-2019DVM-79, 11-2019DVM-98, and 12-2019DVM-101 and the disciplinary order in NSBVME Case No. 03-2022DVM-10 on his biennial renewal applications for Certificate of Registration No. CS03534 and on his dispensing practitioner application, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1),

6. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210 and/or NRS 639.255.

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7. Respondent failed to renew his Certificate of Registration No. CS03534, which expired by operation of law and was forfeited pursuant to NRS 639.180 on October 31, 2022. On or about July 18, 2024, Respondent entered into a Consent Decree with the Nevada State Board of Veterinary Medical Examiners in Case No. 06-2023DVM-47, placing Respondent's License No. 551-A to practice veterinary medicine on probation for one year. Respondent has filed an application for a new controlled substance application with the Board to be considered in conjunction with this Stipulation.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Terry Muratore, DVM, expired Certificate of Registration No. CS03534, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by January 1 , 2026; and

C. Pursuant to NRS 622.400, Respondent shall pay Two Thousand Dollars ($2,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by January 1, 2026.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board

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may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. 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 December 3, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

10. 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, and shall be further reported pursuant to NAC 639.960.

11. 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.

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

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

AGREED:

Signed this 17 **day of** October **2025**

DocuSigned by:
Terry Muratore
9574D6256F6541B...

TERRY MURATORE, DVM
Certificate of Registration No. CS03534

Signed this ___ day of _____ 2025

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

APPROVED AS TO FORM AND CONTENT
this 17th **day of** October **2025**

AARON BART FRICKE, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Terry Muratore, DVM, Certificate of Registration No. CS03534, in Case No. 24-036-VS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of December, 2025.

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

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL J. INGLISH, DO,** **Certificate of Registration No. CS22888,** **Respondent.**	**CASE NO. 24-413-CS-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 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Daniel J. Inglish, DO, held a Nevada controlled substance registration, Certificate of Registration No. CS22888, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent was the medical director of Sculpt Spa, located at 10140 W Tropicana Avenue Suite 126 in Las Vegas, during the relevant times frame herein.

3. Sonya Moussabeck, RN, and Nourjan Bonney, CPA, owned Sculpt Spa during the relevant time frame and were not Nevada-licensed practitioners.

4. On or about October 10, 2024, a Board investigator in the course of an on-site investigation determined that Respondent permitted RN Moussabeck and other employees of Sculpt Spa who were not Nevada-licensed practitioners to have independent access to the

medication storage containing an inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision.

5. Respondent authorized and directed RN Moussabeck and other employees at Sculpt Spa who were not Nevada-licensed practitioners to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Sculpt Spa, including the administration of dangerous drugs by injection, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

6. Respondent permitted the administration of patient-specific prescription medications to multiple patients.

7. Respondent failed to properly label, segregate and/or dispose of misbranded, adulterated and/or expired dangerous drugs, including open multi-dose containers.

8. Respondent regularly issued prescriptions for dangerous drugs falsely identifying Moussabeck as the patient to Meta Pharmacy Services, located at 8352 W. Warm Springs Road in Las Vegas, including, without limitation, prescriptions nos. 153048, 226534, 231218, 231219, 248480, 250378, in order to obtain those drugs for office administration to multiple patients.

APPLICABLE LAW

9. No person may possess or administer a dangerous drug in Nevada, including administration by injection, without specific statutory authority to do so. NRS 200.840(1); NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1).

10. A practitioner may give a registered nurse (RN) limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), which states in relevant part:

> A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing

> physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

Chart orders are patient-specific and medication-specific. *See* NRS 454.0041; NRS 639.004.

11. All dangerous drugs in the possession of practitioner must be kept in a locked storage area with access restricted to authorized persons. NAC 453.410(1)(d); NAC 639.742(3)(c); NAC 639.745(1)(c).

12. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NRS 585.520; NRS 639.282(1)(d); NAC 639.601(1).

13. The breach of the seal of a multi-dose container must be documented and the contents used within 28 days. NAC 639.67057(2).

14. A practitioner may prescribe a dangerous drug for a specific patient in conformance with NRS 454.223 and NRS 639.2353.

15. It is a felony offense to falsify a prescription for a dangerous drug or obtain a dangerous drug by a fraudulent prescription. NRS 454.311.

16. It is a felony offense for an unlicensed person to sell, display or offer for sale a prescription drug. NRS 639.285.

17. A practitioner may purchase supplies of dangerous drugs from a pharmacy, and a pharmacy may sell a dangerous drug to a practitioner who will be administering the drug to a patient; the quantity must not exceed the amount necessary for the practitioner to serve the present needs of the patients of the practitioner. NRS 639.268(1)(a) and NAC 639.757(4) and (5).

18. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

19. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Aiding or abetting a person not licensed to practice in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Dispensing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)(1) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

22. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

23. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

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COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

24. By permitting RN Moussabeck and other employees of Sculpt Spa who were not Nevada-licensed practitioners to have independent access to the medication storage containing an inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision, as alleged in paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 453.410(1)(d), NAC 639.742(3)(c) and/or NAC 639.745(1)(c), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT TWO

Violations of State Law - Unlawful Possession & Administration of Dangerous Drugs

25. By authorizing and directing RN Moussabeck and other employees at Sculpt Spa who were not Nevada-licensed practitioners to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Sculpt Spa, including the administration of dangerous drugs by injection, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug medically was medically necessary, as alleged in paragraph 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.285, NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

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COUNT THREE

Violation of State Law - Administration of Patient-Specific Prescription Medications to Multiple Patients

26. By permitting the administration of patient-specific prescription medications to multiple patients, as alleged in paragraph 6 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.221(1), NRS 585.520(10 and/or (2) and/or NRS 639.282(1)(d), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT FOUR

Violation of State Law - Failure to Properly Label, Store and Secure Drugs

27. By failing to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs at Sculpt Spa, including open multi-dose containers, as alleged in paragraph 7 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 585.520(1) and/or (2), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.67057(2), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT FIVE

Violations of State Law - Issuing Fraudulent Prescriptions

28. By issuing prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying Moussabeck as the patient in order to obtain those drugs for office administration to multiple patients, as alleged in paragraph 8 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.223, NRS 454.311(1), NRS 454.316(2), NRS 639.2353, NRS 639.268(1)(a) and/or NAC 639.757(4) and (5), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

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COUNT SIX

Unprofessional Conduct - Unlawful Possession & Administration of Dangerous Drugs

29. By failing to properly label, store, segregate, secure and dispose of the inventory of dangerous drugs at Sculpt Spa, as alleged in paragraphs 4 and 7 herein, and by authorizing and directing RN Moussabeck and other employees at Sculpt Spa who were not Nevada-licensed practitioners to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Sculpt Spa, including the administration of dangerous drugs by injection, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug medically was medically necessary, as alleged in paragraph 5 herein, Respondent performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, aided and abetted RN Moussabeck in unlicensed practice, and engaged in, or aided and abetted RN Moussabeck to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n)(1), and Respondent is subject to discipline pursuant to NRS 639.210(4).

COUNT SEVEN

Unprofessional Conduct - Issuing Fraudulent Prescriptions

30. By issuing prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying Moussabeck as the patient in order to obtain those drugs for office administration to multiple patients, as alleged in paragraph 8 herein, and permitting the administration of patient-specific prescription medications to multiple patients, as alleged in paragraph 6 herein, Respondent was party to a fraudulent or deceitful practice or transaction, performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h) and (i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

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COUNT EIGHT

Commission of Acts that Render Registration Inconsistent with the Public Interest

31. By his acts as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

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 5TH day of SEPTEMBER 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL J. INGLISH, DO,** **Certificate of Registration No. CS22888,** **Respondent.**	**Case No. 24-413-CS-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 5th day of SEPTEMBER 2025.

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.** **DANIEL J. INGLISH, DO,** **Certificate of Registration No. CS22888,** **Respondent.**	**Case No. 24-413-CS-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 _____ 2025.

_____

Daniel J. Inglish, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Daniel J. Inglish
7391 W Charleston Blvd #140
Las Vegas, NV 89117

Daniel J. Inglish
8540 S Eastern Ave Suite 160
Las Vegas, NV 89123

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of October 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Daniel J. Inglish
c/o Jeffrey Whitehead, Esq
Whitehead & Burnett
6980 O'Bannon Dr
Las Vegas, NV 89117

and VIA Electronic Mail to: Assistant@whiteheadburnett.com

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DANIEL J. INGLISH, DO,** **Certificate of Registration No. CS22888,** **Respondent.**	**CASE NO. 24-413-CS-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 General Counsel Brett Kandt, and Respondent Daniel J. Inglish, DO, Certificate of Registration No. CS22888, by and through counsel, Jeffrey J. Whitehead, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 5, 2025, Respondent was served with the Notice of Intended Action and Accusation (Amended Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him 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 Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him 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. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. By permitting RN Moussabeck and other employees of Sculpt Spa who were not Nevada-licensed practitioners to have independent access to the medication storage containing an inventory of dangerous drugs, and to access those medications outside Respondent's presence and without Respondent's supervision, Respondent violated NAC 453.410(1)(d), NAC 639.742(3)(c) and/or NAC 639.745(1)(c);

B. By authorizing and directing RN Moussabeck and other employees at Sculpt Spa who were not Nevada-licensed practitioners to independently access, possess, furnish and administer dangerous drugs to patients, and to provide on-site medical treatment at Sculpt Spa, including the administration of dangerous drugs by injection, without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug medically was medically necessary, Respondent violated NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.285 and/or NRS 639.100(1);

C. By permitting the administration of patient-specific prescription medications to multiple patients, Respondent violated NRS 454.221(1), NRS 585.520(1) and/or (2) and/or NRS 639.282(1)(d);

D. By failing to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs at Sculpt Spa, including open multi-dose containers, Respondent violated NRS 585.520(1) and/or (2), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.67057(2);

E. By issuing prescriptions for dangerous drugs to Meta Pharmacy Services falsely identifying Moussabeck as the patient in order to obtain those drugs for office administration to multiple patients, Respondent violated NRS 454.223, NRS 454.311(1), NRS 454.316(2), NRS 639.2353, NRS 639.268(1)(a) and/or NAC 639.757(4) and (5); and

F. By his actions Respondent aided and abetted unlicensed practice and engaged in, or aided and abetted others to engage in, unprofessional conduct as defined in NAC 639.945(h), (i), (j) and (n)(1), and committed acts that render registration inconsistent with the public interest.

6. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210 and/or NRS 639.255.

7. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The controlled substance registration of Respondent Daniel J. Inglish, DO, Certificate of Registration No. CS22888, is suspended for a period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the

Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 3, 2026;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 3, 2026; and

D. Respondent 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 successful completion of probation, Respondent's Certificate of Registration No. CS22888 will be fully restored.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay and immediately suspend Respondent's Certificate of Registration No. CS22888 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. 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 December 3, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

10. 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, and shall be further reported pursuant to NAC 639.960.

11. 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.

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

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

AGREED:

Signed this ___ day of _____ 2025

DANIEL J. INGLISH, DO
Certificate of Registration No. CS22888

Signed this ___ day of _____ 2025

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

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

JEFFREY J. WHITEHEAD, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Daniel J. Inglish, DO, Certificate of Registration No. CS22888, in Case No. 24-413-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of December, 2025.

_____

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

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OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDOLLAH ASSAD, MD,** **Certificate of Registration No. CS12432,** **Respondent.**	**CASE NO. 24-470-CS-N** **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 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 Abdollah Assad, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS12432, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about August 14, 2024, the Nevada State Board of Medical Examiners (NSBME) filed charges in Case Nos 24-28982-1 and 24-28982-2 against Respondent's License No. 10883 to practice medicine for engaging in conduct in violation of NRS Chapter 630.

3. Respondent failed to disclose to the Board the pending charges in NSBME Case Nos 24-28982-1 and 24-28982-2 on his 2024 biennial renewal application for Certificate of Registration No. CS12432.

4. Respondent failed to review the patient utilization report for patient S.D. in the Prescription Monitoring Program (PMP) database prior to issuing a prescription for Adderall, a

Schedule II controlled substance, on August 18, 2024. Respondent subsequently changed the dosage of patient S.D.'s Adderall prescription from 20mg to 30mg on September 9, 2024, and again prescribed Adderall to S.D. on September 19, 2024, each time without reviewing the patient utilization report for patient S.D. in the PMP database.

5. On or about September 12, 2025, the NSBME entered an order in Case Nos 24-28982-1 revoking Respondent's License No. 10883 to practice medicine for cause effective October 1, 2025.

6. On or about September 17, 2023, Board staff served Respondent with notice that the revocation of his NSBME License No. 9105 to practice medicine operated as an immediate suspension of his Certificate of Registration No. CS12432 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

7. On or about October 13, 2025, Respondent issued a controlled substance prescription for DEXTROAMP-AMPHETAMIN 20 MG TAB for patient H. H.

8. On or about October 17, 2025, the NSBME ordered Respondent pursuant to NRS 630.400(3) to cease and desist the unlicensed practice of medicine.

9. On or about October 20, 2025, the Board ordered Respondent pursuant to NRS 639.2895 to cease and desist the unlawful prescribing of controlled substances.

APPLICABLE LAW

10. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance in Nevada. 21 U.S.C. § 822(a)(2) and (e)(1); 21 U.S.C. § 823(f); 21 C.F.R. § 1301.12; 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

11. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

12. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

13. A prescribing practitioner shall only issue a controlled substance prescription after review of a patient's utilization report in the PMP database in conformance with NRS 639.23507.

14. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Violating any term or condition of an order issued by the Board or the staff of the Board constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(l) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

17. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

18. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

19. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

20. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Furnishing False Material Information to Board

21. By failing to disclose to the Board the pending charges in NSBME Case Nos 24-28982-1 and 24-28982-2 on his 2024 biennial renewal application for Certificate of Registration No. CS12432, as detailed in Paragraphs 2 and 3 herein, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

COUNT TWO

Obtaining Registration by False or Fraudulent Application

22. By failing to disclose to the Board the pending charges in NSBME Case Nos 24-28982-1 and 24-28982-2 on his 2024 biennial renewal application for Certificate of Registration No. CS12432, as detailed in Paragraphs 2 and 3 herein, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1) and/or NRS 639.210(10).

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COUNT THREE

Violation of State Law – Failure to Review PMP when Prescribing a Controlled Substance

23. By failed to review the patient utilization report for patient S.D. in the PMP database prior to issuing controlled substance prescriptions, as detailed in Paragraph 4 herein, Respondent is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FOUR

Violations of Federal and State Controlled Substances Act – Unlawfully Issuing Prescriptions

24. By issuing controlled substance prescriptions without a valid license to practice medicine and with a suspended controlled substance registration as alleged in paragraphs 5-7 herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2) and (e)(1), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 C.F.R. § 1301.12, 21 CFR § 1306.03(a)(1), NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.2813(1), NAC 453.130 and/or NAC 639.846, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FIVE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

25. By his acts and omissions as alleged herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

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COUNT SIX

Unprofessional Conduct – Unlawfully Issuing Controlled Substance Prescriptions

26. By issuing controlled substance prescriptions without a valid license to practice medicine and with a suspended controlled substance registration as alleged in paragraphs 5-7 herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SEVEN

Unprofessional Conduct – Failure to Comply with Board Order

27. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS12432 as alleged in paragraph 6 herein, Respondent has violated a Board order and therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(l), and is subject to discipline pursuant to NRS 639.210(4).

COUNT EIGHT

Commission of Acts that Render Registration Inconsistent with the Public Interest

28. By his acts and omissions as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

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 20th day of OCTOBER 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDOLLAH ASSAD, MD,** **Certificate of Registration No. CS12432,** **Respondent.**	**Case No. 24-470-CS-N** **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 First Amended Notice of Intended Action and Accusation ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney, Brett Kandt at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 20th day of OCTOBER 2025.

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.** **ABDOLLAH ASSAD, MD,** **Certificate of Registration No. CS12432,** **Respondent.**	**Case No. 24-470-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended 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 First Amended 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 First Amended 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 _____ 2025.

_____

Abdollah Assad, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of October 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Abdollah Assad, MD
[redacted]
Reno, NV [redacted]

Lyn Beggs, Esq.
316 California Ave #863
Reno, NV 89509

JESSETTE PHAYNARIKONE,
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDOLLAH ASSAD, MD,** **Certificate of Registration No. CS12432,** **Respondent.**	**CASE NO. 24-470-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Abdollah Assad, MD, Certificate of Registration No. CS12432, by and through counsel, Law Offices of Lyn E. Beggs, PLLC, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about October 20, 2025, Respondent was served with the First Amended Notice of Intended Action and Accusation (Amended Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Amended Accusation.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Amended Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him 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 Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him 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. The allegation in Paragraph 7 of the First Amended Accusation is withdrawn and all related causes of action against Respondent as set forth in Counts Four, Six and Seven, Paragraphs 24, 26 and 27 of the First Amended Accusation, are hereby DISMISSED pursuant to NRS 622A.320(4).

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

A. By failing to disclose to the Board the pending charges in Nevada State Board of Medical Examiners Case Nos 24-28982-1 and 24-28982-2 on his 2024 biennial renewal application for Certificate of Registration No. CS12432, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1);

B. By failing to review the patient utilization report in the PMP database prior to issuing controlled substance prescriptions for a patient, Respondent violated NRS 639.23507;

C. Respondent has engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and committed acts that render his registration inconsistent with the public interest; and

D. Due to the revocation of his License No. 10883 to practice medicine for cause by the Nevada State Board of Medical Examiners (NSBME), as detailed in the order entered in NSBME Case No. 24-28982-1 on October 1, 2025, Respondent no longer qualifies as a practitioner for registration to dispense controlled substances under federal or state law, and his

Certificate of Registration No. CS12432 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

6. Those violations are plead with particularity in the Amended Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(12), NRS 639.23916(3)(b) and/or NRS 639.255.

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

A. The registration of Respondent Abdollah Assad, MD, Certificate of Registration No. CS12432, is hereby revoked pursuant to NRS 453.241(l)(b).

B. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration.

C. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of two (2) years from the effective date of this Order.

D. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit 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.

E. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 2, 2026.

F. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by February 2, 2026.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. 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 December 3, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. 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, and shall be further reported pursuant to NAC 639.960.

12. 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.

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

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

AGREED:

Signed this ___ day of _____ 2025

ABDOLLAH ASSAD, MD
Certificate of Registration No. CS12432

Signed this ___ day of _____ 2025

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

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

LYN E. BEGGS, ESQ.
Counsel for Respondent

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

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

AGREED:

Signed this 7 day of 11 2025

ABDOLLAH ASSAD, MD
Certificate of Registration No. CS12432

Signed this __ day of _____ 2025

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

APPROVED AS TO FORM AND CONTENT
this 7th day of November 2025

LYN E. BEGGS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Abdollah Assad, MD, Certificate of Registration No. CS12432, in Case No. 24-470-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of December, 2025.

_____
Helen Park, Pharm.D.
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.** **ABDOLLAH ASSAD, MD,** **Certificate of Registration No. CS12432,** **Respondent.**	**CASE NO. 24-470-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

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JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Abdollah Assad, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS12432, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about August 14, 2024, the Nevada State Board of Medical Examiners (NSBME) filed charges in Case Nos 24-28982-1 and 24-28982-2 against Respondent's License No. 10883 to practice medicine for engaging in conduct in violation of NRS Chapter 630.

3. Respondent failed to disclose to the Board the pending charges in NSBME Case Nos 24-28982-1 and 24-28982-2 on his 2024 biennial renewal application for Certificate of Registration No. CS12432.

4. Respondent failed to review the patient utilization report for patient S.D. in the Prescription Monitoring Program (PMP) database prior to issuing a prescription for Adderall, a

Schedule II controlled substance, on August 18, 2024. Respondent subsequently changed the dosage of patient S.D.'s Adderall prescription from 20mg to 30mg on September 9, 2024, and again prescribed Adderall to S.D. on September 19, 2024, each time without reviewing the patient utilization report for patient S.D. in the PMP database.

APPLICABLE LAW

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

6. A prescribing practitioner shall only issue a controlled substance prescription after review of a patient's utilization report in the PMP database in conformance with NRS 639.23507.

7. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

8. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

9. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

10. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

11. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has

committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Furnishing False Material Information to Board

12. By failing to disclose to the Board the pending charges in NSBME Case Nos 24-28982-1 and 24-28982-2 on his 2024 biennial renewal application for Certificate of Registration No. CS12432, as detailed in Paragraphs 2 and 3 herein, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

COUNT TWO

Obtaining Registration by False or Fraudulent Application

13. By failing to disclose to the Board the pending charges in NSBME Case Nos 24-28982-1 and 24-28982-2 on his 2024 biennial renewal application for Certificate of Registration No. CS12432, as detailed in Paragraphs 2 and 3 herein, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1) and/or NRS 639.210(10).

COUNT THREE

Violation of State Law when Prescribing a Controlled Substance

14. By failing to review the patient utilization report for patient S.D. in the PMP database prior to issuing controlled substance prescriptions, as detailed in Paragraph 4 herein, Respondent is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

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COUNT FOUR

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

15. By failed to review the patient utilization report for patient S.D. in the PMP database prior to issuing controlled substance prescriptions, as detailed in Paragraph 4 herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By failing to disclose to the Board the pending charges in NSBME Case Nos 24-28982-1 and 24-28982-2 on his 2024 biennial renewal application for Certificate of Registration No. CS124321, and by violating NRS 639.23507, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

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 11th day of MARCH 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDOLLAH ASSAD, MD,** **Certificate of Registration No. CS12432,** **Respondent.**	**Case No. 24-470-CS-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Lane
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 11th day of MARCH 2025.

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.** **ABDOLLAH ASSAD, MD,** **Certificate of Registration No. CS12432,** **Respondent.**	**Case No. 24-470-CS-N** **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 _____ 2025.

Abdollah Assad, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of March 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Abdollah Assad, MD
[redacted]
Reno, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
APR -1 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDOLLAH ASSAD, MD,** **Certificate of Registration No. CS12432** **Respondent.**	**Case No. 24-470-CS-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENT TO ACCUSATION**

Respondent Abdollah Assad, M.D. . hereby files with the Nevada State Board of Pharmacy ("Board"), his Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on March 11, 2025.

ANSWER TO ACCUSATION

Jurisdiction

Dr. Assad agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation. Dr. Assad further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-9

Paragraph 2: Dr. Assad acknowledges the factual allegations set forth in Paragraph 2.

Paragraph 3: Dr. Assad acknowledges the factual assertions set forth in Paragraph 3, however Dr. Assad asserts this was due to a misunderstanding on his part that pending matters also had to be disclosed, not only resolved matters.

Paragraph 4: Dr. Assad denies the factual allegations set forth in Paragraph 4 to the extent that he attempted to check the PMP for patient S.D. on August 18, 2024, however was unable to log into the system at that time. On September 9, 2024, Dr. Assad only prescribed seven days of Adderall due to the patient having allegedly lost some of her medication. The change in dosage was made due to the unavailability of 20 mg Adderall which the patient had been taking three times per day. Dr. Assad changed the prescription to 30 mg of Adderall twice a day; there was no modification in the daily dose of Adderall the patient was taking. Dr. Assad prescribed a fourteen day supply of Adderall on September 19, 2024.

Dr. Assad then checked the PMP to discover that the patient had been receiving controlled substances from other providers and the patient was discharged in October 2024.

Applicable Law: Paragraphs 5-11

Dr. Assad acknowledges that paragraphs 5 through 11 generally reflect the applicable laws.

Counts: Paragraphs 12-16

Paragraph 12/Count I: Dr. Assad denies the allegations contained in Paragraph 12.

Paragraph 13/Count II: Dr. Assad denies the allegations in paragraph 13.

Paragraph 14/Count III: Dr. Assad denies the allegations in paragraph 14.

Paragraph 15/Count IV: Dr. Assad denies the allegations in paragraph 15

Paragraph 16/Count V: Dr. Assad denies the allegations contained in Paragraph 16.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Dr. Assad acknowledges his failure to disclose the two Board of Medical Examiners complaints which were pending at the time he submitted his renewal and asserts the failure to

disclose the pending cases was due solely to a misunderstanding regarding disclosing pending matters, rather than matters that were resolved.

In regard to patient S.D., Dr. Assad first saw the patient on August 18, 2024. At the time the patient was currently taking Adderall as well as other medications which Dr. Assad continued the patient on. Dr. Assad does check the PMP when prescribing for any new patient, however on the day at issue, he experienced issues logging into the database.

As described above the patient was prescribed a seven day supply of Adderall on September 9, 2024, as she reported she had lost some of her pills. Dr. Assad changed the dose from 20 mg Adderall three times per day to 30 mg Adderall two times per day due to a shortage at the time of 20 mg Adderall. The daily dosage of Adderall was not altered. Dr. Assad prescribed a final fourteen day supply for the patient on September 19, 2024. Dr. Assad did check the PMP and after doing so, he discovered that the patient had been obtaining medications from other providers. Dr. Assad ultimately discharged the patient in October 2024.

Respectfully submitted this 1st day of April, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondent Abdollah Assad, M.D.

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **ABDOLLAH ASSAD, M.D.,** **Respondent.**	**Case No. 24-28982-1**

FILED
OCT - 1 2025
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

The above-entitled matter came on regularly for decision before the Nevada State Board of Medical Examiners (Board), on September 12, 2025, at the Board's office located at 9600 Gateway Drive, Reno, Nevada, 89521, on the Complaint filed herein. Abdollah Assad, M.D., (Respondent), who was duly served with notice of the adjudication, was present and represented by counsel, Lyn E. Beggs, Esq. The adjudicating members of the Board participating in these Findings of Fact, Conclusions of Law, and Order (FOFCOL) were: Nick M. Spirtos, M.D., F.A.C.O.G., Ms. Maggie Arias-Petrel, Bret W. Frey, M.D., Joseph Olivarez, P.A.-C, Jason B. Farnsworth, RRT, MBA, Hugh L. Bassewitz, M.D., FAAOS, and Apeksha Desai, M.D., MBA. Henna Rasul, Esq., Senior Deputy Attorney General, served as legal counsel to the Board.

The Board, having received and read the Complaint and exhibits admitted in the matter and filed into the record in this case, the "Synopsis of Record After Formal Hearing," prepared by the Hearing Officer, Charles Burcham, Esq., who presided over the hearing, and the transcript of the hearing, proceeded to make a decision pursuant to the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), NRS Chapter 622A, and NRS Chapter 233B, as applicable.

The Board, after due consideration of the record, evidence and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER in this matter, as follows:

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

the Hearing Officer with the mandated Prehearing disclosures and had copies of both the Prehearing Conference Statement and the mandated Prehearing Disclosures available for the parties. Respondent was timely and properly served with the Prehearing Conference Statement and the mandated Prehearing Disclosures in accordance with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and the requirements of due process. During the Pre-Hearing Conference the parties agreed to continue the date of the formal hearing to July 14, 2025, and the Hearing Officer filed an Amended Scheduling Order which was served on Respondent via U.S. Certified Mail and email on March 6, 2025.

IV.

On July 14, 2025, a contested case hearing was held before the Hearing Officer to receive evidence and to hear arguments. On July 23, 2025, the Hearing Officer received the complete Record of Proceedings, including the transcript of the testimony received and the exhibits admitted. Upon receipt of the Record of Proceedings, the hearing was closed. The Hearing Officer filed the Findings and Recommendations on August 19, 2025. The matter was scheduled for final adjudication on September 12, 2025, at a regularly scheduled Board meeting. The notice of the adjudication was mailed to Respondent on August 8, 2025, via U.S. Certified Mail and Respondent, through his counsel, received and signed for said notice on August 14, 2025. The Findings and Recommendations were personally served upon Respondent on August 21, 2025. A copy of the adjudication materials to be presented before the Board and a copy of the IC's Memorandum of Costs and Disbursements and Attorneys' Fees were sent to Respondent via Fed Ex Overnight Mail, and was received on September 3, 2025.

V.

Pursuant to NRS 622A.300(5)(a), the Findings and Recommendations of the Hearing Officer are hereby approved by the Board in their entirety and are hereby specifically incorporated and made part of this Order by reference. *See* **Exhibit 1.**

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VI.

In accordance with the Findings and Recommendations, the Board hereby finds that each count set forth in the Complaint, and as recapitulated in Paragraph II above, has been established by a preponderance of the evidence.

VII.

If any of the foregoing Findings of Fact is more properly deemed a Conclusion of Law, it may be so construed.

CONCLUSIONS OF LAW

I.

The Board has jurisdiction over Respondent and the Complaint, and an adjudication of this matter by the Board members as set forth herein is proper.

II.

Respondent was timely and properly served with the Complaint, and all notices and orders in advance of the hearing and adjudication thereon, in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and the requirements of due process.

III.

With respect to the allegations of the Complaint, the Board concludes that Respondent has violated NRS 630.301(4), as alleged in Count I; NRS 630.304(5), as alleged in Count II; NRS 630.301(5), as alleged in Count III; NRS 630.306(1)(p), as alleged in Count IV; NRS 630.304(7), as alleged in Count V; and NRS 630.301(7), as alleged in Count VI. Accordingly, Respondent is subject to discipline pursuant to NRS 630.352.

IV.

The Board finds that, pursuant to NRS 622.400, it may recover from Respondent reasonable attorneys' fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent is appropriate. The Board has reviewed the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees, and the Board finds them to be the actual fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent, and finds

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Nevada State Board of Medical Examiners
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(775) 688-2559

them to be reasonable based on: (1) the abilities, training, education, experience, professional standing and skill demonstrated by Board staff and attorneys; (2) the character of the work done, its difficulty, its intricacy, its importance, the time and skill required, the responsibility imposed and the prominence and character of the parties where, as in this case, they affected the importance of the litigation; (3) the work actually performed by the Board's attorneys and staff, and the skill, time and attention given to that work; and (4) the product of the work and benefits to the Board and the people of Nevada that were derived therefrom.

V.

If any of the foregoing Conclusions of Law is more properly deemed a Finding of Fact, it may be so construed.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that:

1. Pursuant to NRS 630.352(4)(e) and NRS 622A.410(1), respectively, Respondent's license to practice medicine, License No. 10883, is immediately revoked and Respondent may not apply for licensure in the State of Nevada for a period of ten (10) years;

2. Pursuant to NRS 630.352(4)(e), Respondent shall be issued a Public Letter of Reprimand;

3. Respondent shall reimburse the Board the reasonable costs and expenses actually incurred in the investigation and prosecution of this case in the amount of twenty-four thousand five hundred seventeen dollars and seventy-eight cents ($24,517.78), which amount Respondent shall pay within ninety (90) days of this Order; and

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

4. This Order shall be reported to the appropriate entities, including the National Practitioner Databank (NPDB), as required by law.

DATED this 1st day of October, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

NICK M. SPIRTOS, M.D., F.A.C.O.G.,
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATION

I certify that the foregoing is the full and true original FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER on file in the office of the Board of Medical Examiners in the matter of ABDOLLAH ASSAD, M.D., Case No. 24-28982-1.

I further certify that Nick M. Spirtos, M.D., F.A.C.O.G., is the President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing ORDER is the signature of said Nick M. Spirtos, M.D., F.A.C.O.G.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.

DATED this 1st day of October, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Maggie Arias-Petrel

MAGGIE ARIAS-PETREL
Secretary-Treasurer and Public Member of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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

September 17, 2025

VIA ELECTRONIC MAIL TO: lyn@lbeggslaw.com

Abdollah Assad, MD
c/o Lyn E. Beggs, Esq.
Law Offices of Lyn E. Beggs, PLLC
316 California Ave. #863
Reno, NV 89509

Re: Notice of Suspension of Registration No. CS12432 (Case No. 24-470-CS-N)

Dear Dr. Assad:

The Nevada State Board of Pharmacy (Board) has been notified that your License No. 10883 to practice medicine was revoked by the Nevada State Board of Medical Examiners pursuant to an order entered September 12, 2025. Please be advised that pursuant to NRS 639.2107 this operates as an immediate suspension of your Certificate of Registration No. CS12432 with the Board.

You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

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FILED
JUL 2 4 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (the "Board"), 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 Board has jurisdiction over Respondent PharMerica ("Respondent PharMerica"), the holder of Pharmacy License No. PH02018, because Respondent PharMerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent PharMerica operates a pharmacy in Reno, Nevada.

4. In March 2024, Respondent Kim was employed by Respondent PharMerica as a pharmacist.

5. In 2023 and 2024, Respondent PharMerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

6. Respondent PharMerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

7. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent PharMerica.

8. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

9. Between March 2023 and March 2024, Respondent PharMerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

10. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent PharMerica to dispense an initial 90-day supply of levothyroxine with two refills.

11. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

12. Patient D.P.'s physician electronically transmitted the above prescription to Respondent PharMerica.

13. Respondent PharMerica assigned no. 343217 to the above prescription. Per standard operating procedure, PharMerica processed prescription no. 343217 at its facility in Kentucky.

14. At the facility in Kentucky, a pharmaceutical technician transferred the information from the electronic prescription to a computerized prescription management system.

15. When transferring the prescription information, the technician incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill

function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

16. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

17. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at PharMerica's facility in Reno.

18. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

19. In June of 2024, due to Respondent Kim's omission as described above, PharMerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

20. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of PharMerica concerning the abrupt cessation of patient D.P.'s medication treatment.

21. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

22. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

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APPLICABLE LAW

23. 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).

24. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

25. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

26. A pharmacist has a duty to supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

27. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

28. 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).

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COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

29. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including two refills. In verifying the prescription, Respondent Kim failed to notice that a pharmaceutical technician in Kentucky had incorrectly entered a duration code into PharMerica's prescription management system, thus causing the system to suppress the automatic refill function.

30. Respondent Kim had a duty to supervise the pharmaceutical technician in Kentucky who performed data entry tasks related to prescription no. 343217.

31. Respondent Kim had a duty to correct the data entry error described above.

32. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

33. Respondent Kim performed the above duties in an incompetent, unskillful or negligent manner.

34. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

35. For her unprofessional conduct as described above Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

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COUNT TWO
Employer Liability for Unprofessional Conduct
(Respondent PharMerica)

36. Respondent Kim engaged in unprofessional conduct as described above.

37. As Respondent Kim's employer at the time, Respondent PharMerica is responsible for the unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

38. For said unprofessional conduct, Respondent PharMerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent PharMerica.

DATED this 24th day of July 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 24 day of JULY 2025.

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.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR PharMerica

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

Camilla Kim, RPh
[redacted]
Reno, NV[redacted]

PharMerica
c/o Camilla Kim, RPh
4750 Longley Ln #204
Reno, NV 89502

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
AUG 29 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH0218,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388.** **Respondents.**	**Case Nos. 24-370-PH- N** **24-370-RPH-N** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents PharMerica and Camilla Kim, RPH, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-2

Paragraph 1: Respondent PharMerica acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1.

Paragraph 2: Respondent Kim acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2.

Factual Allegations: Paragraphs 3-22

Paragraph 3: Respondent PharMerica acknowledges that it operates a pharmacy located in Reno, Nevada as set forth in Paragraph 3.

Paragraph 4: Respondent Kim acknowledges that she was employed by PharMerica in March 2024 as set forth in Paragraph 4.

Paragraph 5: Respondent PharMerica acknowledges that during the time periods set forth in Paragraph 5, it did dispense prescribed medication to residents of MorningStar Senior Living of Sparks as set forth in Paragraph 5.

Paragraph 6: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 6 to the extent the PharMerica coordinated deliveries of prescribed and dispensed medication to the nursing staff of MorningStar Senior Living.

Paragraph 7: Respondent PharMerica agrees that patient D.P. did receive some medication management services in the time frame noted in Paragraph 7.

Paragraph 8: Respondents are without sufficient personal knowledge to respond to the factual assertions contained in Paragraph 8.

Paragraph 9: Respondent PharMerica agrees with the factual assertions in Paragraph 9 to the extent that patient D.P. received levothyroxine in 2023 through the end of February 2024.

Paragraph 10: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 10 to the extent that a new prescription (no. 343217, the "Prescription") was issued March 6, 2024, by patient D.P.'s physician. However, the directions for the prescription were for one tablet daily for a 90-day duration with three refills, not two refills as noted in Paragraph 10 and further the prescription authorized three refills but did not direct automatic refills of the Prescription.

Paragraph 11: Respondents are without personal knowledge to substantively respond to the factual assertions set forth in Paragraph 11, however Respondents acknowledge that had the Prescription been refilled by patient D.P. as allowed, there would have been approximately twelve months of medication authorized by the physician.

Paragraph 12: Respondent PharMerica acknowledges that it received Prescription no. 343217 electronically.

Paragraph 13: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 13.

Paragraph 14: Based on information and belief, Respondent PharMerica agrees that a PharMerica pharmacy technician would have transcribed the Prescription information into PharMerica's computerized prescription management system.

Paragraph 15: Respondents deny that the pharmacy technician incorrectly entered code "X90D" into the prescription management system. The technician correctly entered the Prescription and directions into the prescription management system; because the Prescription directions included a duration, the prescription management system automatically assigned the code to the Prescription. The prescription management system did not terminate D.P.'s supply of levothyroxine at the end of the initial ninety days; the Prescription was still active and simply needed to be refilled by MorningStar Senior Living.

Paragraph 16: Respondents disagree with the factual assertions contained in Paragraph 16; prescriptions, including prescriptions for "maintenance" medications, often have a duration associated with them.

Paragraph 17: Respondent Kim acknowledges that she verified Prescription no. 343217 before the Prescription was initially dispensed on March 19, 2024.

Paragraph 18: Respondent Kim denies that she failed to notice the duration code and asserts that the Prescription directions included a duration with refills to follow. Nothing indicated that the Prescription was to be automatically refilled. As noted above, the system did not "terminate" the supply of levothyroxine, the Prescription was still active and could be refilled.

Paragraph 19: Respondents deny the factual allegations set forth in Paragraph 19.

Paragraph 20: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 20.

Paragraph 21: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 21.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 22.

Applicable Law: Paragraphs 23-28

Paragraph 23: Respondents agree that Paragraph 23 sufficiently reflects the contents of NRS 639.210(4).

Paragraph 24: Respondents agree that Paragraph 24 sufficiently reflects the contents of NAC 639.945(1)(d).

Paragraph 25: Respondents agree that Paragraph 25 sufficiently reflects the contents of NAC 639.945(1)(i).

Paragraph 26: Respondents agree that Paragraph 26 sufficiently reflects the contents of NAC 639.252(2).

Paragraph 27: Respondents agree that Paragraph 27 sufficiently reflects the contents of NAC 639.918.

Paragraph 28: Respondents agree that Paragraph 28 sufficiently reflects the contents of NRS 639.230(5), NAC 639.702, and NAC 639.945(3).

Count One (Paragraphs 29-35, Respondent Kim

Paragraph 29: Respondent Kim agrees that she verified Prescription no. 343217, which allowed three refills, not two as alleged. However, Respondent Kim denies the remaining allegations contained in Paragraph 29.

Paragraph 30: Respondent Kim does not work in the same location as the pharmacy technician who transcribed the information regarding the Prescription into the PharMerica computerized prescription management system, however Respondent Kim asserts that the technician did not incorrectly input the Prescription into the prescription management system. As described above, the prescription management system grabs the directions of the Prescription for generation of system codes. Regarding Prescription no. 343217, the physician's instructions included a duration and accordingly the system generated the appropriate code.

Paragraph 31: Respondent Kim denies the allegations contained in Paragraph 31 and contends that there was no error.

Paragraph 32: Respondent Kim agrees that she had a duty to strictly follow the instructions of the prescribing physician and that those instructions were indeed followed.

Paragraph 33: Respondent Kim denies the allegations contained in Paragraph 33.

Paragraph 34: Respondent Kim denies the allegations contained in Paragraph 34.

Paragraph 35: Paragraph 35 does not require a response from Respondent Kim.

Count Two (Paragraphs 36-38, Respondent PharMerica):

Paragraph 36: Respondent PharMerica denies the allegations contained in Paragraph 36.

Paragraph 37: Respondent PharMerica agrees it is responsible for Respondent Kim's conduct as an employed pharmacist but again denies that Respondent Kim engaged in unprofessional conduct as set forth in Paragraph 37.

Paragraph 38: Paragraph 38 does not require a substantive response from Respondent PharMerica.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Respondents reserve all legal defenses available to them in this matter.

Respondents further assert that no violation of NRS or NAC Chapters 639 has occurred in this matter. The Prescription was received on March 6, 2024, electronically and was properly entered into the PharMerica computerized prescription management system by a pharmacy technician. The technician appropriately entered the information into the prescription management system, including the duration which was included on the Prescription sent electronically by patient D.P.'s physician. Per the Prescription directions, the prescription management system entered a code of "X90D"; however, that did not terminate the Prescription at the end of 90-days but rather required a refill to be requested. The Prescription, as written, did not direct automatic refills. Respondents are without knowledge of why the nursing staff at MorningStar Senior Living failed to request the refill of levothyroxine, however Respondents assert that neither Respondent PharMerica nor Respondent Kim violated NRS/NAC Chapter 639 as alleged.

Respectfully submitted this 29th of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000298813077
Process Date: 09/02/2025
Page: 1 of 1
JOSEPH, SAJU
For authorized use by:
NEVADA STATE BOARD OF PHARMACY

JOSEPH, SAJU - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: JOSEPH, SAJU
Date of Birth: [redacted] **Sex:** MALE
Home Address: [redacted] LAS VEGAS, NV [redacted]
Social Security Number: ***-**-[redacted]
License: PHYSICIAN (MD), 17412, NV

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: NEVADA STATE BOARD OF PHARMACY (DBID ending in ...37)
Authorized Submitter: OLIVIA GUTIERREZ MORA, LICENSING SPECIALIST, (775) 850-1440 Ext. 122

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 09/02/2025

The following report types have been searched:

Medical Malpractice Payment Report	**Yes, See Below**	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	**Yes, See Below**	Peer Review Organization Action(s):	No Reports

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES
Basis for Action: - SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

Initial Action: - REVOCATION OF CLINICAL PRIVILEGES **Date of Action:** 04/18/2024
DCN: 5500000234960354

Subsequent Action: - REVOCATION OF CLINICAL PRIVILEGES **Date of Action:** 04/18/2024
DCN: 5500000238858784

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT
Basis for Action: - FAILURE TO RECOGNIZE A COMPLICATION

Initial Action: - SETTLEMENT **Date of Action:** 10/12/2023
DCN: 5500000221144753

MEDICAL CENTER HOSPITAL

TITLE IV CLINICAL PRIVILEGES
Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION **Date of Action:** 01/31/2016
DCN: 5500000103529663

---------- **Unabridged Report(s) Follow** ----------

National Practitioner Data Bank
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U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

JOSEPH, SAJU

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 04/18/2024

Initial Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES	- SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

This action has related reports:

Initial Action:	**[This Action]**
Subsequent Action:	- REVOCATION OF CLINICAL PRIVILEGES **Date of Action:** 04/18/2024 **DCN:** 5500000238858784

A. REPORTING ENTITY

Entity Name:	SOUTHERN HILLS HOSPITAL MEDICAL CENTER
Address:	9300 W SUNSET RD
City, State, Zip:	LAS VEGAS, NV 89148-4844
Country:	
Name or Office:	HELEN VITELLE
Title or Department:	DIRECTOR
Telephone:	[redacted]
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	SUMMIT SPECIALTY PHYSICIANS, INC.
Work Address:	653 N TOWN CENTER DR STE 506
City, State, ZIP:	LAS VEGAS, NV 89144-0519
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	***-**-[redacted]
National Provider Identifiers (NPI):	[redacted]
Professional School(s) & Year(s) of Graduation:	BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Specialty:	GENERAL SURGERY
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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Chantilly, VA 20153-0832
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C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL (F6)
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 04/18/2024
Date Action Became Effective: 04/18/2024
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Based on a peer review event involving clinical competency that required investigation, on April 5, 2024, the Physician voluntarily agreed to refrain from exercising his clinical privileges at the Hospital until such time as the Hospital's Medical Executive Committee ("MEC") was able to fully review the matter. On April 18, 2024, after concluding its review of the peer review event, the MEC unanimously voted to recommend to the Hospital's Board of Trustees that the Physician's Medical Staff membership and clinical privileges be revoked. Under the Hospital's governing policies, the MEC's revocation recommendation triggered the Physician's right to request a fair hearing.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/06/2024
Date of Most Recent Change: 05/06/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554

Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

JOSEPH, SAJU

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 04/18/2024

Subsequent Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES	- SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

This action has related reports:

Initial Action:	- REVOCATION OF CLINICAL PRIVILEGES	**Date of Action:** 04/18/2024	**DCN:** 5500000234960354
Subsequent Action:	[This Action]		

A. REPORTING ENTITY

Entity Name:	SOUTHERN HILLS HOSPITAL MEDICAL CENTER
Address:	9300 W SUNSET RD
City, State, Zip:	LAS VEGAS, NV 89148-4844
Country:	
Name or Office:	HELEN VITELLE
Title or Department:	DIRECTOR
Telephone:	[redacted]
Entity Internal Report Reference:	
Type of Report:	REVISION
Related Report Number:	5500000234960354

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	SUMMIT SPECIALTY PHYSICIANS, INC.
Work Address:	653 N TOWN CENTER DR STE 506
City, State, ZIP:	LAS VEGAS, NV 89144-0519
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	***-**-[redacted]
National Provider Identifiers (NPI):	[redacted]
Professional School(s) & Year(s) of Graduation:	BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Specialty:	GENERAL SURGERY
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 06/26/2024
Date Action Became Effective: 04/18/2024
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

The Physician did not request a fair hearing or otherwise avail himself of his due process rights under the Hospital's governing documents. Consequently, on June 26, 2024, the Hospital's Board of Trustees approved the MEC's revocation recommendation, causing the Physician's Medical Staff membership and clinical privileges to be revoked as of that date.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/26/2024
Date of Most Recent Change: 06/26/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

National Practitioner Data Bank
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This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
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JOSEPH, SAJU

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/12/2023

Initial Action	Basis for Initial Action
- SETTLEMENT	- FAILURE TO RECOGNIZE A COMPLICATION

A. REPORTING ENTITY

Entity Name:	NEVADA MUTUAL INSURANCE COMPANY
Address:	11605 MIRACLE HILLS DR STE 200
City, State, Zip:	OMAHA, NE 68154-4467
Country:	
Name or Office:	KRISTI WASHINGTON
Title or Department:	COMPLIANCE ASSISTANT
Telephone:	(713) 722-1691 Ext. 1691
Entity Internal Report Reference:	NMIC-PD-20-471846
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	
Work Address:	5320 S RAINBOW BLVD STE 302
City, State, ZIP:	LAS VEGAS, NV 89118-1896
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	TUFTS UNIVERSITY SCHOOL OF MEDICINE (2002) BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA - RESIDENCY (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Drug Enforcement Administration (DEA) Numbers:	
Hospital Affiliation(s):	SPRING VALLEY HOSPITAL MEDICAL CENTER LAS VEGAS,NV

C. INFORMATION REPORTED

Date of Report:	11/08/2023
Relationship of Entity to This Practitioner:	INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner:	$ 150,000.00
Date of This Payment:	10/12/2023
This Payment Represents:	A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner:	$ 150,000.00
Payment Result of:	SETTLEMENT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Date of Settlement, if Any:	09/19/2023
Adjudicative Body Case Number:	
Adjudicative Body Name:	
Court File Number:	
Description of Settlement and Any Conditions, Including Terms of Payment:	Full and final settlement to be paid and reported on behalf of the practitioner.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case:	$ 150,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:	1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by the State Fund:	
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:	

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event:	30 YEARS
Patient's Sex:	FEMALE
Patient's Type:	OUTPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment:	The patient initially presented to Emergency Room with acute cholecystitis. She was taken to the operating room where she underwent an emergency laparoscopic cholecystectomy that was performed by another surgeon. During surgery, a small amount of bile was noted to be leaking from the liver. The insured was then contacted by the primary surgeon for an intraoperative consultation in the bile leak.
Description of the Procedure Performed:	Intraoperative consultation on bile leak during emergent laparoscopic cholecystectomy. The insured recommended deferring further surgery, placing a drain and arranging a postoperative ERCP to investigate the extent of any bile duct injury, with possible stenting if indicated.
Nature of Allegation:	SURGERY RELATED (020)
Specific Allegation:	FAILURE TO RECOGNIZE A COMPLICATION (112)
Date of Event Associated With Allegation or Incident:	12/02/2019
Outcome:	MAJOR TEMPORARY INJURY (04)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:	Alleged failure to identify the source of the bile leak intraoperatively and advising to place drain.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/08/2023
Date of Most Recent Change: 11/08/2023

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

JOSEPH, SAJU

MEDICAL CENTER HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 01/31/2016

Initial Action	Basis for Initial Action
- FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION	- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name:	MEDICAL CENTER HOSPITAL
Address:	PO BOX 7239
	MEDICAL STAFF OFFICE
City, State, Zip:	ODESSA, TX 79760-7239
Country:	
Name or Office:	MICHELLE MENDOZA
Title or Department:	MEDICAL STAFF SERVICES MANAGER
Telephone:	(432) 640-1058
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Work Address:	500 W 4TH ST
City, State, ZIP:	ODESSA, TX 79761-5001
Home Address:	[redacted]
City, State, ZIP:	MIDLAND, TX [redacted]
Deceased:	UNKNOWN
Social Security Numbers (SSN):	***-** [redacted]
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	TUFTS UNIVERSITY SCHOOL OF MEDICINE (2002)
	BETH ISRAEL DEACONESS MEDICAL CENTER (2008)
	ROYAL INFIRMARY OF EDINBURGH (2007)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	44447, TX
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	ME114120, FL
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	48496, CT
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	MD.202483, LA
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action:	TITLE IV CLINICAL PRIVILEGES
Basis for Action:	OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified:	WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION
Adverse Action Classification Code(s):	FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION (1655)
Date Action Was Taken:	01/31/2016
Date Action Became Effective:	01/31/2016
Length of Action:	PERMANENT
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	DR. JOSEPH WAS UNDER INVESTIGATION, BUT PRIOR TO THE INVESTIGATION BEING COMPLETED, HE WITHDREW HIS APPLICATION FOR REAPPOINTMENT TO THE MEDICAL STAFF.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 11/30/2017

I worked for Texas Tech under faculty temporary licenses from October 31, 2013 to October 31, 2016 (#44447, 44773, and 45271). Due to fierce competition and politics within both the surgery department and the institution at Medical Center Hospital (Odessa, TX), I was ultimately forced to withdraw my privileges. Initially, I had my privileges blocked by the surgery department, which is comprised of private practice surgeons and a large locums trauma surgery group run by EmCare. No Texas Tech surgeon had ever been advanced beyond provisional privileges and I, unfortunately, attempted to take on that fight and was not successful. Originally, Texas Tech general council was prepared to proceed with restriction of trade litigation, but as MCH provides salary support for all other departments of Texas Tech, it was decided that this would not be pursued. I was forced to withdraw my privileges "while under investigation". Since that time, the Chair of Surgery, Dr. {NAME DELETED {ND} } had his privileges refused. He withdrew his request before board action was taken. My other 2 partners had their privileges refused at the surgery department meeting, but after a briefing by the hospital general council, the board disregarded routine procedure and granted both of them privileges. Since Dr. {ND} has not been given his privileges and the hospital will not allow our medical students or residents in the institution, giving privileges to our junior partners had no functional effect except to buffer the board if restriction of trade litigation were to be initiated. Most recently, the newest member of the Texas Tech Surgery Department, Dr. {ND}, who had been credentialed at Medical Center for the past 15+ years in private practice, suddenly had his credentials blocked by the hospital surgery department now that he works for Texas Tech. As is standard practice, my "withdrawal of privileges while under investigation" required a review by the Texas Medical Board, which was conducted and has been completed. The board found no quality of care issues. In fact, they indicated to both myself and my attorney, that once they were able to review all the documentation and circumstances of each case (MCH had omitted pertinent parts of the medical record to substantiate their claims), the initial allegations made by the MCH surgery department and Medical Executive Committee were completely unfounded. I received a Remedial Plan, which is non-disciplinary and a non-reportable event. The only finding was illegible handwritten notes when the Texas Tech EMR was not working. The non-disciplinary result is that I am to take an 8-hour medical record keeping

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course (for which I am scheduled on Dec 8th in Denver, CO). Although my privileges at MCH were blocked, I was privileged at numerous other hospitals and continued my practice with no adverse issues through the expiration date of my license on November 1st, 2016.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

[X] This report has been disputed by the subject identified in Section B.

[ ] At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

[ ] At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

[ ] At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/12/2016
Date of Most Recent Change: 02/12/2016

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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FILED
JUL 2 4 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (the "Board"), 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 Board has jurisdiction over Respondent PharMerica ("Respondent PharMerica"), the holder of Pharmacy License No. PH02018, because Respondent PharMerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent PharMerica operates a pharmacy in Reno, Nevada.

4. In March 2024, Respondent Kim was employed by Respondent PharMerica as a pharmacist.

5. In 2023 and 2024, Respondent PharMerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

6. Respondent PharMerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

7. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent PharMerica.

8. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

9. Between March 2023 and March 2024, Respondent PharMerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

10. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent PharMerica to dispense an initial 90-day supply of levothyroxine with two refills.

11. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

12. Patient D.P.'s physician electronically transmitted the above prescription to Respondent PharMerica.

13. Respondent PharMerica assigned no. 343217 to the above prescription. Per standard operating procedure, PharMerica processed prescription no. 343217 at its facility in Kentucky.

14. At the facility in Kentucky, a pharmaceutical technician transferred the information from the electronic prescription to a computerized prescription management system.

15. When transferring the prescription information, the technician incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill

function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

16. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

17. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at PharMerica's facility in Reno.

18. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

19. In June of 2024, due to Respondent Kim's omission as described above, PharMerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

20. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of PharMerica concerning the abrupt cessation of patient D.P.'s medication treatment.

21. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

22. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

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APPLICABLE LAW

23. 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).

24. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

25. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

26. A pharmacist has a duty to supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

27. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

28. 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).

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COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

29. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including two refills. In verifying the prescription, Respondent Kim failed to notice that a pharmaceutical technician in Kentucky had incorrectly entered a duration code into PharMerica's prescription management system, thus causing the system to suppress the automatic refill function.

30. Respondent Kim had a duty to supervise the pharmaceutical technician in Kentucky who performed data entry tasks related to prescription no. 343217.

31. Respondent Kim had a duty to correct the data entry error described above.

32. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

33. Respondent Kim performed the above duties in an incompetent, unskillful or negligent manner.

34. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

35. For her unprofessional conduct as described above Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

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COUNT TWO
Employer Liability for Unprofessional Conduct
(Respondent PharMerica)

36. Respondent Kim engaged in unprofessional conduct as described above.

37. As Respondent Kim's employer at the time, Respondent PharMerica is responsible for the unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

38. For said unprofessional conduct, Respondent PharMerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent PharMerica.

DATED this 24th day of JULY 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-RPH-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 24th day of JULY 2025.

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.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-RPH-N** **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 _____ 2025.

_____

Camilla Kim, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

PharMerica
c/o Camilla Kim, RPh
4750 Longley Ln #204
Reno, NV 89502

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
AUG 29 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH0218,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388.** **Respondents.**	**Case Nos. 24-370-PH- N** **24-370-RPH-N** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents PharMerica and Camilla Kim, RPH, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-2

Paragraph 1: Respondent PharMerica acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1.

Paragraph 2: Respondent Kim acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2.

Factual Allegations: Paragraphs 3-22

Paragraph 3: Respondent PharMerica acknowledges that it operates a pharmacy located in Reno, Nevada as set forth in Paragraph 3.

Paragraph 4: Respondent Kim acknowledges that she was employed by PharMerica in March 2024 as set forth in Paragraph 4.

Paragraph 5: Respondent PharMerica acknowledges that during the time periods set forth in Paragraph 5, it did dispense prescribed medication to residents of MorningStar Senior Living of Sparks as set forth in Paragraph 5.

Paragraph 6: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 6 to the extent the PharMerica coordinated deliveries of prescribed and dispensed medication to the nursing staff of MorningStar Senior Living.

Paragraph 7: Respondent PharMerica agrees that patient D.P. did receive some medication management services in the time frame noted in Paragraph 7.

Paragraph 8: Respondents are without sufficient personal knowledge to respond to the factual assertions contained in Paragraph 8.

Paragraph 9: Respondent PharMerica agrees with the factual assertions in Paragraph 9 to the extent that patient D.P. received levothyroxine in 2023 through the end of February 2024.

Paragraph 10: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 10 to the extent that a new prescription (no. 343217, the "Prescription") was issued March 6, 2024, by patient D.P.'s physician. However, the directions for the prescription were for one tablet daily for a 90-day duration with three refills, not two refills as noted in Paragraph 10 and further the prescription authorized three refills but did not direct automatic refills of the Prescription.

Paragraph 11: Respondents are without personal knowledge to substantively respond to the factual assertions set forth in Paragraph 11, however Respondents acknowledge that had the Prescription been refilled by patient D.P. as allowed, there would have been approximately twelve months of medication authorized by the physician.

Paragraph 12: Respondent PharMerica acknowledges that it received Prescription no. 343217 electronically.

Paragraph 13: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 13.

Paragraph 14: Based on information and belief, Respondent PharMerica agrees that a PharMerica pharmacy technician would have transcribed the Prescription information into PharMerica's computerized prescription management system.

Paragraph 15: Respondents deny that the pharmacy technician incorrectly entered code "X90D" into the prescription management system. The technician correctly entered the Prescription and directions into the prescription management system; because the Prescription directions included a duration, the prescription management system automatically assigned the code to the Prescription. The prescription management system did not terminate D.P.'s supply of levothyroxine at the end of the initial ninety days; the Prescription was still active and simply needed to be refilled by MorningStar Senior Living.

Paragraph 16: Respondents disagree with the factual assertions contained in Paragraph 16; prescriptions, including prescriptions for "maintenance" medications, often have a duration associated with them.

Paragraph 17: Respondent Kim acknowledges that she verified Prescription no. 343217 before the Prescription was initially dispensed on March 19, 2024.

Paragraph 18: Respondent Kim denies that she failed to notice the duration code and asserts that the Prescription directions included a duration with refills to follow. Nothing indicated that the Prescription was to be automatically refilled. As noted above, the system did not "terminate" the supply of levothyroxine, the Prescription was still active and could be refilled.

Paragraph 19: Respondents deny the factual allegations set forth in Paragraph 19.

Paragraph 20: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 20.

Paragraph 21: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 21.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 22.

Applicable Law: Paragraphs 23-28

Paragraph 23: Respondents agree that Paragraph 23 sufficiently reflects the contents of NRS 639.210(4).

Paragraph 24: Respondents agree that Paragraph 24 sufficiently reflects the contents of NAC 639.945(1)(d).

Paragraph 25: Respondents agree that Paragraph 25 sufficiently reflects the contents of NAC 639.945(1)(i).

Paragraph 26: Respondents agree that Paragraph 26 sufficiently reflects the contents of NAC 639.252(2).

Paragraph 27: Respondents agree that Paragraph 27 sufficiently reflects the contents of NAC 639.918.

Paragraph 28: Respondents agree that Paragraph 28 sufficiently reflects the contents of NRS 639.230(5), NAC 639.702, and NAC 639.945(3).

Count One (Paragraphs 29-35, Respondent Kim

Paragraph 29: Respondent Kim agrees that she verified Prescription no. 343217, which allowed three refills, not two as alleged. However, Respondent Kim denies the remaining allegations contained in Paragraph 29.

Paragraph 30: Respondent Kim does not work in the same location as the pharmacy technician who transcribed the information regarding the Prescription into the PharMerica computerized prescription management system, however Respondent Kim asserts that the technician did not incorrectly input the Prescription into the prescription management system. As described above, the prescription management system grabs the directions of the Prescription for generation of system codes. Regarding Prescription no. 343217, the physician's instructions included a duration and accordingly the system generated the appropriate code.

Paragraph 31: Respondent Kim denies the allegations contained in Paragraph 31 and contends that there was no error.

Paragraph 32: Respondent Kim agrees that she had a duty to strictly follow the instructions of the prescribing physician and that those instructions were indeed followed.

Paragraph 33: Respondent Kim denies the allegations contained in Paragraph 33.

Paragraph 34: Respondent Kim denies the allegations contained in Paragraph 34.

Paragraph 35: Paragraph 35 does not require a response from Respondent Kim.

Count Two (Paragraphs 36-38, Respondent PharMerica):

Paragraph 36: Respondent PharMerica denies the allegations contained in Paragraph 36.

Paragraph 37: Respondent PharMerica agrees it is responsible for Respondent Kim's conduct as an employed pharmacist but again denies that Respondent Kim engaged in unprofessional conduct as set forth in Paragraph 37.

Paragraph 38: Paragraph 38 does not require a substantive response from Respondent PharMerica.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Respondents reserve all legal defenses available to them in this matter.

Respondents further assert that no violation of NRS or NAC Chapters 639 has occurred in this matter. The Prescription was received on March 6, 2024, electronically and was properly entered into the PharMerica computerized prescription management system by a pharmacy technician. The technician appropriately entered the information into the prescription management system, including the duration which was included on the Prescription sent electronically by patient D.P.'s physician. Per the Prescription directions, the prescription management system entered a code of "X90D"; however, that did not terminate the Prescription at the end of 90-days but rather required a refill to be requested. The Prescription, as written, did not direct automatic refills. Respondents are without knowledge of why the nursing staff at MorningStar Senior Living failed to request the refill of levothyroxine, however Respondents assert that neither Respondent PharMerica nor Respondent Kim violated NRS/NAC Chapter 639 as alleged.

Respectfully submitted this 29th of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
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DCN: 5500000298813077
Process Date: 09/02/2025
Page: 1 of 1
JOSEPH, SAJU
For authorized use by:
NEVADA STATE BOARD OF PHARMACY

JOSEPH, SAJU - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: JOSEPH, SAJU
Date of Birth: [redacted] **Sex:** MALE
Home Address: [redacted] LAS VEGAS, NV [redacted]
Social Security Number: ***-**-[redacted]
License: PHYSICIAN (MD), 17412, NV

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: NEVADA STATE BOARD OF PHARMACY (DBID ending in ...37)
Authorized Submitter: OLIVIA GUTIERREZ MORA, LICENSING SPECIALIST, (775) 850-1440 Ext. 122

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 09/02/2025

The following report types have been searched:

Medical Malpractice Payment Report	**Yes, See Below**	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	**Yes, See Below**	Peer Review Organization Action(s):	No Reports

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES
Basis for Action: - SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

Initial Action: - REVOCATION OF CLINICAL PRIVILEGES — **Date of Action:** 04/18/2024
DCN: 5500000234960354

Subsequent Action: - REVOCATION OF CLINICAL PRIVILEGES — **Date of Action:** 04/18/2024
DCN: 5500000238858784

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT
Basis for Action: - FAILURE TO RECOGNIZE A COMPLICATION

Initial Action: - SETTLEMENT — **Date of Action:** 10/12/2023
DCN: 5500000221144753

MEDICAL CENTER HOSPITAL

TITLE IV CLINICAL PRIVILEGES
Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION — **Date of Action:** 01/31/2016
DCN: 5500000103529663

---------- **Unabridged Report(s) Follow** ----------

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

JOSEPH, SAJU

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 04/18/2024

Initial Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES	- SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

This action has related reports:

Initial Action:	**[This Action]**
Subsequent Action:	- REVOCATION OF CLINICAL PRIVILEGES **Date of Action:** 04/18/2024 **DCN:** 5500000238858784

A. REPORTING ENTITY

Entity Name:	SOUTHERN HILLS HOSPITAL MEDICAL CENTER
Address:	9300 W SUNSET RD
City, State, Zip:	LAS VEGAS, NV 89148-4844
Country:	
Name or Office:	HELEN VITELLE
Title or Department:	DIRECTOR
Telephone:	[redacted]
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	SUMMIT SPECIALTY PHYSICIANS, INC.
Work Address:	653 N TOWN CENTER DR STE 506
City, State, ZIP:	LAS VEGAS, NV 89144-0519
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	***-**-[redacted]
National Provider Identifiers (NPI):	[redacted]
Professional School(s) & Year(s) of Graduation:	BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Specialty:	GENERAL SURGERY
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL (F6)
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 04/18/2024
Date Action Became Effective: 04/18/2024
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Based on a peer review event involving clinical competency that required investigation, on April 5, 2024, the Physician voluntarily agreed to refrain from exercising his clinical privileges at the Hospital until such time as the Hospital's Medical Executive Committee ("MEC") was able to fully review the matter. On April 18, 2024, after concluding its review of the peer review event, the MEC unanimously voted to recommend to the Hospital's Board of Trustees that the Physician's Medical Staff membership and clinical privileges be revoked. Under the Hospital's governing policies, the MEC's revocation recommendation triggered the Physician's right to request a fair hearing.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/06/2024
Date of Most Recent Change: 05/06/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554

Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

JOSEPH, SAJU

SOUTHERN HILLS HOSPITAL MEDICAL CENTER

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 04/18/2024

Subsequent Action	Basis for Initial Action
- REVOCATION OF CLINICAL PRIVILEGES	- SUBSTANDARD CARE OR INADEQUATE SKILL LEVEL

This action has related reports:

Initial Action:	- REVOCATION OF CLINICAL PRIVILEGES	**Date of Action:** 04/18/2024	**DCN:** 5500000234960354
Subsequent Action:	[This Action]		

A. REPORTING ENTITY

Entity Name:	SOUTHERN HILLS HOSPITAL MEDICAL CENTER
Address:	9300 W SUNSET RD
City, State, Zip:	LAS VEGAS, NV 89148-4844
Country:	
Name or Office:	HELEN VITELLE
Title or Department:	DIRECTOR
Telephone:	[redacted]
Entity Internal Report Reference:	
Type of Report:	REVISION
Related Report Number:	5500000234960354

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	SUMMIT SPECIALTY PHYSICIANS, INC.
Work Address:	653 N TOWN CENTER DR STE 506
City, State, ZIP:	LAS VEGAS, NV 89144-0519
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	***-**-[redacted]
National Provider Identifiers (NPI):	[redacted]
Professional School(s) & Year(s) of Graduation:	BETH ISRAEL DEACONESS MEDICAL CENTER PROGRAM (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Specialty:	GENERAL SURGERY
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
Date Action Was Taken: 06/26/2024
Date Action Became Effective: 04/18/2024
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

The Physician did not request a fair hearing or otherwise avail himself of his due process rights under the Hospital's governing documents. Consequently, on June 26, 2024, the Hospital's Board of Trustees approved the MEC's revocation recommendation, causing the Physician's Medical Staff membership and clinical privileges to be revoked as of that date.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/26/2024
Date of Most Recent Change: 06/26/2024

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
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JOSEPH, SAJU

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/12/2023

Initial Action	Basis for Initial Action
- SETTLEMENT	- FAILURE TO RECOGNIZE A COMPLICATION

A. REPORTING ENTITY

Entity Name:	NEVADA MUTUAL INSURANCE COMPANY
Address:	11605 MIRACLE HILLS DR STE 200
City, State, Zip:	OMAHA, NE 68154-4467
Country:	
Name or Office:	KRISTI WASHINGTON
Title or Department:	COMPLIANCE ASSISTANT
Telephone:	(713) 722-1691 Ext. 1691
Entity Internal Report Reference:	NMIC-PD-20-471846
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	
Work Address:	5320 S RAINBOW BLVD STE 302
City, State, ZIP:	LAS VEGAS, NV 89118-1896
Home Address:	
City, State, ZIP:	
Deceased:	NO
Social Security Numbers (SSN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	TUFTS UNIVERSITY SCHOOL OF MEDICINE (2002) BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA - RESIDENCY (2008)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	17412, NV
Drug Enforcement Administration (DEA) Numbers:	
Hospital Affiliation(s):	SPRING VALLEY HOSPITAL MEDICAL CENTER LAS VEGAS,NV

C. INFORMATION REPORTED

Date of Report:	11/08/2023
Relationship of Entity to This Practitioner:	INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner:	$ 150,000.00
Date of This Payment:	10/12/2023
This Payment Represents:	A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner:	$ 150,000.00
Payment Result of:	SETTLEMENT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Date of Settlement, if Any:	09/19/2023
Adjudicative Body Case Number:	
Adjudicative Body Name:	
Court File Number:	
Description of Settlement and Any Conditions, Including Terms of Payment:	Full and final settlement to be paid and reported on behalf of the practitioner.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case:	$ 150,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:	1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by the State Fund:	
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:	

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event:	30 YEARS
Patient's Sex:	FEMALE
Patient's Type:	OUTPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment:	The patient initially presented to Emergency Room with acute cholecystitis. She was taken to the operating room where she underwent an emergency laparoscopic cholecystectomy that was performed by another surgeon. During surgery, a small amount of bile was noted to be leaking from the liver. The insured was then contacted by the primary surgeon for an intraoperative consultation in the bile leak.
Description of the Procedure Performed:	Intraoperative consultation on bile leak during emergent laparoscopic cholecystectomy. The insured recommended deferring further surgery, placing a drain and arranging a postoperative ERCP to investigate the extent of any bile duct injury, with possible stenting if indicated.
Nature of Allegation:	SURGERY RELATED (020)
Specific Allegation:	FAILURE TO RECOGNIZE A COMPLICATION (112)
Date of Event Associated With Allegation or Incident:	12/02/2019
Outcome:	MAJOR TEMPORARY INJURY (04)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:	Alleged failure to identify the source of the bile leak intraoperatively and advising to place drain.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
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E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/08/2023
Date of Most Recent Change: 11/08/2023

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
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JOSEPH, SAJU

MEDICAL CENTER HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION **Date of Action:** 01/31/2016

Initial Action	Basis for Initial Action
- FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION	- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name:	MEDICAL CENTER HOSPITAL
Address:	PO BOX 7239
	MEDICAL STAFF OFFICE
City, State, Zip:	ODESSA, TX 79760-7239
Country:	
Name or Office:	MICHELLE MENDOZA
Title or Department:	MEDICAL STAFF SERVICES MANAGER
Telephone:	(432) 640-1058
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	JOSEPH, SAJU
Other Name(s) Used:	
Sex:	MALE
Date of Birth:	[redacted]
Organization Name:	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Work Address:	500 W 4TH ST
City, State, ZIP:	ODESSA, TX 79761-5001
Home Address:	[redacted]
City, State, ZIP:	MIDLAND, TX [redacted]
Deceased:	UNKNOWN
Social Security Numbers (SSN):	***-**[redacted]
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	TUFTS UNIVERSITY SCHOOL OF MEDICINE (2002)
	BETH ISRAEL DEACONESS MEDICAL CENTER (2008)
	ROYAL INFIRMARY OF EDINBURGH (2007)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	44447, TX
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	ME114120, FL
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	48496, CT
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	MD.202483, LA
Drug Enforcement Administration (DEA) Numbers:	[redacted]
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified: WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION
Adverse Action Classification Code(s): FAILURE TO APPLY FOR RENEWAL OR WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION (1655)
Date Action Was Taken: 01/31/2016
Date Action Became Effective: 01/31/2016
Length of Action: PERMANENT
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: DR. JOSEPH WAS UNDER INVESTIGATION, BUT PRIOR TO THE INVESTIGATION BEING COMPLETED, HE WITHDREW HIS APPLICATION FOR REAPPOINTMENT TO THE MEDICAL STAFF.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 11/30/2017

I worked for Texas Tech under faculty temporary licenses from October 31, 2013 to October 31, 2016 (#44447, 44773, and 45271). Due to fierce competition and politics within both the surgery department and the institution at Medical Center Hospital (Odessa, TX), I was ultimately forced to withdraw my privileges. Initially, I had my privileges blocked by the surgery department, which is comprised of private practice surgeons and a large locums trauma surgery group run by EmCare. No Texas Tech surgeon had ever been advanced beyond provisional privileges and I, unfortunately, attempted to take on that fight and was not successful. Originally, Texas Tech general council was prepared to proceed with restriction of trade litigation, but as MCH provides salary support for all other departments of Texas Tech, it was decided that this would not be pursued. I was forced to withdraw my privileges "while under investigation". Since that time, the Chair of Surgery, Dr. {NAME DELETED {ND} } had his privileges refused. He withdrew his request before board action was taken. My other 2 partners had their privileges refused at the surgery department meeting, but after a briefing by the hospital general council, the board disregarded routine procedure and granted both of them privileges. Since Dr. {ND} has not been given his privileges and the hospital will not allow our medical students or residents in the institution, giving privileges to our junior partners had no functional effect except to buffer the board if restriction of trade litigation were to be initiated. Most recently, the newest member of the Texas Tech Surgery Department, Dr. {ND}, who had been credentialed at Medical Center for the past 15+ years in private practice, suddenly had his credentials blocked by the hospital surgery department now that he works for Texas Tech. As is standard practice, my "withdrawal of privileges while under investigation" required a review by the Texas Medical Board, which was conducted and has been completed. The board found no quality of care issues. In fact, they indicated to both myself and my attorney, that once they were able to review all the documentation and circumstances of each case (MCH had omitted pertinent parts of the medical record to substantiate their claims), the initial allegations made by the MCH surgery department and Medical Executive Committee were completely unfounded. I received a Remedial Plan, which is non-disciplinary and a non-reportable event. The only finding was illegible handwritten notes when the Texas Tech EMR was not working. The non-disciplinary result is that I am to take an 8-hour medical record keeping

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

course (for which I am scheduled on Dec 8th in Denver, CO). Although my privileges at MCH were blocked, I was privileged at numerous other hospitals and continued my practice with no adverse issues through the expiration date of my license on November 1st, 2016.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

[X] This report has been disputed by the subject identified in Section B.

[ ] At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

[ ] At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

[ ] At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/12/2016
Date of Most Recent Change: 02/12/2016

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1083870554
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 17412, NV
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 69872, GA

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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FILED
SEP 05 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OLLEN WILLIAMS, JR., PT,** **Certificate of Registration No. PT23862,** **Respondent.**	**Case No. 24-438-PT-O** **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 serves 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 (the "Board") has jurisdiction over Respondent Ollen Williams, Jr. ("Respondent"), because Respondent holds certificate of registration no. PT23862, issued by the Board pursuant to NAC 639.240.

FACTUAL ALLEGATIONS

2. Respondent is a pharmaceutical technician licensed in both Nevada and California.

3. Respondent is employed as a pharmaceutical technician in California.

4. From September 2020 until November 2024, Respondent worked at the San Diego Comprehensive Pain Management Clinic, where he compounded non-sterile to sterile compounded preparations for intrathecal injection.

5. In California, between September 2020 and November 2024, Respondent engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124.

6. Respondent was disciplined in California for unprofessional conduct and gross negligence related to his compounding activity at the San Diego Comprehensive Pain Management Clinic.

7. The California discipline is documented in the Stipulated Settlement and Disciplinary Order approved by the California State Board of Pharmacy on November 20, 2024.

8. In the Stipulated Settlement and Disciplinary Order, the California State Board of Pharmacy revoked Respondent's license to work as a pharmaceutical technician in California. However, the order of revocation was stayed, and Respondent was placed on probation for a period of three years.

9. According to the Stipulated Settlement and Disciplinary Order, Respondent compounded non-sterile to sterile preparations for intrathecal injection in an unsafe environment and in an unsafe manner, thus jeopardizing the health and safety of the patients who were treated at the San Diego Comprehensive Pain Management Clinic.

10. In the Stipulated Settlement and Disciplinary Order, Respondent admitted to allegations that he failed to adhere to the compounding standards published in the United States Pharmacopoeia (USP) 797. These included allegations that Respondent: compounded non-sterile to sterile products without proper clothing and equipment, and without having a working sink available for hand hygiene; mislabeled vials as refrigerated despite not putting them in the refrigerator; failed to maintain a clean and uncluttered area for compounding; failed to document compliance with USP compounding standards; failed to document required training for sterile compounding; failed to collect and record data demonstrating that compounded drug products were properly measured, sterile, and non-toxic; and assigned inappropriate beyond-use dates to compounded drug products.

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APPLICABLE LAW

11. The Board may revoke or suspend the license or registration of a pharmaceutical technician who has engaged in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

12. The Board may revoke or suspend the license or registration of a pharmaceutical technician who has had a certificate or license revoked or suspended in another state on grounds which would cause suspension or revocation of a license or registration in Nevada. NRS 639.210(14).

13. In Nevada, as in California, a pharmaceutical technician who compounds drug products must adhere to the compounding standards set forth in USP 797. *See* NAC 639.661 to NAC 639.690, inclusive, as supplemented and amended by the Approved Regulation of the Nevada State Board of Pharmacy, LCB File No. R053-24 (November 15, 2024).

14. A pharmaceutical technician who fails to adhere to USP 797 when compounding drug products performs his duties in an incompetent, unskillful, or negligent manner. *See id.*

15. A pharmaceutical technician who performs his duties in incompetent, unskillful, or negligent manner commits unprofessional conduct and/or conduct contrary to the public interest. *See* NAC 639.945(1)(i).

COUNT ONE

Reciprocal Discipline for Unprofessional Conduct

16. As detailed in the Stipulated Settlement and Disciplinary Order, Respondent engaged in unprofessional conduct during his employment at the San Diego Comprehensive Pain Management Clinic between September 2020 and November 2024.

17. Respondent's unprofessional conduct concerned the practice of pharmacy, specifically the compounding of non-sterile to sterile preparations for intrathecal injection to patients of the San Diego Comprehensive Pain Management Clinic.

18. The California State Board of Pharmacy revoked Respondent's license to work as a pharmaceutical technician in California on grounds which would cause suspension or revocation of Respondent's registration in Nevada.

19. Therefore, based upon the Stipulated Settlement and Disciplinary Order, and the resulting revocation of Respondent's license to practice pharmacy in California, the Board may revoke or suspend Respondent's certificate of registration PT23862 and impose such other discipline as is authorized by law. NRS 639.210(4); NRS 639.210(14); NRS 639.255.

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

DATED this 5th day of SEPTEMBER 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OLLEN WILLIAMS, JR., PT,** **Certificate of Registration No. PT23862,** **Respondent.**	**Case No. 24-438-PT-O** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 5th day of September 2025.

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.** **OLLEN WILLIAMS, JR., PT,** **Certificate of Registration No. PT23862,** **Respondent.**	**Case No. 24-438-PT-O** **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 _____ 2025.

_____

Ollen Williams, Jr., PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Ollen Williams, PT
[redacted]
El Cajon, CA [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OLLEN WILLIAMS, JR., PT,** **Certificate of Registration No. PT23862,** **Respondent.**	**Case No. 24-438-PT-O** **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 Ollen Williams, Jr. ("Respondent") 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 the parties pursued settlement negotiations.

4. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and he 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, and NRS Chapter 639, the Nevada Pharmacy 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 his rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent does not contest the allegations stated in the Accusations on file herein, and he further 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 against him in the Accusation, to wit:

A. Respondent, a pharmaceutical technician, is the holder of Certificate of Registration No. PT23862.

B. Respondent was formerly licensed as a pharmaceutical technician in the state of California.

C. Respondent was disciplined in California for unprofessional conduct and gross negligence related to his compounding activity at the San Diego Comprehensive Pain Management Clinic.

D. The California State Board of Pharmacy revoked Respondent's license to work as a pharmaceutical technician in California; however, the order of revocation was stayed, and Respondent was placed on probation for a period of three years, specifically from November 20, 2024, through November 19, 2027.

E. Respondent's conditions of probation in California included an obligation to pay $16,044.00 in costs, payable in monthly installments of $668.50, and to maintain full-time employment as a pharmaceutical technician.

F. In May 2025, Respondent voluntarily surrendered his California license after he determined that he would be unable to continue to meet the above financial obligation while simultaneously maintaining full-time employment as a pharmaceutical technician.

G. Respondent wishes to retain Certificate of Registration No. PT23862, subject to the terms and conditions of this Stipulation.

8. To resolve this case without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree that Respondent's Certificate of Registration No. PT23862

is **REVOKED**, effective immediately; however, the revocation is stayed, and Respondent is placed on probation for a period of two (2) years, subject to the following conditions:

A. 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 case. 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 January 31, 2026.

B. During the period of probation, Respondent shall not perform sterile or non-sterile compounding.

C. During the period of probation, Respondent shall not hold an ownership interest in or serve as an officer, director, manager, or partner of any pharmacy licensed in Nevada.

D. Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him during the period of probation.

9. Upon his successful completion of the above term of probation, Respondent's Certificate of Registration No. PT23862 shall be automatically reinstated without conditions or restrictions.

10. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-438-PT-0. However, any failure by Respondent to comply with the terms of probation stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing him 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.

11. 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 December 3,

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.

1. The Board may accept this Stipulation, but it has no obligation to accept this Stipulation. 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 date of entry set forth below.

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 19th day of November 2025.

OLLEN WILLIAMS, JR., PT
Certificate of Registration No. PT23862

Signed this 21st day of November 2025.

NEVADA STATE BOARD OF PHARMACY

By
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

DECISION AND ORDER

As to Respondent Ollen Williams, Jr., in Case No. 24-438-PT-O, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and orders that its terms and conditions be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this third day of December 2025.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
JUL 24 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484, and** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos. 24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-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 Sean Arora, M.D., ("Respondent Arora"), because Respondent Arora holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada. Respondent Arora holds certificate of registration no. CS31476, which was issued by the Board pursuant to NRS 453.226 and 453.231.

2. The Board has personal jurisdiction over Respondent Cassie Gifford, APRN, ("Respondent Gifford"), because Respondent Gifford holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent Gifford holds certificate of

registration no. PR18034, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.[1]

3. The Board has personal jurisdiction over Respondent Gabrielle McIntyre, APRN, ("Respondent McIntyre"), because Respondent McIntyre holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR17484, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.

4. The Board has personal jurisdiction over Respondent Allison Jaggard, APRN, ("Respondent Jaggard"), because Respondent Jaggard holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR171499, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850

5. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the purchase, receipt, storage, possession, prescribing and/or dispensing of dangerous drugs and controlled substances. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201, and "controlled substance" means a substance listed in NAC 453.510 to NAC 453.550, inclusive, or in 21 CFR Part 1308.

FACTUAL ALLEGATIONS

6. Respondent Arora is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada. At all times alleged herein, Respondent Arora was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

7. Respondent Gifford is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent

1. Respondent Gifford formerly held certificate of registration no. CS34942, authorizing her to prescribe controlled substances. Certificate of registration no. CS34942 was not renewed when it came due for renewal on November 1, 2024.

Gifford was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

8. Respondent McIntyre is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

9. Respondent Jaggard is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

10. In 2024, Respondent Arora formed a partnership or other business relationship with We Treat, a medical consulting firm based in San Diego, California. We Treat provides consulting services and regulatory compliance advice to medical spas and wellness clinics.

11. We Treat provided consulting services and compliance advice to Youth, Inc. (Youth Inc.), the owner of a medical spa and wellness clinic located at 695 Sierra Rose Drive in Reno, Nevada.

12. We Treat developed a manual of policies, procedures and protocols for use by Youth Inc. Respondent Arora approved these policies, procedures and protocols for use by Youth Inc.

13. Between April 2024 and March 2025, Youth Inc. provided various anti-aging and wellness treatments for its patients. These included cosmetic treatments using botulinum toxin type A and dermal fillers, treatments for weight loss using compounded tirzepatide and semaglutide products, hormone replacement using injectable hormones, and treatment for erectile dysfunction using sildenafil and tadalafil.

14. Between April 2024 and March 2025, Youth Inc. did not lock or otherwise secure the dangerous drugs and/or controlled substances in its possession.

15. In early 2025, Youth Inc. was in possession of stock bottles containing sildenafil, tadalafil, and metformin hydrochloride, all dangerous drugs. Youth Inc.'s representatives claimed that

they were not planning to dispense these drugs until after they had secured a dispensing license issued by the Board.

16. We Treat arranged for Respondent Arora to serve as the "medical director" for Youth Inc., a role that Respondent Arora assumed sometime between April and August 2024.

17. Respondent Arora served as Youth Inc.'s medical director until early 2025.

18. During Respondent Arora's tenure as Youth Inc.'s medical director, Respondent Arora worked and resided in Seattle, Washington. Respondent Arora never visited Youth Inc.'s facility in Reno, Nevada.

19. Sometime between April 2024 and March 2025, Youth Inc. engaged the services of Respondent Gifford, Respondent McIntyre and Respondent Jaggard. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard rarely, if ever, visited Youth Inc.'s facility in Reno, Nevada.

20. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed a prospective patient's medical questionnaire prior to the prospective patient's initial treatment at Youth Inc. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed these medical questionnaires from a remote location and never saw or spoke to patients prior to their initial treatments at Youth Inc.

21. After reviewing medical questionnaires, and despite not ever seeing the patients in question, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the use or administration of dangerous drugs and/or controlled substances.

22. Sometime between April 2024 and March 2025, Youth Inc. employed Maddison Weiss-Frank, a registered nurse. Ms. Weiss-Frank was not an advanced practice registered nurse and was not a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

23. Ms. Weiss-Frank worked under the direction and supervision of Rachel Gonzalez, the co-owner and chief executive officer of Youth Inc. Ms. Gonzalez was not a "practitioner" as that term

is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125. On information and belief, Ms. Gonzalez has no formal medical training.

24. Because there was never a practitioner present at the location, Youth Inc.'s facility at 695 Sierra Rose Drive in Reno, Nevada, was not a location where a registered nurse could lawfully inject a neuromodulator pursuant to NRS 454.217.

25. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank treated patients using prescription drugs and/or controlled substances. Ms. Weiss-Frank did not act under the direction or supervision of a practitioner.

26. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances. Ms. Weiss-Frank did not work under the direction or supervision of a practitioner.

27. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

28. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

29. Consistent with the practice described above, Youth Inc. returned single-use vials to stock even after the vials were punctured and therefore rendered unusable for subsequent treatments.

30. As the medical director for Youth Inc., Respondent Arora periodically reviewed purchase invoices and signed for shipments of dangerous drugs and/or controlled substances.

31. As the medical director for Youth Inc., Respondent Arora periodically reviewed patient medical questionnaires and treatment records.

32. As the medical director for Youth Inc., Respondent Arora periodically reviewed Youth Inc.'s policies, procedures and protocols related to the procurement, storage, possession and administration of dangerous drugs and controlled substances.

33. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances without direction or supervision by a practitioner.

34. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank treated patients with prescription drugs and/or controlled substances despite not working under the supervision or direction of a practitioner.

35. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide .and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

36. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

37. As Youth Inc.'s medical director, Respondent Arora had a duty to understand Nevada law as it governs the receipt, possession, storage, and distribution of dangerous drugs and controlled substances.

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APPLICABLE LAW

38. It is unlawful for any person to engage in wholesale distribution, or permit to be distributed at wholesale, any drug or compound unless the person holds the appropriate certificate, license or permit issued by the Board. NRS 639.100(1).

39. To engage in wholesale distribution of any drug or compound in Nevada, a person must be licensed as a wholesaler or manufacturer, as applicable. NRS 639.100; NRS 639.233; NAC 639.593; NAC 639.6915.

40. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapters 453, 454, 639, or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

41. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.236.

42. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner, or if the practitioner assists or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

43. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner prescribes or orders a dangerous drug or controlled substance for a person with whom the practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

44. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

45. It is unlawful to possess, store, or administer dangerous drugs, including botulinum toxin type A and injectable dermal fillers, except as authorized by NRS 454.213.

46. It is unlawful to possess, store, or administer controlled substances, including testosterone, except as provided by NRS 453.375.

47. "Administer" means the direct application of a [dangerous drug or controlled substance] . . . whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject." NRS 453.021; NRS 454.191.

48. Pursuant to NRS 453.375, a registered nurse may not possess, store, or administer controlled substances except when working under the direction of a supervising practitioner.

49. Pursuant to NRS 454.213, a registered nurse may not possess, store, or administer dangerous drugs except at the direction of a supervising practitioner.

50. It is unlawful for a registered nurse to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

51. A person who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from stock for administering or dispensing to patients. NAC 639.050(2).

52. A practitioner is subject to discipline if the practitioner causes or allows a dangerous drug to be dispensed in a manner not authorized by NRS 454.215 and NRS 454.301. *See* NRS 639.100; NRS 639.210(12).

53. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

54. It is unlawful to furnish drugs without a prescription. NRS 454.221.

55. "Furnish" means to supply by any means, by sale or otherwise. NRS 454.006.

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COUNT ONE
Permitting Unlicensed Wholesale Distribution
(Respondent Arora)

56. As alleged above, Respondent Arora served as the medical director for Youth Inc.

57. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

58. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage purchases from unlicensed distributors such as GLP-1 Sciences, LLC. Respondent failed to implement such policies, procedures and protocols.

59. Given the facts and circumstances alleged above, Respondent Arora permitted the unlicensed wholesale distribution of compounded drug products in violation of NRS 639.100(1).

60. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

61. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT TWO
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondent Arora)

62. As alleged above, Respondent Arora served as the medical director for Youth Inc.

63. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered, received, possessed, and/or stored dangerous drugs and/or controlled substances. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

64. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of

Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

65. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the above persons from ordering, receiving, possessing, storing and/or furnishing dangerous drugs and/or controlled substances. Respondent Arora failed to implement such policies, procedures and protocols.

66. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the unlicensed practice of pharmacy.

67. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

68. Respondent Arora's acts and/or omissions as alleged above amount to conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(i) and (j).

COUNT THREE
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondent Arora)

69. As alleged above, Respondent Arora served as the medical director for Youth Inc.

70. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

71. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the repeated or recurring use of punctured single-use vials. Respondent failed to implement such policies, procedures and protocols.

72. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the above violations of NAC 639.050(2).

73. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

74. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FOUR
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondents Gifford, McIntyre and Jaggard)

75. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

76. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of injectable drugs contained within single-use vials.

77. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard had a duty to ensure that Youth Inc. did not make repeated or recurring uses of punctured single-use vials.

78. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that Youth Inc. did not return single-use vials to stock after the vials were punctured.

79. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard assisted or abetted in the above violations of NAC 639.050(2).

80. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

81. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FIVE
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondents Gifford, McIntyre and Jaggard)

82. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

83. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

84. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that dangerous drugs and/or controlled substances were administered under the direction or supervision of a practitioner. Dangerous drugs and/or controlled substances were not administered under the direction or supervision of a practitioner.

85. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard assisted or abetted the unlicensed practice of pharmacy by Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank.

86. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

87. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT SIX
Failure to Establish a Bona Fide Therapeutic Relationship with Patients
(Respondents Gifford, McIntyre and Jaggard)

88. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

89. Respondent Gifford, Respondent McIntyre and Respondent Jaggard never saw or spoke with the above patients for whom they authorized treatments with dangerous drugs and/or controlled substances.

90. Having failed to see or speak with the above patients, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard failed to establish a bona fide therapeutic relationship with the above patients prior to authorizing their initial treatments with dangerous drugs and/or controlled substances.

91. Respondents' conduct as alleged above amounts to unprofessional conduct and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(n).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondent Sean Arora, Respondent Cassie Gifford, Respondent Gabrielle McIntyre, and Respondent Allison Jaggard.

DATED this 24th day of July 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **Respondent.**	**Case No. 24-509-CS-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 24th day of July 2025.

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.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **Respondent.**	**Case No. 24-509-CS-N** **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 _____ 2025.

_____

Sean Arora, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sean Arora, MD
c/o Youth Inc
691 Sierra Rose Dr
Reno, NV 89511

Cassie Gifford, APRN
c/o Bionetics Health
5540 S Fort Apache Rd #120
Las Vegas, NV 89148

Gabrielle McIntyre, APRN
c/o Restore Hyper Wellness
1550 N Green Valley Pkwy., Ste 300
Henderson, NV 89074

Allison Jaggard, APRN
1708 Spring Green Blvd Ste 120-109
Katy, TX 77494

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG 15 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos.** **24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS**

Respondents Sean Arora, M.D., Cassie Gifford, APRN, Gabrielle McIntyre, APRN, and Allison Jaggard, APRN, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-5

Paragraph 1: Dr. Arora acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation to the extent that the matter pertains to controlled substances as he holds a controlled substance registration issued by the Board.

Paragraph 2: Ms. Gifford acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 3: Ms. McIntyre acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 3 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 4: Ms. Jaggard acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 4 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 5: Respondents acknowledge that the Board has jurisdiction in the matter to the extent that the matter involves dangerous drugs and controlled substances. Dr. Arora acknowledges that the Board has jurisdiction over the allegations pertaining to his acts or omissions to the extent they concern controlled substances.

Factual Allegations: Paragraphs 6-37

Paragraph 6: Dr. Arora agrees with the factual allegations as set forth in Paragraph 6.

Paragraph 7: Ms. Gifford agrees with the factual allegations as set forth in Paragraph 7.

Paragraph 8: Ms. McIntyre agrees with the factual allegations as set forth in Paragraph 8.

Paragraph 9: Ms. Jaggard agrees with the factual allegations as set forth in Paragraph 9.

Paragraph 10: Dr. Arora agrees with the factual allegations set forth in Paragraph 10 only to the extent that he entered into an independent contractor agreement with We Treat, LLC in 2024.

Paragraph 11: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 11 as to the types of services which were provided to Youth Inc. However, to the best of Respondents' knowledge, Youth Inc. did receive services from

We Treat related to medical clearances for patients, policies and protocols and compliance information.

Paragraph 12: Dr. Arora agrees with the factual allegations set forth in Paragraph 12 only to the extent that he reviewed and approved policies and protocols directly related to the provision of certain medical services. Dr. Arora was not involved, nor did he review or approve, policies and procedures related to any other matters involving Youth, Inc.

Paragraph 13: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 13.

Paragraph 14: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 14.

Paragraph 15: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 15.

Paragraph 16: Dr. Arora acknowledges that as part of his duties for We Treat, he was assigned as medical director for Youth, Inc. in approximately April 2024. Dr. Arora's duties as medical director included the review and approval of protocols for certain medical treatments performed at Youth, Inc., responding to patient specific questions from the clinic, and authorization of the ordering of certain dangerous drugs, to be done in accordance with compliance policies prepared by We Treat.

Paragraph 17: Dr. Arora agrees with the factual allegations contained in Paragraph 17 to the extent that he provided services to We Treat until January 2025, services which included acting as medical director for Youth,. Inc., which were limited to the duties set forth in the response to Paragraph 16.

Paragraph 18: Dr. Arora acknowledges that he was based in Seattle, Washington and that his duties for Youth, Inc. did not require him to be physically at Youth, Inc.'s location.

Paragraph 19: Respondent's Gifford, McIntyre, and Jaggard deny the factual allegations set forth in Paragraph 19. None of the named Respondents were engaged by Youth, Inc. to provide any services. All three Respondents were employees/independent contractors of We Treat which provided medical clearance screening of patients for Youth, Inc. through Nevada licensed practitioners.

Paragraph 20: Respondents Gifford, McIntyre, and Jaggard acknowledge that they reviewed and medically cleared patients for treatments performed at Youth, Inc. pursuant to medical protocols reviewed and approved by Dr. Arora and performed these reviews in accordance with policies and protocols developed and approved by We Treat, not Dr. Arora.

Paragraph 21: Respondents Gifford, McIntyre and Jaggard acknowledge that they medically cleared patients, if appropriate, after the review of medical information and authorized treatments to be performed pursuant to protocols approved by Dr. Arora which included standing orders for administration of certain drugs or the issuance of prescriptions pursuant to those protocols. No approved protocols for treatments authorized the administration of controlled substances at Youth, Inc.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 22.

Paragraph 23: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 23.

Paragraph 24: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 24.

Paragraph 25: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 25.

Paragraph 26: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 26.

Paragraph 27: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 27.

Paragraph 28: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 28.

Paragraph 29: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 29.

Paragraph 30: Dr. Arora acknowledges that he would periodically review orders received for dangerous drugs and would sign, remotely for the same. Drugs were to be stored and accessed in accordance with policies and protocols developed by We Treat; Dr. Arora was not part of the development of those policies and procedures, nor was he asked to review them by We Treat. Dr. Arora denies that he ever signed off or approved of any shipments of controlled substances to Youth, Inc. and to his knowledge, no controlled substances were to be received or stored on-site at We Treat.

Paragraph 31: Dr. Arora denies the factual allegations contained in Paragraph 31, however he acknowledges that he would respond to patient specific questions posed to him and would review patient records at that time; however this occurred very rarely.

Paragraph 32: Dr. Arora denies the factual allegations contained in Paragraph 32. Dr. Arora was not responsible for the policies and procedures related to the procurement, storage, possession and/or administration of dangerous drugs or controlled substances other than approving

protocols directly related to the provision of medical services. We Treat's compliance department was solely responsible for the policies and protocols otherwise related to dangerous drugs and controlled substances.

Paragraph 33: Dr. Arora denies the allegations set forth in Paragraph 33.

Paragraph 34: Dr. Arora denies the allegations set forth in Paragraph 34.

Paragraph 35: Dr. Arora denies the allegations set forth in Paragraph 35.

Paragraph 36: Dr. Arora denies the allegations set forth in Paragraph 36.

Paragraph 37: Dr. Arora denies the allegations set forth in Paragraph 37 as he was not involved in, nor responsible for the receipt, possession storage, and distribution of dangerous drugs or controlled substances at Youth, Inc.

Applicable Law: Paragraphs 38-55

Paragraph 38-55: Respondents acknowledge that Paragraphs 38-55 accurately reflect the basic substance of the statutes and regulations cited therein.

Counts: Paragraphs 56-91

Count One (Paragraphs 56-61): Dr. Arora generally denies the allegations set forth in Count One in Paragraphs 56-61. Dr. Arora did not permit Youth, Inc. or any of its personnel to order any dangerous drugs from any manufacturer or supplier not licensed in Nevada. As discussed herein, Dr. Arora's duties for Youth, Inc. were limited to the review and authorization of protocols related to medical procedures. While Youth, Inc. was authorized to order supplies and dangerous drugs under Dr. Arora's credentials, this was to be done in accordance with policies and protocols developed and approved by We Treat's compliance department. To the best of Dr. Arora's knowledge, no client of We Treat was authorized to order or received dangerous drugs or other supplies from unlicensed suppliers/manufacturers.

Count Two (Paragraphs 62-68): Dr. Arora generally denies all allegations set forth in Count Two in Paragraphs 62-68. Further Dr. Arora asserts that a practice which orders, receives, and stores dangerous drugs is not engaging in the practice of pharmacy as alleged. If indeed this was accurate, every medical practice or facility that orders, receives and stores drugs for administration and/or dispensing, would be required to hold a pharmacy license with the Board; that is not currently a requirement and NRS 639.0124(1)(a) is inappropriately applied here.

Count Three (Paragraphs 69-74): Dr. Arora generally denies the allegations set forth in Count Three in Paragraphs 69-74. Again, as discussed herein, Dr. Arora's duties for Youth, Inc. were limited and did not include the development or approval of any protocols or procedures related to the procurement or storage of dangerous drugs. Dr. Arora's medical service protocols did not allow for the reuse of single use vials and any reuse of single use vials on the part of Youth, Inc. personnel would have been done without the knowledge of Dr. Arora and he did not aid or abet any violation of NAC 639.050(2).

Count Four (Paragraphs 75-81): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Four in Paragraphs 75-81. Respondents Gifford, McIntyre, and Jaggard, worked for We Treat, not Youth, Inc. Respondents' duties for Youth, Inc. were limited to conducting medical clearance reviews for patients and if cleared, the patient was authorized for treatment pursuant to approved medical protocols. None of the named respondents were responsible for supervising the staff of Youth, Inc. and would have had no knowledge of unauthorized reuse of single use vials by any personnel associated with Youth, Inc.

Count Five (Paragraphs 82-87): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Five in Paragraphs 75-81. The administration of dangerous drugs to patients is not the practice of pharmacy as defined by NRS 639.0124(1)(a) and

accordingly Respondents could not have aided or abetted in the violation of said statute. Again, as discussed above, should the Board take the position that the administration of a dangerous drug constitutes the practice of pharmacy, all practices and facilities at which any drug is administered would be required to hold a registration as a pharmacy with the Board which is not currently required.

Count Six (Paragraphs 88-91): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Six in Paragraphs 88-91.

NOTICE OF DEFENSE/MITIGATING INFORMATION

In regard to Respondent Arora, Dr. Arora stresses that his involvement with We Treat was limited as medical director. The term "medical director" is not defined under Nevada law and there is no legal precedent for what the duties of a medical director must consist of. Dr. Arora functioned as a medical director per the duties he had as a contractor for We Treat, LLC, which consisted solely of the review and authorization of protocols for medical services offered at practices contracted with We Treat and he was required to be available for consultations regarding specific patient questions as needed. The medical protocols authorized by Dr. Arora included standing orders for the administration of certain dangerous drugs and for the prescription of certain controlled substances. It should be noted that Dr. Arora never authorized the administration of controlled substances at Youth, Inc., or any other practice for which he provided services under We Treat and to his knowledge, no controlled substances were stored on-site at Youth, Inc.

We Treat's compliance department was responsible for the development and authorization of all other policies and protocols, including those related to the procurement, receipt, and storage of dangerous drugs. Dr. Arora was advised by We Treat that all policies and protocols were reviewed and vetted for compliance with the laws in each individual state in which We Treat had

clients. Dr. Arora had no reason to doubt the assurances made by We Treat that the policies and protocols for Youth, Inc. were in compliance with Nevada law.

In regard to Respondents Gifford, McIntyre, and Jaggard, all three were employees/contractors with We Treat during the times in question. Their duties were to provide medical clearance reviews for patients wishing to receive services at practices which were contracted with We Treat and if cleared, authorize treatment to be provide pursuant to previously approved medical protocols. Respondents had no duties related to the oversight or supervision of any practice served by We Treat. Respondents would be notified through a proprietary platform that a patient required a medical clearance evaluation at practices which received services from We Treat and would be given access to the patient records through the We Treat platform and would either clear the patient for treatment or deny treatment[1]. Each clinic had individual protocols which would be followed by Respondents. Respondents were informed by We Treat that policies related to requirements for providing medical clearance for patients was vetted by its compliance department and all protocols were in compliance with state laws; Respondents had no reason to question the representations of We Treat.

Respondent Gifford estimates that she performed very few medical clearance evaluations for Youth, Inc. through the We Treat platform. Respondent McIntyre estimates that she did approximately two medical clearance evaluations for Youth, Inc. Respondent Jaggard estimates that she did a maximum of ten to fifteen medical clearance evaluations for Youth, Inc.

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[1] We Treat practitioners only performed medical clearance evaluations for patients in states in which they were licensed.

All Respondents deny having violated NRS and/or NAC Chapters 453, 454, or 639. Further Respondents reserve all legal defenses available to them should this matter proceed to a hearing.

Respectfully submitted this 15th day of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484, and** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos. 24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-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 Sean Arora, M.D., ("Respondent Arora"), because Respondent Arora holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada. Respondent Arora holds certificate of registration no. CS31476, which was issued by the Board pursuant to NRS 453.226 and 453.231.

2. The Board has personal jurisdiction over Respondent Cassie Gifford, APRN, ("Respondent Gifford"), because Respondent Gifford holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent Gifford holds certificate of

registration no. PR18034, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.[1]

3. The Board has personal jurisdiction over Respondent Gabrielle McIntyre, APRN, ("Respondent McIntyre"), because Respondent McIntyre holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR17484, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.

4. The Board has personal jurisdiction over Respondent Allison Jaggard, APRN, ("Respondent Jaggard"), because Respondent Jaggard holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR171499, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850

5. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the purchase, receipt, storage, possession, prescribing and/or dispensing of dangerous drugs and controlled substances. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201, and "controlled substance" means a substance listed in NAC 453.510 to NAC 453.550, inclusive, or in 21 CFR Part 1308.

FACTUAL ALLEGATIONS

6. Respondent Arora is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada. At all times alleged herein, Respondent Arora was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

7. Respondent Gifford is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent

1. Respondent Gifford formerly held certificate of registration no. CS34942, authorizing her to prescribe controlled substances. Certificate of registration no. CS34942 was not renewed when it came due for renewal on November 1, 2024.

Gifford was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

8. Respondent McIntyre is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

9. Respondent Jaggard is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

10. In 2024, Respondent Arora formed a partnership or other business relationship with We Treat, a medical consulting firm based in San Diego, California. We Treat provides consulting services and regulatory compliance advice to medical spas and wellness clinics.

11. We Treat provided consulting services and compliance advice to Youth, Inc. (Youth Inc.), the owner of a medical spa and wellness clinic located at 695 Sierra Rose Drive in Reno, Nevada.

12. We Treat developed a manual of policies, procedures and protocols for use by Youth Inc. Respondent Arora approved these policies, procedures and protocols for use by Youth Inc.

13. Between April 2024 and March 2025, Youth Inc. provided various anti-aging and wellness treatments for its patients. These included cosmetic treatments using botulinum toxin type A and dermal fillers, treatments for weight loss using compounded tirzepatide and semaglutide products, hormone replacement using injectable hormones, and treatment for erectile dysfunction using sildenafil and tadalafil.

14. Between April 2024 and March 2025, Youth Inc. did not lock or otherwise secure the dangerous drugs and/or controlled substances in its possession.

15. In early 2025, Youth Inc. was in possession of stock bottles containing sildenafil, tadalafil, and metformin hydrochloride, all dangerous drugs. Youth Inc.'s representatives claimed that

they were not planning to dispense these drugs until after they had secured a dispensing license issued by the Board.

16. We Treat arranged for Respondent Arora to serve as the "medical director" for Youth Inc., a role that Respondent Arora assumed sometime between April and August 2024.

17. Respondent Arora served as Youth Inc.'s medical director until early 2025.

18. During Respondent Arora's tenure as Youth Inc.'s medical director, Respondent Arora worked and resided in Seattle, Washington. Respondent Arora never visited Youth Inc.'s facility in Reno, Nevada.

19. Sometime between April 2024 and March 2025, Youth Inc. engaged the services of Respondent Gifford, Respondent McIntyre and Respondent Jaggard. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard rarely, if ever, visited Youth Inc.'s facility in Reno, Nevada.

20. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed a prospective patient's medical questionnaire prior to the prospective patient's initial treatment at Youth Inc. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed these medical questionnaires from a remote location and never saw or spoke to patients prior to their initial treatments at Youth Inc.

21. After reviewing medical questionnaires, and despite not ever seeing the patients in question, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the use or administration of dangerous drugs and/or controlled substances.

22. Sometime between April 2024 and March 2025, Youth Inc. employed Maddison Weiss-Frank, a registered nurse. Ms. Weiss-Frank was not an advanced practice registered nurse and was not a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

23. Ms. Weiss-Frank worked under the direction and supervision of Rachel Gonzalez, the co-owner and chief executive officer of Youth Inc. Ms. Gonzalez was not a "practitioner" as that term

is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125. On information and belief, Ms. Gonzalez has no formal medical training.

24. Because there was never a practitioner present at the location, Youth Inc.'s facility at 695 Sierra Rose Drive in Reno, Nevada, was not a location where a registered nurse could lawfully inject a neuromodulator pursuant to NRS 454.217.

25. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank treated patients using prescription drugs and/or controlled substances. Ms. Weiss-Frank did not act under the direction or supervision of a practitioner.

26. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances. Ms. Weiss-Frank did not work under the direction or supervision of a practitioner.

27. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

28. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

29. Consistent with the practice described above, Youth Inc. returned single-use vials to stock even after the vials were punctured and therefore rendered unusable for subsequent treatments.

30. As the medical director for Youth Inc., Respondent Arora periodically reviewed purchase invoices and signed for shipments of dangerous drugs and/or controlled substances.

31. As the medical director for Youth Inc., Respondent Arora periodically reviewed patient medical questionnaires and treatment records.

32. As the medical director for Youth Inc., Respondent Arora periodically reviewed Youth Inc.'s policies, procedures and protocols related to the procurement, storage, possession and administration of dangerous drugs and controlled substances.

33. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances without direction or supervision by a practitioner.

34. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank treated patients with prescription drugs and/or controlled substances despite not working under the supervision or direction of a practitioner.

35. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

36. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

37. As Youth Inc.'s medical director, Respondent Arora had a duty to understand Nevada law as it governs the receipt, possession, storage, and distribution of dangerous drugs and controlled substances.

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APPLICABLE LAW

38. It is unlawful for any person to engage in wholesale distribution, or permit to be distributed at wholesale, any drug or compound unless the person holds the appropriate certificate, license or permit issued by the Board. NRS 639.100(1).

39. To engage in wholesale distribution of any drug or compound in Nevada, a person must be licensed as a wholesaler or manufacturer, as applicable. NRS 639.100; NRS 639.233; NAC 639.593; NAC 639.6915.

40. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapters 453, 454, 639, or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

41. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.236.

42. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner, or if the practitioner assists or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

43. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner prescribes or orders a dangerous drug or controlled substance for a person with whom the practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

44. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

45. It is unlawful to possess, store, or administer dangerous drugs, including botulinum toxin type A and injectable dermal fillers, except as authorized by NRS 454.213.

46. It is unlawful to possess, store, or administer controlled substances, including testosterone, except as provided by NRS 453.375.

47. "Administer" means the direct application of a [dangerous drug or controlled substance] . . . whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject." NRS 453.021; NRS 454.191.

48. Pursuant to NRS 453.375, a registered nurse may not possess, store, or administer controlled substances except when working under the direction of a supervising practitioner.

49. Pursuant to NRS 454.213, a registered nurse may not possess, store, or administer dangerous drugs except at the direction of a supervising practitioner.

50. It is unlawful for a registered nurse to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

51. A person who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from stock for administering or dispensing to patients. NAC 639.050(2).

52. A practitioner is subject to discipline if the practitioner causes or allows a dangerous drug to be dispensed in a manner not authorized by NRS 454.215 and NRS 454.301. *See* NRS 639.100; NRS 639.210(12).

53. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

54. It is unlawful to furnish drugs without a prescription. NRS 454.221.

55. "Furnish" means to supply by any means, by sale or otherwise. NRS 454.006.

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COUNT ONE
Permitting Unlicensed Wholesale Distribution
(Respondent Arora)

56. As alleged above, Respondent Arora served as the medical director for Youth Inc.

57. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

58. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage purchases from unlicensed distributors such as GLP-1 Sciences, LLC. Respondent failed to implement such policies, procedures and protocols.

59. Given the facts and circumstances alleged above, Respondent Arora permitted the unlicensed wholesale distribution of compounded drug products in violation of NRS 639.100(1).

60. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

61. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT TWO
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondent Arora)

62. As alleged above, Respondent Arora served as the medical director for Youth Inc.

63. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered, received, possessed, and/or stored dangerous drugs and/or controlled substances. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

64. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of

Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

65. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the above persons from ordering, receiving, possessing, storing and/or furnishing dangerous drugs and/or controlled substances. Respondent Arora failed to implement such policies, procedures and protocols.

66. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the unlicensed practice of pharmacy.

67. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

68. Respondent Arora's acts and/or omissions as alleged above amount to conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(i) and (j).

COUNT THREE
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondent Arora)

69. As alleged above, Respondent Arora served as the medical director for Youth Inc.

70. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

71. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the repeated or recurring use of punctured single-use vials. Respondent failed to implement such policies, procedures and protocols.

72. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the above violations of NAC 639.050(2).

73. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

74. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FOUR
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondents Gifford, McIntyre and Jaggard)

75. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

76. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of injectable drugs contained within single-use vials.

77. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard had a duty to ensure that Youth Inc. did not make repeated or recurring uses of punctured single-use vials.

78. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that Youth Inc. did not return single-use vials to stock after the vials were punctured.

79. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard assisted or abetted in the above violations of NAC 639.050(2).

80. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

81. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FIVE
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondents Gifford, McIntyre and Jaggard)

82. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

83. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

84. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that dangerous drugs and/or controlled substances were administered under the direction or supervision of a practitioner. Dangerous drugs and/or controlled substances were not administered under the direction or supervision of a practitioner.

85. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard assisted or abetted the unlicensed practice of pharmacy by Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank.

86. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

87. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT SIX
Failure to Establish a Bona Fide Therapeutic Relationship with Patients
(Respondents Gifford, McIntyre and Jaggard)

88. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

89. Respondent Gifford, Respondent McIntyre and Respondent Jaggard never saw or spoke with the above patients for whom they authorized treatments with dangerous drugs and/or controlled substances.

90. Having failed to see or speak with the above patients, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard failed to establish a bona fide therapeutic relationship with the above patients prior to authorizing their initial treatments with dangerous drugs and/or controlled substances.

91. Respondents' conduct as alleged above amounts to unprofessional conduct and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(n).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondent Sean Arora, Respondent Cassie Gifford, Respondent Gabrielle McIntyre, and Respondent Allison Jaggard.

DATED this 24th day of July 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **Respondent.**	**Case No. 24-509-PR-A-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 24th day of July 2025.

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.** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **Respondent.**	**Case No. 24-509-PR-A-N** **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 _____ 2025.

_____

Cassie Gifford, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sean Arora, MD
c/o Youth Inc
691 Sierra Rose Dr
Reno, NV 89511

Cassie Gifford, APRN
c/o Bionetics Health
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FILED
AUG 15 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos.** **24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS**

Respondents Sean Arora, M.D., Cassie Gifford, APRN, Gabrielle McIntyre, APRN, and Allison Jaggard, APRN, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-5

Paragraph 1: Dr. Arora acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation to the extent that the matter pertains to controlled substances as he holds a controlled substance registration issued by the Board.

Paragraph 2: Ms. Gifford acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 3: Ms. McIntyre acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 3 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 4: Ms. Jaggard acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 4 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 5: Respondents acknowledge that the Board has jurisdiction in the matter to the extent that the matter involves dangerous drugs and controlled substances. Dr. Arora acknowledges that the Board has jurisdiction over the allegations pertaining to his acts or omissions to the extent they concern controlled substances.

Factual Allegations: Paragraphs 6-37

Paragraph 6: Dr. Arora agrees with the factual allegations as set forth in Paragraph 6.

Paragraph 7: Ms. Gifford agrees with the factual allegations as set forth in Paragraph 7.

Paragraph 8: Ms. McIntyre agrees with the factual allegations as set forth in Paragraph 8.

Paragraph 9: Ms. Jaggard agrees with the factual allegations as set forth in Paragraph 9.

Paragraph 10: Dr. Arora agrees with the factual allegations set forth in Paragraph 10 only to the extent that he entered into an independent contractor agreement with We Treat, LLC in 2024.

Paragraph 11: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 11 as to the types of services which were provided to Youth Inc. However, to the best of Respondents' knowledge, Youth Inc. did receive services from

We Treat related to medical clearances for patients, policies and protocols and compliance information.

Paragraph 12: Dr. Arora agrees with the factual allegations set forth in Paragraph 12 only to the extent that he reviewed and approved policies and protocols directly related to the provision of certain medical services. Dr. Arora was not involved, nor did he review or approve, policies and procedures related to any other matters involving Youth, Inc.

Paragraph 13: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 13.

Paragraph 14: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 14.

Paragraph 15: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 15.

Paragraph 16: Dr. Arora acknowledges that as part of his duties for We Treat, he was assigned as medical director for Youth, Inc. in approximately April 2024. Dr. Arora's duties as medical director included the review and approval of protocols for certain medical treatments performed at Youth, Inc., responding to patient specific questions from the clinic, and authorization of the ordering of certain dangerous drugs, to be done in accordance with compliance policies prepared by We Treat.

Paragraph 17: Dr. Arora agrees with the factual allegations contained in Paragraph 17 to the extent that he provided services to We Treat until January 2025, services which included acting as medical director for Youth,. Inc., which were limited to the duties set forth in the response to Paragraph 16.

Paragraph 18: Dr. Arora acknowledges that he was based in Seattle, Washington and that his duties for Youth, Inc. did not require him to be physically at Youth, Inc.'s location.

Paragraph 19: Respondent's Gifford, McIntyre, and Jaggard deny the factual allegations set forth in Paragraph 19. None of the named Respondents were engaged by Youth, Inc. to provide any services. All three Respondents were employees/independent contractors of We Treat which provided medical clearance screening of patients for Youth, Inc. through Nevada licensed practitioners.

Paragraph 20: Respondents Gifford, McIntyre, and Jaggard acknowledge that they reviewed and medically cleared patients for treatments performed at Youth, Inc. pursuant to medical protocols reviewed and approved by Dr. Arora and performed these reviews in accordance with policies and protocols developed and approved by We Treat, not Dr. Arora.

Paragraph 21: Respondents Gifford, McIntyre and Jaggard acknowledge that they medically cleared patients, if appropriate, after the review of medical information and authorized treatments to be performed pursuant to protocols approved by Dr. Arora which included standing orders for administration of certain drugs or the issuance of prescriptions pursuant to those protocols. No approved protocols for treatments authorized the administration of controlled substances at Youth, Inc.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 22.

Paragraph 23: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 23.

Paragraph 24: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 24.

Paragraph 25: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 25.

Paragraph 26: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 26.

Paragraph 27: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 27.

Paragraph 28: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 28.

Paragraph 29: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 29.

Paragraph 30: Dr. Arora acknowledges that he would periodically review orders received for dangerous drugs and would sign, remotely for the same. Drugs were to be stored and accessed in accordance with policies and protocols developed by We Treat; Dr. Arora was not part of the development of those policies and procedures, nor was he asked to review them by We Treat. Dr. Arora denies that he ever signed off or approved of any shipments of controlled substances to Youth, Inc. and to his knowledge, no controlled substances were to be received or stored on-site at We Treat.

Paragraph 31: Dr. Arora denies the factual allegations contained in Paragraph 31, however he acknowledges that he would respond to patient specific questions posed to him and would review patient records at that time; however this occurred very rarely.

Paragraph 32: Dr. Arora denies the factual allegations contained in Paragraph 32. Dr. Arora was not responsible for the policies and procedures related to the procurement, storage, possession and/or administration of dangerous drugs or controlled substances other than approving

protocols directly related to the provision of medical services. We Treat's compliance department was solely responsible for the policies and protocols otherwise related to dangerous drugs and controlled substances.

Paragraph 33: Dr. Arora denies the allegations set forth in Paragraph 33.

Paragraph 34: Dr. Arora denies the allegations set forth in Paragraph 34.

Paragraph 35: Dr. Arora denies the allegations set forth in Paragraph 35.

Paragraph 36: Dr. Arora denies the allegations set forth in Paragraph 36.

Paragraph 37: Dr. Arora denies the allegations set forth in Paragraph 37 as he was not involved in, nor responsible for the receipt, possession storage, and distribution of dangerous drugs or controlled substances at Youth, Inc.

Applicable Law: Paragraphs 38-55

Paragraph 38-55: Respondents acknowledge that Paragraphs 38-55 accurately reflect the basic substance of the statutes and regulations cited therein.

Counts: Paragraphs 56-91

Count One (Paragraphs 56-61): Dr. Arora generally denies the allegations set forth in Count One in Paragraphs 56-61. Dr. Arora did not permit Youth, Inc. or any of its personnel to order any dangerous drugs from any manufacturer or supplier not licensed in Nevada. As discussed herein, Dr. Arora's duties for Youth, Inc. were limited to the review and authorization of protocols related to medical procedures. While Youth, Inc. was authorized to order supplies and dangerous drugs under Dr. Arora's credentials, this was to be done in accordance with policies and protocols developed and approved by We Treat's compliance department. To the best of Dr. Arora's knowledge, no client of We Treat was authorized to order or received dangerous drugs or other supplies from unlicensed suppliers/manufacturers.

Count Two (Paragraphs 62-68): Dr. Arora generally denies all allegations set forth in Count Two in Paragraphs 62-68. Further Dr. Arora asserts that a practice which orders, receives, and stores dangerous drugs is not engaging in the practice of pharmacy as alleged. If indeed this was accurate, every medical practice or facility that orders, receives and stores drugs for administration and/or dispensing, would be required to hold a pharmacy license with the Board; that is not currently a requirement and NRS 639.0124(1)(a) is inappropriately applied here.

Count Three (Paragraphs 69-74): Dr. Arora generally denies the allegations set forth in Count Three in Paragraphs 69-74. Again, as discussed herein, Dr. Arora's duties for Youth, Inc. were limited and did not include the development or approval of any protocols or procedures related to the procurement or storage of dangerous drugs. Dr. Arora's medical service protocols did not allow for the reuse of single use vials and any reuse of single use vials on the part of Youth, Inc. personnel would have been done without the knowledge of Dr. Arora and he did not aid or abet any violation of NAC 639.050(2).

Count Four (Paragraphs 75-81): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Four in Paragraphs 75-81. Respondents Gifford, McIntyre, and Jaggard, worked for We Treat, not Youth, Inc. Respondents' duties for Youth, Inc. were limited to conducting medical clearance reviews for patients and if cleared, the patient was authorized for treatment pursuant to approved medical protocols. None of the named respondents were responsible for supervising the staff of Youth, Inc. and would have had no knowledge of unauthorized reuse of single use vials by any personnel associated with Youth, Inc.

Count Five (Paragraphs 82-87): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Five in Paragraphs 75-81. The administration of dangerous drugs to patients is not the practice of pharmacy as defined by NRS 639.0124(1)(a) and

accordingly Respondents could not have aided or abetted in the violation of said statute. Again, as discussed above, should the Board take the position that the administration of a dangerous drug constitutes the practice of pharmacy, all practices and facilities at which any drug is administered would be required to hold a registration as a pharmacy with the Board which is not currently required.

Count Six (Paragraphs 88-91): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Six in Paragraphs 88-91.

NOTICE OF DEFENSE/MITIGATING INFORMATION

In regard to Respondent Arora, Dr. Arora stresses that his involvement with We Treat was limited as medical director. The term "medical director" is not defined under Nevada law and there is no legal precedent for what the duties of a medical director must consist of. Dr. Arora functioned as a medical director per the duties he had as a contractor for We Treat, LLC, which consisted solely of the review and authorization of protocols for medical services offered at practices contracted with We Treat and he was required to be available for consultations regarding specific patient questions as needed. The medical protocols authorized by Dr. Arora included standing orders for the administration of certain dangerous drugs and for the prescription of certain controlled substances. It should be noted that Dr. Arora never authorized the administration of controlled substances at Youth, Inc., or any other practice for which he provided services under We Treat and to his knowledge, no controlled substances were stored on-site at Youth, Inc.

We Treat's compliance department was responsible for the development and authorization of all other policies and protocols, including those related to the procurement, receipt, and storage of dangerous drugs. Dr. Arora was advised by We Treat that all policies and protocols were reviewed and vetted for compliance with the laws in each individual state in which We Treat had

clients. Dr. Arora had no reason to doubt the assurances made by We Treat that the policies and protocols for Youth, Inc. were in compliance with Nevada law.

In regard to Respondents Gifford, McIntyre, and Jaggard, all three were employees/contractors with We Treat during the times in question. Their duties were to provide medical clearance reviews for patients wishing to receive services at practices which were contracted with We Treat and if cleared, authorize treatment to be provide pursuant to previously approved medical protocols. Respondents had no duties related to the oversight or supervision of any practice served by We Treat. Respondents would be notified through a proprietary platform that a patient required a medical clearance evaluation at practices which received services from We Treat and would be given access to the patient records through the We Treat platform and would either clear the patient for treatment or deny treatment[1]. Each clinic had individual protocols which would be followed by Respondents. Respondents were informed by We Treat that policies related to requirements for providing medical clearance for patients was vetted by its compliance department and all protocols were in compliance with state laws; Respondents had no reason to question the representations of We Treat.

Respondent Gifford estimates that she performed very few medical clearance evaluations for Youth, Inc. through the We Treat platform. Respondent McIntyre estimates that she did approximately two medical clearance evaluations for Youth, Inc. Respondent Jaggard estimates that she did a maximum of ten to fifteen medical clearance evaluations for Youth, Inc.

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[1] We Treat practitioners only performed medical clearance evaluations for patients in states in which they were licensed.

All Respondents deny having violated NRS and/or NAC Chapters 453, 454, or 639. Further Respondents reserve all legal defenses available to them should this matter proceed to a hearing.

Respectfully submitted this 15th day of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

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NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484, and** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos. 24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-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 Sean Arora, M.D., ("Respondent Arora"), because Respondent Arora holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada. Respondent Arora holds certificate of registration no. CS31476, which was issued by the Board pursuant to NRS 453.226 and 453.231.

2. The Board has personal jurisdiction over Respondent Cassie Gifford, APRN, ("Respondent Gifford"), because Respondent Gifford holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent Gifford holds certificate of

registration no. PR18034, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.[1]

3. The Board has personal jurisdiction over Respondent Gabrielle McIntyre, APRN, ("Respondent McIntyre"), because Respondent McIntyre holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR17484, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.

4. The Board has personal jurisdiction over Respondent Allison Jaggard, APRN, ("Respondent Jaggard"), because Respondent Jaggard holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR171499, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850

5. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the purchase, receipt, storage, possession, prescribing and/or dispensing of dangerous drugs and controlled substances. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201, and "controlled substance" means a substance listed in NAC 453.510 to NAC 453.550, inclusive, or in 21 CFR Part 1308.

FACTUAL ALLEGATIONS

6. Respondent Arora is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada. At all times alleged herein, Respondent Arora was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

7. Respondent Gifford is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent

1. Respondent Gifford formerly held certificate of registration no. CS34942, authorizing her to prescribe controlled substances. Certificate of registration no. CS34942 was not renewed when it came due for renewal on November 1, 2024.

Gifford was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

8. Respondent McIntyre is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

9. Respondent Jaggard is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

10. In 2024, Respondent Arora formed a partnership or other business relationship with We Treat, a medical consulting firm based in San Diego, California. We Treat provides consulting services and regulatory compliance advice to medical spas and wellness clinics.

11. We Treat provided consulting services and compliance advice to Youth, Inc. (Youth Inc.), the owner of a medical spa and wellness clinic located at 695 Sierra Rose Drive in Reno, Nevada.

12. We Treat developed a manual of policies, procedures and protocols for use by Youth Inc. Respondent Arora approved these policies, procedures and protocols for use by Youth Inc.

13. Between April 2024 and March 2025, Youth Inc. provided various anti-aging and wellness treatments for its patients. These included cosmetic treatments using botulinum toxin type A and dermal fillers, treatments for weight loss using compounded tirzepatide and semaglutide products, hormone replacement using injectable hormones, and treatment for erectile dysfunction using sildenafil and tadalafil.

14. Between April 2024 and March 2025, Youth Inc. did not lock or otherwise secure the dangerous drugs and/or controlled substances in its possession.

15. In early 2025, Youth Inc. was in possession of stock bottles containing sildenafil, tadalafil, and metformin hydrochloride, all dangerous drugs. Youth Inc.'s representatives claimed that

they were not planning to dispense these drugs until after they had secured a dispensing license issued by the Board.

16. We Treat arranged for Respondent Arora to serve as the "medical director" for Youth Inc., a role that Respondent Arora assumed sometime between April and August 2024.

17. Respondent Arora served as Youth Inc.'s medical director until early 2025.

18. During Respondent Arora's tenure as Youth Inc.'s medical director, Respondent Arora worked and resided in Seattle, Washington. Respondent Arora never visited Youth Inc.'s facility in Reno, Nevada.

19. Sometime between April 2024 and March 2025, Youth Inc. engaged the services of Respondent Gifford, Respondent McIntyre and Respondent Jaggard. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard rarely, if ever, visited Youth Inc.'s facility in Reno, Nevada.

20. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed a prospective patient's medical questionnaire prior to the prospective patient's initial treatment at Youth Inc. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed these medical questionnaires from a remote location and never saw or spoke to patients prior to their initial treatments at Youth Inc.

21. After reviewing medical questionnaires, and despite not ever seeing the patients in question, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the use or administration of dangerous drugs and/or controlled substances.

22. Sometime between April 2024 and March 2025, Youth Inc. employed Maddison Weiss-Frank, a registered nurse. Ms. Weiss-Frank was not an advanced practice registered nurse and was not a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

23. Ms. Weiss-Frank worked under the direction and supervision of Rachel Gonzalez, the co-owner and chief executive officer of Youth Inc. Ms. Gonzalez was not a "practitioner" as that term

is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125. On information and belief, Ms. Gonzalez has no formal medical training.

24. Because there was never a practitioner present at the location, Youth Inc.'s facility at 695 Sierra Rose Drive in Reno, Nevada, was not a location where a registered nurse could lawfully inject a neuromodulator pursuant to NRS 454.217.

25. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank treated patients using prescription drugs and/or controlled substances. Ms. Weiss-Frank did not act under the direction or supervision of a practitioner.

26. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances. Ms. Weiss-Frank did not work under the direction or supervision of a practitioner.

27. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

28. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

29. Consistent with the practice described above, Youth Inc. returned single-use vials to stock even after the vials were punctured and therefore rendered unusable for subsequent treatments.

30. As the medical director for Youth Inc., Respondent Arora periodically reviewed purchase invoices and signed for shipments of dangerous drugs and/or controlled substances.

31. As the medical director for Youth Inc., Respondent Arora periodically reviewed patient medical questionnaires and treatment records.

32. As the medical director for Youth Inc., Respondent Arora periodically reviewed Youth Inc.'s policies, procedures and protocols related to the procurement, storage, possession and administration of dangerous drugs and controlled substances.

33. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances without direction or supervision by a practitioner.

34. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank treated patients with prescription drugs and/or controlled substances despite not working under the supervision or direction of a practitioner.

35. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

36. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

37. As Youth Inc.'s medical director, Respondent Arora had a duty to understand Nevada law as it governs the receipt, possession, storage, and distribution of dangerous drugs and controlled substances.

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APPLICABLE LAW

38. It is unlawful for any person to engage in wholesale distribution, or permit to be distributed at wholesale, any drug or compound unless the person holds the appropriate certificate, license or permit issued by the Board. NRS 639.100(1).

39. To engage in wholesale distribution of any drug or compound in Nevada, a person must be licensed as a wholesaler or manufacturer, as applicable. NRS 639.100; NRS 639.233; NAC 639.593; NAC 639.6915.

40. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapters 453, 454, 639, or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

41. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.236.

42. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner, or if the practitioner assists or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

43. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner prescribes or orders a dangerous drug or controlled substance for a person with whom the practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

44. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

45. It is unlawful to possess, store, or administer dangerous drugs, including botulinum toxin type A and injectable dermal fillers, except as authorized by NRS 454.213.

46. It is unlawful to possess, store, or administer controlled substances, including testosterone, except as provided by NRS 453.375.

47. "Administer" means the direct application of a [dangerous drug or controlled substance] . . . whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject." NRS 453.021; NRS 454.191.

48. Pursuant to NRS 453.375, a registered nurse may not possess, store, or administer controlled substances except when working under the direction of a supervising practitioner.

49. Pursuant to NRS 454.213, a registered nurse may not possess, store, or administer dangerous drugs except at the direction of a supervising practitioner.

50. It is unlawful for a registered nurse to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

51. A person who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from stock for administering or dispensing to patients. NAC 639.050(2).

52. A practitioner is subject to discipline if the practitioner causes or allows a dangerous drug to be dispensed in a manner not authorized by NRS 454.215 and NRS 454.301. *See* NRS 639.100; NRS 639.210(12).

53. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

54. It is unlawful to furnish drugs without a prescription. NRS 454.221.

55. "Furnish" means to supply by any means, by sale or otherwise. NRS 454.006.

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COUNT ONE
Permitting Unlicensed Wholesale Distribution
(Respondent Arora)

56. As alleged above, Respondent Arora served as the medical director for Youth Inc.

57. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

58. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage purchases from unlicensed distributors such as GLP-1 Sciences, LLC. Respondent failed to implement such policies, procedures and protocols.

59. Given the facts and circumstances alleged above, Respondent Arora permitted the unlicensed wholesale distribution of compounded drug products in violation of NRS 639.100(1).

60. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

61. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT TWO
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondent Arora)

62. As alleged above, Respondent Arora served as the medical director for Youth Inc.

63. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered, received, possessed, and/or stored dangerous drugs and/or controlled substances. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

64. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of

Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

65. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the above persons from ordering, receiving, possessing, storing and/or furnishing dangerous drugs and/or controlled substances. Respondent Arora failed to implement such policies, procedures and protocols.

66. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the unlicensed practice of pharmacy.

67. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

68. Respondent Arora's acts and/or omissions as alleged above amount to conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(i) and (j).

COUNT THREE
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondent Arora)

69. As alleged above, Respondent Arora served as the medical director for Youth Inc.

70. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

71. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the repeated or recurring use of punctured single-use vials. Respondent failed to implement such policies, procedures and protocols.

72. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the above violations of NAC 639.050(2).

73. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

74. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FOUR
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondents Gifford, McIntyre and Jaggard)

75. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

76. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of injectable drugs contained within single-use vials.

77. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard had a duty to ensure that Youth Inc. did not make repeated or recurring uses of punctured single-use vials.

78. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that Youth Inc. did not return single-use vials to stock after the vials were punctured.

79. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard assisted or abetted in the above violations of NAC 639.050(2).

80. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

81. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FIVE
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondents Gifford, McIntyre and Jaggard)

82. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

83. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

84. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that dangerous drugs and/or controlled substances were administered under the direction or supervision of a practitioner. Dangerous drugs and/or controlled substances were not administered under the direction or supervision of a practitioner.

85. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard assisted or abetted the unlicensed practice of pharmacy by Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank.

86. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

87. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT SIX
Failure to Establish a Bona Fide Therapeutic Relationship with Patients
(Respondents Gifford, McIntyre and Jaggard)

88. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

89. Respondent Gifford, Respondent McIntyre and Respondent Jaggard never saw or spoke with the above patients for whom they authorized treatments with dangerous drugs and/or controlled substances.

90. Having failed to see or speak with the above patients, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard failed to establish a bona fide therapeutic relationship with the above patients prior to authorizing their initial treatments with dangerous drugs and/or controlled substances.

91. Respondents' conduct as alleged above amounts to unprofessional conduct and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(n).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondent Sean Arora, Respondent Cassie Gifford, Respondent Gabrielle McIntyre, and Respondent Allison Jaggard.

DATED this 24th day of July 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **Respondent.**	**Case No. 24-509-PR-B-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 24th day of JULY 2025.

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.** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **Respondent.**	**Case No. 24-509-PR-B-N** **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 _____ 2025.

_____

Gabrielle McIntyre, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sean Arora, MD
c/o Youth Inc
691 Sierra Rose Dr
Reno, NV 89511

Cassie Gifford, APRN
c/o Bionetics Health
5540 S Fort Apache Rd #120
Las Vegas, NV 89148

Gabrielle McIntyre, APRN
c/o Restore Hyper Wellness
1550 N Green Valley Pkwy., Ste 300
Henderson, NV 89074

Allison Jaggard, APRN
1708 Spring Green Blvd Ste 120-109
Katy, TX 77494

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG 15 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos.** **24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS**

Respondents Sean Arora, M.D., Cassie Gifford, APRN, Gabrielle McIntyre, APRN, and Allison Jaggard, APRN, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-5

Paragraph 1: Dr. Arora acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation to the extent that the matter pertains to controlled substances as he holds a controlled substance registration issued by the Board.

Paragraph 2: Ms. Gifford acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 3: Ms. McIntyre acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 3 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 4: Ms. Jaggard acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 4 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 5: Respondents acknowledge that the Board has jurisdiction in the matter to the extent that the matter involves dangerous drugs and controlled substances. Dr. Arora acknowledges that the Board has jurisdiction over the allegations pertaining to his acts or omissions to the extent they concern controlled substances.

Factual Allegations: Paragraphs 6-37

Paragraph 6: Dr. Arora agrees with the factual allegations as set forth in Paragraph 6.

Paragraph 7: Ms. Gifford agrees with the factual allegations as set forth in Paragraph 7.

Paragraph 8: Ms. McIntyre agrees with the factual allegations as set forth in Paragraph 8.

Paragraph 9: Ms. Jaggard agrees with the factual allegations as set forth in Paragraph 9.

Paragraph 10: Dr. Arora agrees with the factual allegations set forth in Paragraph 10 only to the extent that he entered into an independent contractor agreement with We Treat, LLC in 2024.

Paragraph 11: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 11 as to the types of services which were provided to Youth Inc. However, to the best of Respondents' knowledge, Youth Inc. did receive services from

We Treat related to medical clearances for patients, policies and protocols and compliance information.

Paragraph 12: Dr. Arora agrees with the factual allegations set forth in Paragraph 12 only to the extent that he reviewed and approved policies and protocols directly related to the provision of certain medical services. Dr. Arora was not involved, nor did he review or approve, policies and procedures related to any other matters involving Youth, Inc.

Paragraph 13: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 13.

Paragraph 14: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 14.

Paragraph 15: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 15.

Paragraph 16: Dr. Arora acknowledges that as part of his duties for We Treat, he was assigned as medical director for Youth, Inc. in approximately April 2024. Dr. Arora's duties as medical director included the review and approval of protocols for certain medical treatments performed at Youth, Inc., responding to patient specific questions from the clinic, and authorization of the ordering of certain dangerous drugs, to be done in accordance with compliance policies prepared by We Treat.

Paragraph 17: Dr. Arora agrees with the factual allegations contained in Paragraph 17 to the extent that he provided services to We Treat until January 2025, services which included acting as medical director for Youth,. Inc., which were limited to the duties set forth in the response to Paragraph 16.

Paragraph 18: Dr. Arora acknowledges that he was based in Seattle, Washington and that his duties for Youth, Inc. did not require him to be physically at Youth, Inc.'s location.

Paragraph 19: Respondent's Gifford, McIntyre, and Jaggard deny the factual allegations set forth in Paragraph 19. None of the named Respondents were engaged by Youth, Inc. to provide any services. All three Respondents were employees/independent contractors of We Treat which provided medical clearance screening of patients for Youth, Inc. through Nevada licensed practitioners.

Paragraph 20: Respondents Gifford, McIntyre, and Jaggard acknowledge that they reviewed and medically cleared patients for treatments performed at Youth, Inc. pursuant to medical protocols reviewed and approved by Dr. Arora and performed these reviews in accordance with policies and protocols developed and approved by We Treat, not Dr. Arora.

Paragraph 21: Respondents Gifford, McIntyre and Jaggard acknowledge that they medically cleared patients, if appropriate, after the review of medical information and authorized treatments to be performed pursuant to protocols approved by Dr. Arora which included standing orders for administration of certain drugs or the issuance of prescriptions pursuant to those protocols. No approved protocols for treatments authorized the administration of controlled substances at Youth, Inc.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 22.

Paragraph 23: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 23.

Paragraph 24: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 24.

Paragraph 25: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 25.

Paragraph 26: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 26.

Paragraph 27: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 27.

Paragraph 28: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 28.

Paragraph 29: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 29.

Paragraph 30: Dr. Arora acknowledges that he would periodically review orders received for dangerous drugs and would sign, remotely for the same. Drugs were to be stored and accessed in accordance with policies and protocols developed by We Treat; Dr. Arora was not part of the development of those policies and procedures, nor was he asked to review them by We Treat. Dr. Arora denies that he ever signed off or approved of any shipments of controlled substances to Youth, Inc. and to his knowledge, no controlled substances were to be received or stored on-site at We Treat.

Paragraph 31: Dr. Arora denies the factual allegations contained in Paragraph 31, however he acknowledges that he would respond to patient specific questions posed to him and would review patient records at that time; however this occurred very rarely.

Paragraph 32: Dr. Arora denies the factual allegations contained in Paragraph 32. Dr. Arora was not responsible for the policies and procedures related to the procurement, storage, possession and/or administration of dangerous drugs or controlled substances other than approving

protocols directly related to the provision of medical services. We Treat's compliance department was solely responsible for the policies and protocols otherwise related to dangerous drugs and controlled substances.

Paragraph 33: Dr. Arora denies the allegations set forth in Paragraph 33.

Paragraph 34: Dr. Arora denies the allegations set forth in Paragraph 34.

Paragraph 35: Dr. Arora denies the allegations set forth in Paragraph 35.

Paragraph 36: Dr. Arora denies the allegations set forth in Paragraph 36.

Paragraph 37: Dr. Arora denies the allegations set forth in Paragraph 37 as he was not involved in, nor responsible for the receipt, possession storage, and distribution of dangerous drugs or controlled substances at Youth, Inc.

Applicable Law: Paragraphs 38-55

Paragraph 38-55: Respondents acknowledge that Paragraphs 38-55 accurately reflect the basic substance of the statutes and regulations cited therein.

Counts: Paragraphs 56-91

Count One (Paragraphs 56-61): Dr. Arora generally denies the allegations set forth in Count One in Paragraphs 56-61. Dr. Arora did not permit Youth, Inc. or any of its personnel to order any dangerous drugs from any manufacturer or supplier not licensed in Nevada. As discussed herein, Dr. Arora's duties for Youth, Inc. were limited to the review and authorization of protocols related to medical procedures. While Youth, Inc. was authorized to order supplies and dangerous drugs under Dr. Arora's credentials, this was to be done in accordance with policies and protocols developed and approved by We Treat's compliance department. To the best of Dr. Arora's knowledge, no client of We Treat was authorized to order or received dangerous drugs or other supplies from unlicensed suppliers/manufacturers.

Count Two (Paragraphs 62-68): Dr. Arora generally denies all allegations set forth in Count Two in Paragraphs 62-68. Further Dr. Arora asserts that a practice which orders, receives, and stores dangerous drugs is not engaging in the practice of pharmacy as alleged. If indeed this was accurate, every medical practice or facility that orders, receives and stores drugs for administration and/or dispensing, would be required to hold a pharmacy license with the Board; that is not currently a requirement and NRS 639.0124(1)(a) is inappropriately applied here.

Count Three (Paragraphs 69-74): Dr. Arora generally denies the allegations set forth in Count Three in Paragraphs 69-74. Again, as discussed herein, Dr. Arora's duties for Youth, Inc. were limited and did not include the development or approval of any protocols or procedures related to the procurement or storage of dangerous drugs. Dr. Arora's medical service protocols did not allow for the reuse of single use vials and any reuse of single use vials on the part of Youth, Inc. personnel would have been done without the knowledge of Dr. Arora and he did not aid or abet any violation of NAC 639.050(2).

Count Four (Paragraphs 75-81): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Four in Paragraphs 75-81. Respondents Gifford, McIntyre, and Jaggard, worked for We Treat, not Youth, Inc. Respondents' duties for Youth, Inc. were limited to conducting medical clearance reviews for patients and if cleared, the patient was authorized for treatment pursuant to approved medical protocols. None of the named respondents were responsible for supervising the staff of Youth, Inc. and would have had no knowledge of unauthorized reuse of single use vials by any personnel associated with Youth, Inc.

Count Five (Paragraphs 82-87): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Five in Paragraphs 75-81. The administration of dangerous drugs to patients is not the practice of pharmacy as defined by NRS 639.0124(1)(a) and

accordingly Respondents could not have aided or abetted in the violation of said statute. Again, as discussed above, should the Board take the position that the administration of a dangerous drug constitutes the practice of pharmacy, all practices and facilities at which any drug is administered would be required to hold a registration as a pharmacy with the Board which is not currently required.

Count Six (Paragraphs 88-91): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Six in Paragraphs 88-91.

NOTICE OF DEFENSE/MITIGATING INFORMATION

In regard to Respondent Arora, Dr. Arora stresses that his involvement with We Treat was limited as medical director. The term "medical director" is not defined under Nevada law and there is no legal precedent for what the duties of a medical director must consist of. Dr. Arora functioned as a medical director per the duties he had as a contractor for We Treat, LLC, which consisted solely of the review and authorization of protocols for medical services offered at practices contracted with We Treat and he was required to be available for consultations regarding specific patient questions as needed. The medical protocols authorized by Dr. Arora included standing orders for the administration of certain dangerous drugs and for the prescription of certain controlled substances. It should be noted that Dr. Arora never authorized the administration of controlled substances at Youth, Inc., or any other practice for which he provided services under We Treat and to his knowledge, no controlled substances were stored on-site at Youth, Inc.

We Treat's compliance department was responsible for the development and authorization of all other policies and protocols, including those related to the procurement, receipt, and storage of dangerous drugs. Dr. Arora was advised by We Treat that all policies and protocols were reviewed and vetted for compliance with the laws in each individual state in which We Treat had

clients. Dr. Arora had no reason to doubt the assurances made by We Treat that the policies and protocols for Youth, Inc. were in compliance with Nevada law.

In regard to Respondents Gifford, McIntyre, and Jaggard, all three were employees/contractors with We Treat during the times in question. Their duties were to provide medical clearance reviews for patients wishing to receive services at practices which were contracted with We Treat and if cleared, authorize treatment to be provide pursuant to previously approved medical protocols. Respondents had no duties related to the oversight or supervision of any practice served by We Treat. Respondents would be notified through a proprietary platform that a patient required a medical clearance evaluation at practices which received services from We Treat and would be given access to the patient records through the We Treat platform and would either clear the patient for treatment or deny treatment[1]. Each clinic had individual protocols which would be followed by Respondents. Respondents were informed by We Treat that policies related to requirements for providing medical clearance for patients was vetted by its compliance department and all protocols were in compliance with state laws; Respondents had no reason to question the representations of We Treat.

Respondent Gifford estimates that she performed very few medical clearance evaluations for Youth, Inc. through the We Treat platform. Respondent McIntyre estimates that she did approximately two medical clearance evaluations for Youth, Inc. Respondent Jaggard estimates that she did a maximum of ten to fifteen medical clearance evaluations for Youth, Inc.

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[1] We Treat practitioners only performed medical clearance evaluations for patients in states in which they were licensed.

All Respondents deny having violated NRS and/or NAC Chapters 453, 454, or 639. Further Respondents reserve all legal defenses available to them should this matter proceed to a hearing.

Respectfully submitted this 15th day of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

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FILED
JUL 24 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476,** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484, and** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos. 24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-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 Sean Arora, M.D., ("Respondent Arora"), because Respondent Arora holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada. Respondent Arora holds certificate of registration no. CS31476, which was issued by the Board pursuant to NRS 453.226 and 453.231.

2. The Board has personal jurisdiction over Respondent Cassie Gifford, APRN, ("Respondent Gifford"), because Respondent Gifford holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent Gifford holds certificate of

registration no. PR18034, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.[1]

3. The Board has personal jurisdiction over Respondent Gabrielle McIntyre, APRN, ("Respondent McIntyre"), because Respondent McIntyre holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR17484, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850.

4. The Board has personal jurisdiction over Respondent Allison Jaggard, APRN, ("Respondent Jaggard"), because Respondent Jaggard holds a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs in Nevada. Respondent holds certificate of registration no. PR171499, which was issued by the Board pursuant to NRS 639.2351 and NAC 639.850

5. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the purchase, receipt, storage, possession, prescribing and/or dispensing of dangerous drugs and controlled substances. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201, and "controlled substance" means a substance listed in NAC 453.510 to NAC 453.550, inclusive, or in 21 CFR Part 1308.

FACTUAL ALLEGATIONS

6. Respondent Arora is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada. At all times alleged herein, Respondent Arora was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

7. Respondent Gifford is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent

1. Respondent Gifford formerly held certificate of registration no. CS34942, authorizing her to prescribe controlled substances. Certificate of registration no. CS34942 was not renewed when it came due for renewal on November 1, 2024.

Gifford was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

8. Respondent McIntyre is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

9. Respondent Jaggard is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. At all times alleged herein, Respondent McIntyre was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

10. In 2024, Respondent Arora formed a partnership or other business relationship with We Treat, a medical consulting firm based in San Diego, California. We Treat provides consulting services and regulatory compliance advice to medical spas and wellness clinics.

11. We Treat provided consulting services and compliance advice to Youth, Inc. (Youth Inc.), the owner of a medical spa and wellness clinic located at 695 Sierra Rose Drive in Reno, Nevada.

12. We Treat developed a manual of policies, procedures and protocols for use by Youth Inc. Respondent Arora approved these policies, procedures and protocols for use by Youth Inc.

13. Between April 2024 and March 2025, Youth Inc. provided various anti-aging and wellness treatments for its patients. These included cosmetic treatments using botulinum toxin type A and dermal fillers, treatments for weight loss using compounded tirzepatide and semaglutide products, hormone replacement using injectable hormones, and treatment for erectile dysfunction using sildenafil and tadalafil.

14. Between April 2024 and March 2025, Youth Inc. did not lock or otherwise secure the dangerous drugs and/or controlled substances in its possession.

15. In early 2025, Youth Inc. was in possession of stock bottles containing sildenafil, tadalafil, and metformin hydrochloride, all dangerous drugs. Youth Inc.'s representatives claimed that

they were not planning to dispense these drugs until after they had secured a dispensing license issued by the Board.

16. We Treat arranged for Respondent Arora to serve as the "medical director" for Youth Inc., a role that Respondent Arora assumed sometime between April and August 2024.

17. Respondent Arora served as Youth Inc.'s medical director until early 2025.

18. During Respondent Arora's tenure as Youth Inc.'s medical director, Respondent Arora worked and resided in Seattle, Washington. Respondent Arora never visited Youth Inc.'s facility in Reno, Nevada.

19. Sometime between April 2024 and March 2025, Youth Inc. engaged the services of Respondent Gifford, Respondent McIntyre and Respondent Jaggard. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard rarely, if ever, visited Youth Inc.'s facility in Reno, Nevada.

20. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed a prospective patient's medical questionnaire prior to the prospective patient's initial treatment at Youth Inc. Respondent Gifford, Respondent McIntyre, and Respondent Jaggard reviewed these medical questionnaires from a remote location and never saw or spoke to patients prior to their initial treatments at Youth Inc.

21. After reviewing medical questionnaires, and despite not ever seeing the patients in question, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the use or administration of dangerous drugs and/or controlled substances.

22. Sometime between April 2024 and March 2025, Youth Inc. employed Maddison Weiss-Frank, a registered nurse. Ms. Weiss-Frank was not an advanced practice registered nurse and was not a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

23. Ms. Weiss-Frank worked under the direction and supervision of Rachel Gonzalez, the co-owner and chief executive officer of Youth Inc. Ms. Gonzalez was not a "practitioner" as that term

is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125. On information and belief, Ms. Gonzalez has no formal medical training.

24. Because there was never a practitioner present at the location, Youth Inc.'s facility at 695 Sierra Rose Drive in Reno, Nevada, was not a location where a registered nurse could lawfully inject a neuromodulator pursuant to NRS 454.217.

25. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank treated patients using prescription drugs and/or controlled substances. Ms. Weiss-Frank did not act under the direction or supervision of a practitioner.

26. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances. Ms. Weiss-Frank did not work under the direction or supervision of a practitioner.

27. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

28. In adherence to the policies, procedures and protocols developed by We Treat and approved by Respondent Arora, Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

29. Consistent with the practice described above, Youth Inc. returned single-use vials to stock even after the vials were punctured and therefore rendered unusable for subsequent treatments.

30. As the medical director for Youth Inc., Respondent Arora periodically reviewed purchase invoices and signed for shipments of dangerous drugs and/or controlled substances.

31. As the medical director for Youth Inc., Respondent Arora periodically reviewed patient medical questionnaires and treatment records.

32. As the medical director for Youth Inc., Respondent Arora periodically reviewed Youth Inc.'s policies, procedures and protocols related to the procurement, storage, possession and administration of dangerous drugs and controlled substances.

33. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank received, stored, and possessed dangerous drugs and/or controlled substances without direction or supervision by a practitioner.

34. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank treated patients with prescription drugs and/or controlled substances despite not working under the supervision or direction of a practitioner.

35. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or Ms. Gonzalez ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

36. Based upon his knowledge of Youth Inc.'s records and business practices, Respondent Arora knew or should have known that Ms. Weiss-Frank and/or other employees of Youth Inc. injected multiple patients with prescription drugs and/or controlled substances contained within single-use vials.

37. As Youth Inc.'s medical director, Respondent Arora had a duty to understand Nevada law as it governs the receipt, possession, storage, and distribution of dangerous drugs and controlled substances.

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APPLICABLE LAW

38. It is unlawful for any person to engage in wholesale distribution, or permit to be distributed at wholesale, any drug or compound unless the person holds the appropriate certificate, license or permit issued by the Board. NRS 639.100(1).

39. To engage in wholesale distribution of any drug or compound in Nevada, a person must be licensed as a wholesaler or manufacturer, as applicable. NRS 639.100; NRS 639.233; NAC 639.593; NAC 639.6915.

40. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapters 453, 454, 639, or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

41. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.236.

42. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner, or if the practitioner assists or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

43. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner prescribes or orders a dangerous drug or controlled substance for a person with whom the practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

44. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

45. It is unlawful to possess, store, or administer dangerous drugs, including botulinum toxin type A and injectable dermal fillers, except as authorized by NRS 454.213.

46. It is unlawful to possess, store, or administer controlled substances, including testosterone, except as provided by NRS 453.375.

47. "Administer" means the direct application of a [dangerous drug or controlled substance] . . . whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject." NRS 453.021; NRS 454.191.

48. Pursuant to NRS 453.375, a registered nurse may not possess, store, or administer controlled substances except when working under the direction of a supervising practitioner.

49. Pursuant to NRS 454.213, a registered nurse may not possess, store, or administer dangerous drugs except at the direction of a supervising practitioner.

50. It is unlawful for a registered nurse to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

51. A person who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from stock for administering or dispensing to patients. NAC 639.050(2).

52. A practitioner is subject to discipline if the practitioner causes or allows a dangerous drug to be dispensed in a manner not authorized by NRS 454.215 and NRS 454.301. *See* NRS 639.100; NRS 639.210(12).

53. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

54. It is unlawful to furnish drugs without a prescription. NRS 454.221.

55. "Furnish" means to supply by any means, by sale or otherwise. NRS 454.006.

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COUNT ONE
Permitting Unlicensed Wholesale Distribution
(Respondent Arora)

56. As alleged above, Respondent Arora served as the medical director for Youth Inc.

57. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered and received compounded tirzepatide and semaglutide products from GLP-1 Sciences, LLC, a California manufacturer and/or supplier not licensed to engage in wholesale distribution in Nevada.

58. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage purchases from unlicensed distributors such as GLP-1 Sciences, LLC. Respondent failed to implement such policies, procedures and protocols.

59. Given the facts and circumstances alleged above, Respondent Arora permitted the unlicensed wholesale distribution of compounded drug products in violation of NRS 639.100(1).

60. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

61. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT TWO
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondent Arora)

62. As alleged above, Respondent Arora served as the medical director for Youth Inc.

63. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank ordered, received, possessed, and/or stored dangerous drugs and/or controlled substances. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

64. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of

Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

65. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the above persons from ordering, receiving, possessing, storing and/or furnishing dangerous drugs and/or controlled substances. Respondent Arora failed to implement such policies, procedures and protocols.

66. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the unlicensed practice of pharmacy.

67. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

68. Respondent Arora's acts and/or omissions as alleged above amount to conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(i) and (j).

COUNT THREE
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondent Arora)

69. As alleged above, Respondent Arora served as the medical director for Youth Inc.

70. During Respondent Arora's tenure as medical director, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

71. As the medical director for Youth Inc., Respondent Arora had a duty to implement policies, procedures and protocols to prevent or discourage the repeated or recurring use of punctured single-use vials. Respondent failed to implement such policies, procedures and protocols.

72. Given the facts and circumstances alleged above, Respondent Arora assisted or abetted in the above violations of NAC 639.050(2).

73. Given the facts and circumstances alleged above, Respondent Arora performed his duties in an incompetent, unskillful, or negligent manner.

74. Respondent Arora's acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FOUR
Assisting or Abetting in Violations of NAC 639.050(2)
(Respondents Gifford, McIntyre and Jaggard)

75. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank injected multiple patients with drugs contained within single-use vials. After the vials were punctured, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank returned the vials to stock for subsequent use, in violation of NAC 639.050(2).

76. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of injectable drugs contained within single-use vials.

77. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard had a duty to ensure that Youth Inc. did not make repeated or recurring uses of punctured single-use vials.

78. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that Youth Inc. did not return single-use vials to stock after the vials were punctured.

79. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard assisted or abetted in the above violations of NAC 639.050(2).

80. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

81. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT FIVE
Assisting or Abetting the Unlicensed Practice of Pharmacy
(Respondents Gifford, McIntyre and Jaggard)

82. As alleged above, between April 2024 and March 2025, Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank furnished dangerous drugs and/or controlled substances to patients of Youth Inc. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

83. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

84. Having authorized the above treatments, Respondent Gifford, Respondent McIntyre and Respondent Jaggard had a duty to ensure that dangerous drugs and/or controlled substances were administered under the direction or supervision of a practitioner. Dangerous drugs and/or controlled substances were not administered under the direction or supervision of a practitioner.

85. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard assisted or abetted the unlicensed practice of pharmacy by Youth Inc., Rachel Gonzalez, and/or Maddison Weiss-Frank.

86. Given the facts and circumstances alleged above, Respondent Gifford, Respondent McIntyre and Respondent Jaggard performed their duties in an incompetent, unskillful, or negligent manner.

87. Respondents' acts and/or omissions as alleged above amount to a violation of law and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 453.236; NAC 639.945(1)(i).

COUNT SIX
Failure to Establish a Bona Fide Therapeutic Relationship with Patients
(Respondents Gifford, McIntyre and Jaggard)

88. Between April 2024 and March 2025, as alleged above, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard authorized initial patient treatments calling for the administration of dangerous drugs and/or controlled substances.

89. Respondent Gifford, Respondent McIntyre and Respondent Jaggard never saw or spoke with the above patients for whom they authorized treatments with dangerous drugs and/or controlled substances.

90. Having failed to see or speak with the above patients, Respondent Gifford, Respondent McIntyre, and Respondent Jaggard failed to establish a bona fide therapeutic relationship with the above patients prior to authorizing their initial treatments with dangerous drugs and/or controlled substances.

91. Respondents' conduct as alleged above amounts to unprofessional conduct and/or conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(n).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondent Sean Arora, Respondent Cassie Gifford, Respondent Gabrielle McIntyre, and Respondent Allison Jaggard.

DATED this 24th day of July 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondent.**	**Case No. 24-509-PR-C-N** **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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 24th day of JULY 2025.

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.** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondent.**	**Case No. 24-509-PR-C-N** **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 _____ 2025.

_____

Allison Jaggard, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Sean Arora, MD
c/o Youth Inc
691 Sierra Rose Dr
Reno, NV 89511

Cassie Gifford, APRN
c/o Bionetics Health
5540 S Fort Apache Rd #120
Las Vegas, NV 89148

Gabrielle McIntyre, APRN
c/o Restore Hyper Wellness
1550 N Green Valley Pkwy., Ste 300
Henderson, NV 89074

Allison Jaggard, APRN
1708 Spring Green Blvd Ste 120-109
Katy, TX 77494

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of August 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Allison Jaggard, APRN c/o Allie Vitality
1708 Spring Green Blvd Ste 120-109
Katy, TX 77494

Allison Jaggard, APRN
[redacted]
Katy, TX[redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG 15 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SEAN ARORA, M.D.,** **Certificate of Registration No. CS31476** **CASSIE GIFFORD, APRN,** **Certificate of Registration Nos. CS34942 and PR18034,** **GABRIELLE MCINTYRE, APRN,** **Certificate of Registration No. PR17484,** **ALLISON JAGGARD, APRN,** **Certificate of Registration No. PR17499,** **Respondents.**	**Case Nos.** **24-509-CS-N** **24-509-PR-A-N** **24-509-PR-B-N** **24-509-PR-C-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS**

Respondents Sean Arora, M.D., Cassie Gifford, APRN, Gabrielle McIntyre, APRN, and Allison Jaggard, APRN, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-5

Paragraph 1: Dr. Arora acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation to the extent that the matter pertains to controlled substances as he holds a controlled substance registration issued by the Board.

Paragraph 2: Ms. Gifford acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 3: Ms. McIntyre acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 3 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 4: Ms. Jaggard acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 4 of the Accusation as she holds a certificate to prescribe dangerous drugs issued by the Board.

Paragraph 5: Respondents acknowledge that the Board has jurisdiction in the matter to the extent that the matter involves dangerous drugs and controlled substances. Dr. Arora acknowledges that the Board has jurisdiction over the allegations pertaining to his acts or omissions to the extent they concern controlled substances.

Factual Allegations: Paragraphs 6-37

Paragraph 6: Dr. Arora agrees with the factual allegations as set forth in Paragraph 6.

Paragraph 7: Ms. Gifford agrees with the factual allegations as set forth in Paragraph 7.

Paragraph 8: Ms. McIntyre agrees with the factual allegations as set forth in Paragraph 8.

Paragraph 9: Ms. Jaggard agrees with the factual allegations as set forth in Paragraph 9.

Paragraph 10: Dr. Arora agrees with the factual allegations set forth in Paragraph 10 only to the extent that he entered into an independent contractor agreement with We Treat, LLC in 2024.

Paragraph 11: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 11 as to the types of services which were provided to Youth Inc. However, to the best of Respondents' knowledge, Youth Inc. did receive services from

We Treat related to medical clearances for patients, policies and protocols and compliance information.

Paragraph 12: Dr. Arora agrees with the factual allegations set forth in Paragraph 12 only to the extent that he reviewed and approved policies and protocols directly related to the provision of certain medical services. Dr. Arora was not involved, nor did he review or approve, policies and procedures related to any other matters involving Youth, Inc.

Paragraph 13: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 13.

Paragraph 14: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 14.

Paragraph 15: Respondents are without sufficient personal knowledge to respond to the factual allegations contained in Paragraph 15.

Paragraph 16: Dr. Arora acknowledges that as part of his duties for We Treat, he was assigned as medical director for Youth, Inc. in approximately April 2024. Dr. Arora's duties as medical director included the review and approval of protocols for certain medical treatments performed at Youth, Inc., responding to patient specific questions from the clinic, and authorization of the ordering of certain dangerous drugs, to be done in accordance with compliance policies prepared by We Treat.

Paragraph 17: Dr. Arora agrees with the factual allegations contained in Paragraph 17 to the extent that he provided services to We Treat until January 2025, services which included acting as medical director for Youth,. Inc., which were limited to the duties set forth in the response to Paragraph 16.

Paragraph 18: Dr. Arora acknowledges that he was based in Seattle, Washington and that his duties for Youth, Inc. did not require him to be physically at Youth, Inc.'s location.

Paragraph 19: Respondent's Gifford, McIntyre, and Jaggard deny the factual allegations set forth in Paragraph 19. None of the named Respondents were engaged by Youth, Inc. to provide any services. All three Respondents were employees/independent contractors of We Treat which provided medical clearance screening of patients for Youth, Inc. through Nevada licensed practitioners.

Paragraph 20: Respondents Gifford, McIntyre, and Jaggard acknowledge that they reviewed and medically cleared patients for treatments performed at Youth, Inc. pursuant to medical protocols reviewed and approved by Dr. Arora and performed these reviews in accordance with policies and protocols developed and approved by We Treat, not Dr. Arora.

Paragraph 21: Respondents Gifford, McIntyre and Jaggard acknowledge that they medically cleared patients, if appropriate, after the review of medical information and authorized treatments to be performed pursuant to protocols approved by Dr. Arora which included standing orders for administration of certain drugs or the issuance of prescriptions pursuant to those protocols. No approved protocols for treatments authorized the administration of controlled substances at Youth, Inc.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 22.

Paragraph 23: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 23.

Paragraph 24: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 24.

Paragraph 25: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 25.

Paragraph 26: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 26.

Paragraph 27: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 27.

Paragraph 28: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 28.

Paragraph 29: Respondents are without sufficient personal knowledge to respond to the allegations contained in Paragraph 29.

Paragraph 30: Dr. Arora acknowledges that he would periodically review orders received for dangerous drugs and would sign, remotely for the same. Drugs were to be stored and accessed in accordance with policies and protocols developed by We Treat; Dr. Arora was not part of the development of those policies and procedures, nor was he asked to review them by We Treat. Dr. Arora denies that he ever signed off or approved of any shipments of controlled substances to Youth, Inc. and to his knowledge, no controlled substances were to be received or stored on-site at We Treat.

Paragraph 31: Dr. Arora denies the factual allegations contained in Paragraph 31, however he acknowledges that he would respond to patient specific questions posed to him and would review patient records at that time; however this occurred very rarely.

Paragraph 32: Dr. Arora denies the factual allegations contained in Paragraph 32. Dr. Arora was not responsible for the policies and procedures related to the procurement, storage, possession and/or administration of dangerous drugs or controlled substances other than approving

protocols directly related to the provision of medical services. We Treat's compliance department was solely responsible for the policies and protocols otherwise related to dangerous drugs and controlled substances.

Paragraph 33: Dr. Arora denies the allegations set forth in Paragraph 33.

Paragraph 34: Dr. Arora denies the allegations set forth in Paragraph 34.

Paragraph 35: Dr. Arora denies the allegations set forth in Paragraph 35.

Paragraph 36: Dr. Arora denies the allegations set forth in Paragraph 36.

Paragraph 37: Dr. Arora denies the allegations set forth in Paragraph 37 as he was not involved in, nor responsible for the receipt, possession storage, and distribution of dangerous drugs or controlled substances at Youth, Inc.

Applicable Law: Paragraphs 38-55

Paragraph 38-55: Respondents acknowledge that Paragraphs 38-55 accurately reflect the basic substance of the statutes and regulations cited therein.

Counts: Paragraphs 56-91

Count One (Paragraphs 56-61): Dr. Arora generally denies the allegations set forth in Count One in Paragraphs 56-61. Dr. Arora did not permit Youth, Inc. or any of its personnel to order any dangerous drugs from any manufacturer or supplier not licensed in Nevada. As discussed herein, Dr. Arora's duties for Youth, Inc. were limited to the review and authorization of protocols related to medical procedures. While Youth, Inc. was authorized to order supplies and dangerous drugs under Dr. Arora's credentials, this was to be done in accordance with policies and protocols developed and approved by We Treat's compliance department. To the best of Dr. Arora's knowledge, no client of We Treat was authorized to order or received dangerous drugs or other supplies from unlicensed suppliers/manufacturers.

Count Two (Paragraphs 62-68): Dr. Arora generally denies all allegations set forth in Count Two in Paragraphs 62-68. Further Dr. Arora asserts that a practice which orders, receives, and stores dangerous drugs is not engaging in the practice of pharmacy as alleged. If indeed this was accurate, every medical practice or facility that orders, receives and stores drugs for administration and/or dispensing, would be required to hold a pharmacy license with the Board; that is not currently a requirement and NRS 639.0124(1)(a) is inappropriately applied here.

Count Three (Paragraphs 69-74): Dr. Arora generally denies the allegations set forth in Count Three in Paragraphs 69-74. Again, as discussed herein, Dr. Arora's duties for Youth, Inc. were limited and did not include the development or approval of any protocols or procedures related to the procurement or storage of dangerous drugs. Dr. Arora's medical service protocols did not allow for the reuse of single use vials and any reuse of single use vials on the part of Youth, Inc. personnel would have been done without the knowledge of Dr. Arora and he did not aid or abet any violation of NAC 639.050(2).

Count Four (Paragraphs 75-81): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Four in Paragraphs 75-81. Respondents Gifford, McIntyre, and Jaggard, worked for We Treat, not Youth, Inc. Respondents' duties for Youth, Inc. were limited to conducting medical clearance reviews for patients and if cleared, the patient was authorized for treatment pursuant to approved medical protocols. None of the named respondents were responsible for supervising the staff of Youth, Inc. and would have had no knowledge of unauthorized reuse of single use vials by any personnel associated with Youth, Inc.

Count Five (Paragraphs 82-87): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Five in Paragraphs 75-81. The administration of dangerous drugs to patients is not the practice of pharmacy as defined by NRS 639.0124(1)(a) and

accordingly Respondents could not have aided or abetted in the violation of said statute. Again, as discussed above, should the Board take the position that the administration of a dangerous drug constitutes the practice of pharmacy, all practices and facilities at which any drug is administered would be required to hold a registration as a pharmacy with the Board which is not currently required.

Count Six (Paragraphs 88-91): Respondents Gifford, McIntyre, and Jaggard all generally deny the allegations set forth in Count Six in Paragraphs 88-91.

NOTICE OF DEFENSE/MITIGATING INFORMATION

In regard to Respondent Arora, Dr. Arora stresses that his involvement with We Treat was limited as medical director. The term "medical director" is not defined under Nevada law and there is no legal precedent for what the duties of a medical director must consist of. Dr. Arora functioned as a medical director per the duties he had as a contractor for We Treat, LLC, which consisted solely of the review and authorization of protocols for medical services offered at practices contracted with We Treat and he was required to be available for consultations regarding specific patient questions as needed. The medical protocols authorized by Dr. Arora included standing orders for the administration of certain dangerous drugs and for the prescription of certain controlled substances. It should be noted that Dr. Arora never authorized the administration of controlled substances at Youth, Inc., or any other practice for which he provided services under We Treat and to his knowledge, no controlled substances were stored on-site at Youth, Inc.

We Treat's compliance department was responsible for the development and authorization of all other policies and protocols, including those related to the procurement, receipt, and storage of dangerous drugs. Dr. Arora was advised by We Treat that all policies and protocols were reviewed and vetted for compliance with the laws in each individual state in which We Treat had

clients. Dr. Arora had no reason to doubt the assurances made by We Treat that the policies and protocols for Youth, Inc. were in compliance with Nevada law.

In regard to Respondents Gifford, McIntyre, and Jaggard, all three were employees/contractors with We Treat during the times in question. Their duties were to provide medical clearance reviews for patients wishing to receive services at practices which were contracted with We Treat and if cleared, authorize treatment to be provide pursuant to previously approved medical protocols. Respondents had no duties related to the oversight or supervision of any practice served by We Treat. Respondents would be notified through a proprietary platform that a patient required a medical clearance evaluation at practices which received services from We Treat and would be given access to the patient records through the We Treat platform and would either clear the patient for treatment or deny treatment[1]. Each clinic had individual protocols which would be followed by Respondents. Respondents were informed by We Treat that policies related to requirements for providing medical clearance for patients was vetted by its compliance department and all protocols were in compliance with state laws; Respondents had no reason to question the representations of We Treat.

Respondent Gifford estimates that she performed very few medical clearance evaluations for Youth, Inc. through the We Treat platform. Respondent McIntyre estimates that she did approximately two medical clearance evaluations for Youth, Inc. Respondent Jaggard estimates that she did a maximum of ten to fifteen medical clearance evaluations for Youth, Inc.

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[1] We Treat practitioners only performed medical clearance evaluations for patients in states in which they were licensed.

All Respondents deny having violated NRS and/or NAC Chapters 453, 454, or 639. Further Respondents reserve all legal defenses available to them should this matter proceed to a hearing.

Respectfully submitted this 15th day of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

5Z

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **YARON ZEDEK, M.D.,** **Certificate of Registration No. CS08479,** **Respondent.**	**Case No. 24-511-CS-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 (the "Board") has jurisdiction over Respondent Yaron Zedek, M.D. ("Respondent"), because Respondent holds certificate of registration no. CS08479, issued by the Board pursuant to NRS 453.231.

FACTUAL ALLEGATIONS

2. Respondent was a physician formerly licensed by the Nevada State Board of Medical Examiners (the "NSBME") to practice medicine in Nevada.

3. Based upon his admissions of professional misconduct, Respondent surrendered his license to practice medicine, effective January 17, 2025.

4. Pursuant to a settlement agreement with Respondent, the NSBME accepted the surrender of Respondent's medical license and assessed an administrative fine and fees against Respondent. The settlement agreement was approved by the NSBME on December 13, 2024, and is a matter of public record (the "Settlement Agreement").

5. In the Settlement Agreement, Respondent admitted to having committed malpractice, among other violations of the Nevada Medical Practice Act. The NSBME's factual allegations against

Respondent are set forth in its First Amended Complaint dated April 4, 2024 (the "First Amended Complaint"), which is also a matter of public record.

6. The First Amended Complaint details the manner in which Respondent violated the Nevada Medical Practice Act. According to the First Amended Complaint, Respondent prescribed controlled substances for certain patients without having established bona fide therapeutic relationships with those patients, and without having properly documented the underlying medical conditions for which the controlled substances were prescribed as treatments.

7. In the Settlement Agreement, Respondent admitted to certain of the factual allegations stated in the First Amended Complaint, including those summarized in paragraph 6 above.

APPLICABLE LAW

8. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

9. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his registration inconsistent with the public interest. NRS 453.236(1)(e). Noncompliance with state and local law, including noncompliance with the Nevada Medical Practice Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

10. The Board may revoke or suspend the registration of any practitioner who demonstrates an inability to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels. NRS 453.231(1)(a); NRS 453.236(1)(e).

COUNT ONE

Violations of the Nevada Medical Practice Act

11. As detailed in the Settlement Agreement and the First Amended Complaint, Respondent violated the Nevada Medical Practice Act in various respects.

12. These violations concerned the practice of medicine and/or the prescribing of controlled substances.

13. These violations implicate Respondent's fitness to hold a certificate of registration to prescribe controlled substances in Nevada.

14. Therefore, based upon the Settlement Agreement, and the resulting surrender of Respondent's license to practice medicine in Nevada, the Board may revoke Respondent's certificate of registration and impose such other discipline as is authorized by law. NRS 453.231(1)(b); NRS 453.236(1)(e); NRS 639.255.

COUNT TWO

Failure to Maintain Effective Controls Against Diversion

15. As detailed in the Settlement Agreement and the First Amended Complaint, Respondent prescribed controlled substances for certain of his patients without having established bona fide relationships with those patients, and without having properly documented the underlying medical conditions for which the controlled substances were prescribed as treatments.

16. Respondent's conduct demonstrates an inability to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

17. Based upon the Settlement Agreement, the Board may revoke Respondent's certificate of registration and impose such other discipline as is authorized by law. NRS 453.231(1)(a); NRS 453.236(1)(e); NRS 639.255.

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

DATED this 5th day of September 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **YARON ZEDEK, M.D.,** **Certificate of Registration No. CS08479,** **Respondent.**	**Case No. 24-511-CS-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 5th day of September 2025.

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.** **YARON ZEDEK, M.D.,** **Certificate of Registration No. CS08479,** **Respondent.**	**Case No. 24-511-CS-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 _____ 2025.

_____

YARON ZEDEK, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of August 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Yaron Zedek, MD
[redacted]
Las Vegas, NV [redacted]

Yaron Zedek, MD
[redacted]
Las Vegas, NV [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **YARON ZEDEK, M.D.,** **Certificate of Registration No. CS08479,** **Respondents.**	**Case No. 24-511-CS-S** **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 Yaron Zedek, M.D. (Respondent), 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 served Respondent with the Notice of Intended Action and Accusation on file in Case No. 24-511-CS-S (Accusation), together with the Statement to Respondent and Notice of Hearing, at Respondent's last-known address on file with the Board.

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 he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and he has executed it knowingly and voluntarily in consultation with his attorney.

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 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 his rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent does not contest the allegations stated in the Accusation, and he further 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 against him, to wit:

A. Respondent was a physician formerly licensed by the Nevada State Board of Medical Examiners (the "NSBME") to practice medicine in Nevada.

B. Pursuant to a settlement with the NSBME, and without admitting guilt to disciplinary charges brought by the NSBME against him, Respondent surrendered his medical license, effective January 17, 2025.

C. As part of his settlement with the NSBME, Respondent paid an administrative fine and fees totaling approximately $24,000. The settlement was approved by the NSBME on December 13, 2024, and is a matter of public record (the "Settlement Agreement").

D. The Settlement Agreement resolved disputed claims that Respondent had prescribed controlled substances for certain patients without having established bona fide therapeutic relationships with those patients, and without having properly documented the underlying medical conditions for which the controlled substances were prescribed as treatments.

8. Now, therefore, to resolve the charges stated in the Accusation without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the following:

A. Respondent's Certificate of Registration No. CS08479 is **REVOKED**, effective immediately.

B. Respondent shall be ineligible to petition for reinstatement for a period of one (1) year from the date of entry set forth below.

C. As condition of submitting any petition for reinstatement in the future, Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the **"State of Nevada, Office of the Treasurer."** This sum shall be payable at the time Respondent submits any petition for reinstatement to the Board and shall be in addition to any fine owed to or collected by the NSBME.

D. As condition of submitting any petition for reinstatement in the future, Respondent shall pay to **Nevada State Board of Pharmacy** the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable at the time Respondent submits any petition for reinstatement to the Board and shall be in addition to any costs or fees owed to or collected by the NSBME.

9. Pursuant to NRS 622.330, the Board's Senior General Counsel will present this Stipulation to the Board for approval at the Board's regularly scheduled public meeting on December 3, 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.

10. The Board may accept this Stipulation, but it is not obliged to do so. If this Stipulation is approved by the Board, it shall be a public record as provided by NRS 622.330, and it 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 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.

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, whether known or unknown that might otherwise have been asserted by the Board on or before the date of entry set forth below.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in Case No. 24-511-CS-S, 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 27th day of October 2025.

YARON ZEDEK, M.D.
Certificate of Registration No. CS08479

Signed this ____ day of October 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

Approved as to Form and Content:

CRAIG SLATER, ESQ.
Attorney for Respondent

DECISION AND ORDER

As to Respondent Yaron Zedek, M.D., in Case No. 24-511-CS-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in that matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 3d day of December 2025.

Helen Park, President
Nevada State Board of Pharmacy

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in Case No. 24-511-CS-S, 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 ____ day of October 2025.

YARON ZEDEK, M.D.
Certificate of Registration No. CS08479

Signed this 30th day of October 2025.

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
Senior General Counsel
Nevada Bar No. 4805

Approved as to Form and Content:

CRAIG SLATER, ESQ.
Attorney for Respondent

DECISION AND ORDER

As to Respondent Yaron Zedek, M.D., in Case No. 24-511-CS-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in that matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 3d day of December 2025.

Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-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 this matter because, at the time of the events alleged herein, Eric Welling, M.D. ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS33340.

FACTUAL ALLEGATIONS

2. Respondent is currently licensed by the Nevada State Board of Medical Examiners as a medical doctor.

3. Respondent currently works as an anesthesiologist at Sunrise Hospital and Medical Center in Las Vegas.

4. On or about September 23, 2021, Davis Hospital and Medical Center in Layton, Utah suspended Respondent's clinical privileges because of health and safety concerns related to a cognitive assessment.

5. On or about October 27, 2021, the Wyoming Board of Medicine (Wyoming Board) opened an investigation into Respondent based upon a National Practitioner Data Bank report about Respondent's suspension.

6. On or about July 22, 2022, following the investigation, the Wyoming Board entered an Order for Alcohol, Substance, Mental Health Examination against Respondent requiring him to submit to a mental health evaluation and summarily suspended his license.

7. Respondent complied with the Wyoming Board's Order in January 2023 and received a mental health evaluation along with treatment recommendations.

8. On or about December 14, 2023, the Wyoming Board made findings that Respondent had not complied with the treatment recommendations from the mental health evaluation. Based on these findings, the Wyoming Board found that Respondent was not fit to practice medicine and that his continued practice presents a danger to the public. As a result, the Wyoming Board entered a Finding of Fact, Conclusion of Law suspending Respondent's medical license.

APPLICABLE LAW

9. The Board may suspend a Nevada practitioner's license if the practitioner's license has been suspended by a licensing board in another state. NRS 639.2107.

10. The Board may revoke or suspend the registration of any practitioner who "[h]as had a certificate, license or permit suspended or revoked in another state on grounds which would cause suspension or revocation of a certificate, license or permit in this State." NRS 639.210(14).

11. The Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

12. Violation of any term or condition of an order issued by the Board of staff of the Board is deemed to be unprofessional conduct or conduct contrary to the public interest. NAC 639(1)(l). *See also* NRS 453.236(1)(e) and NRS 453.231(1)(h).

COUNT ONE

Unprofessional Conduct – License Suspended in Another State

13. As alleged above, Respondent's license to practice medicine was suspended for failure to adhere to an order by the Wyoming Board of Medicine. A Nevada practitioner's

controlled substance registration may be suspended in Nevada because of a suspension in another state. Furthermore, by failing to adhere to the Wyoming order, Respondent is subject to suspension in Nevada because failure to follow a comparable order issued by the Board would be grounds for suspension in Nevada. For the conduct alleged above, Respondent is subject to discipline pursuant to NRS 639.210(14), NRS 639.210(4), and NAC 639.211.

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

DATED this 5th day of September 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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, 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 5th day of SEPTEMBER 2025.

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.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-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 _____ 2025.

_____

ERIC WELLING, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of Sept. 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Eric Welling, M.D.
c/o Sunrise Hospital
3186 S Maryland Pkwy.
Las Vegas, NV 89109

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
OCT 2 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC WELLING, M.D.,** **Certificate of Registration No. CS33340,** **Respondent.**	**Case No. 24-078-CS-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").

3. I admit that I am licensed and in good standing with the Nevada State Board of Medical Examiners as a medical doctor.

4. I admit that until October 1, 2025 I worked as an anesthesiologist at Sunrise Hospital and Medical Center in Las Vegas where my peer reviews and patient satisfaction scores were very high as an Anesthesiologist.

5. I admit that on September 23, 2021, my clinical medical staff privileges were suspended at Davis Hospital in Layton, UT. I was sent for a cognitive assessment at Acumen Assessments after which I took an indefinite medical leave of absence from Davis Hospital and took a sabbatical for six months. I testify that the Utah Department of Professional Licensing thoroughly investigated this matter and left my UT medical license intact and in good standing. My DEA license also remained intact and in good standing.

6. I admit that the Wyoming Board of Medicine opened an investigation on October 27, 2021 based upon the NPDB report about the medical staff suspension at Davis Hospital.

7. I admit that the Wyoming Medical Board required an additional mental health evaluation (which I completed in January 2023) and summarily suspended my WY medical license. I also admit and testify that this mental health evaluation was for NOT for abuse of controlled substances or alcohol abuse. My Utah Medical License and DEA licenses remained in good standing after the WY suspension.

8. I admit that on December 14, 2023, the WY Board of Medicine claimed that I had not been compliant with treatment recommendations made during the mental health evaluation. I categorically DENY this claim. I showed during the WY Hearing that I was in complete compliance with all treatment recommendations, that I demonstrated FITNESS to practice medicine and was NOT a danger to the public. At the time of this hearing, I had been successfully practicing Anesthesia at Sunrise Hospital for the preceding two years with excellent peer reviews and patient satisfaction scores. I testify that during the WY BOM hearing that the BOM disallowed letters of recommendation and testimony in favor of my fitness to practice medicine from Dustin Mangus, MD, the Chief of Anesthesia at Sunrise Hospital as well as the President of US Anesthesia Partners, Scott Fielden MD, and the Vice Chairman of USAP, Dean Polce MD.

I also testify that the NV Board of Pharmacy was notified of the WY BOM suspension (Johnna LaRue, NV BOP) and also notified that I was attending weekly physician support meetings in Las Vegas, NV with PRN (Professional Resource Network) to maintain compliance with the mental health evaluation and the NV Board of Medicine.

I also testify that solely as a result of the WY medical license suspension and the corresponding NPDB report, my medical licenses in WA, ID, SD, PA, TN, KY, MI, NH, and CA were subsequently summarily suspended.

I also testify that on September 15, 2025, I have made application in the State of WY for Reactivation of my WY medical license for continued compliance with the recommendations given me by the mental health facility, Acumen Assessment.

I appeal to the NV Board of Pharmacy to let the record show that I notified the NV Board of Pharmacy of the actions by the WY BOM, and that I maintained a good practice of medicine at Sunrise Hospital in Las Vegas, NV for nearly three years. I also showed compliance with the recommendations made by Acumen Assessments to attend weekly counseling sessions (originally only prescribed for several months) for three years to maintain good standing with the NV Board of Medicine and the NV Board of Pharmacy.

I appeal to the NV Board of Pharmacy to maintain my Pharmacy license in good standing and active while I seek reinstatement of my WY Medical license with the WY BOM.

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 1 day of October 2025.

Eric Welling

ERIC WELLING, M.D.

5BB

FILED
SEP 05 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842,** **Pharmacy License No. PH01249,** **and** **SOTHY HIM, RPH,** **Certificate of Registration No. 15426,** **Respondents.**	**CASE NOS. 24-451-PH-S** **24-451-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 and these Respondents because at the time of the events alleged herein, Respondent Sothy Him, RPh (Him), Certificate of Registration No. 15426, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #03842 (Walgreens #03842), Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Him was employed as a pharmacist of Walgreens #03842, located at 2389 E. Windmill in Las Vegas, at the time of the events alleged herein.

3. On October 19, 2024, Walgreens #03842 refilled a prescription for 30 tablets of 40 mg citalopram, an antidepressant, for patient L.F. The Walgreens pharmacy computer system designated this prescription no. 4614048.

4. Prescription no. 4614048 was prepared using a dispensing machine. After the vial was filled, Him verified prescription no. 4614048 through a visual inspection. Him did not document any problems with prescription no. 4614048.

5. Patient L.F. picked up prescription no. 4614048 on October 20, 2024 from Walgreens #03842.

6. After taking 23 tablets of the medication in prescription no. 4614048, patient L.F. experienced several adverse symptoms, including lightheadedness, dizziness, and weakness. She also felt her depression worsen and had suicidal thoughts. She reported these symptoms to her doctor.

7. At the direction of her doctor, patient L.F. visually inspected her remaining medication and discovered that the citalopram tablets were mixed with other slightly larger white tablets that were later identified as carvedilol, a medication used to treat high blood pressure and heart failure. Of the seven remaining tablets, five were citalopram and two were carvedilol.

8. Patient L.F. called Walgreens #03842 to report the misfill. The pharmacist on duty at the time of the call, Christine Quimbly (Quimbly), conducted an inspection of the dispensing machine. Quimbly found one tablet of carvedilol 25mg in the citalopram 40mg cell of the dispensing machine.

9. In February 2006, the Board disciplined Respondent Walgreens #03842 for a misfill, resulting in a $500 fine.

10. In August 2009, the Board disciplined Respondent Walgreens #03842 for a misfill, resulting in a letter of concern.

11. In June 2023, the Board disciplined Respondent Walgreens #03842 for dispensing a discontinued prescription medication, resulting in a $10,000 fine.

12. In January 2003, the Board disciplined Respondent Him for a misfill, resulting in a $100 fine.

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APPLICABLE LAW

13. 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 registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

15. 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. Furthermore, 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(3).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription
(Respondent Him)

16. Respondent Him engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when, as the pharmacist on duty at Walgreens #03842, he performed final verification for prescription no. 4614048 and failed to observe that the vial contained some tablets that were the incorrect medication.

17. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Him is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #03842)

18. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens #03842 is responsible for those violations, including all errors and omissions of Respondent Him and any other pharmacy

personnel in the course of erroneously filling and dispensing prescription no. 4614048, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 5th day of SEPTEMBER 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842,** **Pharmacy License No. PH01249,** **Respondent.**	**Case No. 24-451-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 5th day of SEPTEMBER 2025.

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 #03842, Pharmacy License No. PH01249,** **Respondent.**	**Case No. 24-451-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 _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
Walgreens Pharmacy #03842

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #03842
2389 E Windmill Lane
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Sothy Him
[redacted]
Las Vegas, NV [redacted]

Walgreens Pharmacy #03842
c/o Sothy Him
2389 E Windmill Lane
Las Vegas, NV 89123

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842, Pharmacy License No. PH01249, and** **SOTHY HIM, RPH, Certificate of Registration No. 15426,** **Respondents.**	**Case Nos. 24-451-PH-S** **24-451-RPH-S** **STIPULATION AND ORDER [WALGREENS PHARMACY #03842 ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Walgreens Pharmacy #03842, Pharmacy License No. PH01249, ("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. 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 it understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that it 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 its right 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 Two of the Accusation.

8. Now, therefore, 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)**, 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, within thirty (30) days of the effective date of this Stipulation.

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, within thirty (30) days of the effective date of this Stipulation.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-451-PH-S. However, Respondent understands and acknowledges that its 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 a 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 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 December 3, 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.

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.

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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 17th **day of November 2025**

Walgreens Pharmacy #03842

By: _____
Name : John L. Colaizzi
Title: GVP, Head of Enterprise Pharmacy Practice

Signed this ____ **day of** _____ **2025**

Nevada State Board of Pharmacy

By _____
LAURA M. TUCKER, ESQ.
General Counsel

Signed this 18th **day of November 2025**
Approved as to Form and Content:

_____
WILLIAM J. STILLING, ESQ.
Attorney for Respondent Walgreens Pharmacy #03842

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 ____ day of November 2025

Walgreens Pharmacy #03842

By: _____
Name : _____
Title: _____

Signed this ____ day of November 2025
Approved as to Form and Content:

_____
WILLIAM J. STILLING, ESQ.
Attorney for Respondent Walgreens Pharmacy #03842

Signed this ____ day of_____ 2025

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

DECISION AND ORDER

As to Walgreens Pharmacy #03842, in Case No. 24-451-PH-S, 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 ____day of December 2025.

_____
Helen Park, President
Nevada State Board of Pharmacy

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FILED
SEP 05 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842,** **Pharmacy License No. PH01249,** **and** **SOTHY HIM, RPH,** **Certificate of Registration No. 15426,** **Respondents.**	**CASE NOS. 24-451-PH-S** **24-451-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 and these Respondents because at the time of the events alleged herein, Respondent Sothy Him, RPh (Him), Certificate of Registration No. 15426, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #03842 (Walgreens #03842), Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Him was employed as a pharmacist of Walgreens #03842, located at 2389 E. Windmill in Las Vegas, at the time of the events alleged herein.

3. On October 19, 2024, Walgreens #03842 refilled a prescription for 30 tablets of 40 mg citalopram, an antidepressant, for patient L.F. The Walgreens pharmacy computer system designated this prescription no. 4614048.

4. Prescription no. 4614048 was prepared using a dispensing machine. After the vial was filled, Him verified prescription no. 4614048 through a visual inspection. Him did not document any problems with prescription no. 4614048.

5. Patient L.F. picked up prescription no. 4614048 on October 20, 2024 from Walgreens #03842.

6. After taking 23 tablets of the medication in prescription no. 4614048, patient L.F. experienced several adverse symptoms, including lightheadedness, dizziness, and weakness. She also felt her depression worsen and had suicidal thoughts. She reported these symptoms to her doctor.

7. At the direction of her doctor, patient L.F. visually inspected her remaining medication and discovered that the citalopram tablets were mixed with other slightly larger white tablets that were later identified as carvedilol, a medication used to treat high blood pressure and heart failure. Of the seven remaining tablets, five were citalopram and two were carvedilol.

8. Patient L.F. called Walgreens #03842 to report the misfill. The pharmacist on duty at the time of the call, Christine Quimbly (Quimbly), conducted an inspection of the dispensing machine. Quimbly found one tablet of carvedilol 25mg in the citalopram 40mg cell of the dispensing machine.

9. In February 2006, the Board disciplined Respondent Walgreens #03842 for a misfill, resulting in a $500 fine.

10. In August 2009, the Board disciplined Respondent Walgreens #03842 for a misfill, resulting in a letter of concern.

11. In June 2023, the Board disciplined Respondent Walgreens #03842 for dispensing a discontinued prescription medication, resulting in a $10,000 fine.

12. In January 2003, the Board disciplined Respondent Him for a misfill, resulting in a $100 fine.

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APPLICABLE LAW

13. 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 registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

15. 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. Furthermore, 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(3).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Him)

16. Respondent Him engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when, as the pharmacist on duty at Walgreens #03842, he performed final verification for prescription no. 4614048 and failed to observe that the vial contained some tablets that were the incorrect medication.

17. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Him is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens #03842)

18. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens #03842 is responsible for those violations, including all errors and omissions of Respondent Him and any other pharmacy

personnel in the course of erroneously filling and dispensing prescription no. 4614048, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

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

Signed this 5th day of September 2025.

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. 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). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, 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. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SOTHY HIM, RPH,** **Certificate of Registration No. 15426,** **Respondent.**	**Case No. 24-451-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 ("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.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, 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

3. At the hearing, 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). At the hearing, you are entitled to present argument and evidence including witness testimony 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; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

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 5th day of September 2025.

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.** **SOTHY HIM, RPH,** **Certificate of Registration No. 15426,** **Respondent.**	**Case No. 24-451-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 _____ 2025.

_____

Sothy Him, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #03842
2389 E Windmill Lane
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Sothy Him
[redacted]
Las Vegas, NV [redacted]

Walgreens Pharmacy #03842
c/o Sothy Him
2389 E Windmill Lane
Las Vegas, NV 89123

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03842, Pharmacy License No. PH01249, and** **SOTHY HIM, RPH, Certificate of Registration No. 15426,** **Respondents.**	**Case No. 24-451-PH-S** **24-451-RPH-S** **STIPULATION AND ORDER [SOTHY HIM, RPH ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Sothy Him, RPH, Certificate of Registration No. 15426, ("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 he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

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 hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. 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 of the Accusation, *to wit*:

A. On October 19, 2024, as the pharmacist on duty at Walgreens #03842, Respondent performed final verification for citalopram and failed to observe that the vial contained some tablets that were the incorrect medication, in violation of NAC 639.945(1)(d) and (i).

B. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Him is subject to discipline pursuant to NRS 639.210(4).

7. Now, therefore, 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)**, 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, within thirty (30) days of the effective date of this Stipulation.

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, within thirty (30) days of the effective date of this Stipulation.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-451-RPH-S. However, 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 a 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 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 December 3, 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.

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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 10th day of November 2025

SOTHY HIM, RPH
Certificate of Registration No. 15426

Signed this ____ day of_____ 2025

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Signed this ____ day of November 2025

Approved as to Form and Content:

WILLIAM J. STILLING, ESQ.
Attorney for Respondent Sothy Him, RPH

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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 ____ day of November 2025

SOTHY HIM, RPH
Certificate of Registration No. 15426

Signed this ____ day of_____ 2025

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Signed this 17th day of November 2025

Approved as to Form and Content:

WILLIAM J. STILLING, ESQ.
Attorney for Respondent Sothy Him, RPH

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 ____ day of November 2025

_____
SOTHY HIM, RPH
Certificate of Registration No. 15426

Signed this ____ day of_____ 2025

Nevada State Board of Pharmacy

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Signed this ____ day of November 2025

Approved as to Form and Content:

_____
WILLIAM J. STILLING, ESQ.
Attorney for Respondent Sothy Him, RPH

DECISION AND ORDER

As to Sothy Him, in Case No. 24-451-RPH-S, 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 ____day of December 2025.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAMETRIA WILLIAMS, PT,** **Certificate of Registration No. PT29910,** **Respondent.**	**Case No. 25-049-PTT-S** **NOTICE OF DISMISSAL**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, hereby provides notice that the Accusation on file in Case No. 25-049-PTT-S is hereby **DISMISSED** as to Respondent Dametria Williams.

DATED this 18th day of November 2025.

J. David Wuest, R.Ph., Executive Secretary
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 18th day of November 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Dametria Williams, PTT
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RODNEY THOMAS, APRN** **License No. PR16752,** **Respondent.**	**Case No. 24-433-PR-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about May 29, 2025, a Citation and Fine Order was served upon Respondent Rodney Thomas, APRN, (Respondent) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent has held a prescribing license with the Board since April 28, 2022.

2. Between May 2024 through October 2024, Respondent prescribed medication to his father-in-law and his father-in-law's wife.

3. Respondent never conducted an in-person or virtual examination of his father-in-law or father-in-law's wife, reviewed their patient records prior to prescribing, or kept any records of medications he prescribed to them.

4. On or about February 2025, Respondent entered into an Agreement for Probation with the Nevada State Board of Nursing wherein he admitted that between May 2024 and October 2024, he prescribed medications to his family members without establishing a bona fide therapeutic relationship or maintaining patient records. Respondent did not disclose that he entered into an Agreement for Probation with the Nevada State Board of Nursing to the Board.

5. On or about May 29, 2025, following a Board investigation into Respondent's conduct from May 2024 to October 2024, the Board issued a Citation and Fine Order on Respondent.

6. On or about June 3, 2025, Respondent appealed the Citation and Fine Order and requested a hearing before the Board.

APPLICABLE LAW

7. A bona fide therapeutic relationship between the patient and practitioner exists if the patient was examined by the practitioner within six months before the date the practitioner prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed. NAC 639.945(4).

8. The Board may discipline the holder of any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

9. Unprofessional conduct includes prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

10. The Board may issue a Citation and Fine Order to individuals and/or entities that fail to comply with regulations adopted by the Board. NRS 639.100(1); NRS 639.2895.

11. The Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Prescribing Drugs Without Having Established a Bona Fide Therapeutic Relationship

12. Respondent prescribed drugs to patients without establishing a bona fide therapeutic relationship as described pursuant to NAC 639.945(4).

13. Because of these actions, Respondent performed his duties as the holder of a registration issued by the Board in an unprofessional manner. NRS 639.210(4); NAC 639.945(1)(n).

14. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NAC 639.945.

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 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. 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.

The Board has scheduled your hearing on this matter for Wednesday, December 3, 2025, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.

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.

Dated this 5th day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
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 9th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Rodney Thomas, APRN
[redacted]
Las Vegas, NV [redacted]

Darlene Nases
DARLENE NASES
BOARD COORDINATOR

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of October 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Rodney Thomas, APRN
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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 29, 2025

Via U.S. Mail and Email
Rodney Thomas, APRN
License No. PR16752
[redacted]
Las Vegas, NV [redacted]
[redacted]gmail.com

CITATION-AND-FINE ORDER: Case No. 24-433-PR-S,
Prescribing without having established a bona fide therapeutic relationship

Dear APRN Thomas:

The Nevada State Board of Pharmacy ("Board") has determined that you engaged in unprofessional conduct pursuant to 639.210(4) when you prescribed dangerous drugs to your family members with whom you did not have bona fide therapeutic relationships. This constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(n).

As part of an Agreement for Probation you entered into with the Nevada State Board of Nursing in February 2025, you admitted that between May 2024 and October 2024 you prescribed medications to your family members without establishing a bona fide therapeutic relationship or maintaining patient records.

A bona fide therapeutic relationship between the patient and practitioner exists if the patient was examined by the practitioner within six months before the date the practitioner prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed. NAC 639.945(4). Unprofessional conduct includes prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. NAC 639.945(1)(n).

Accordingly, the Board finds that you performed your duties as a prescribing practitioner in an unprofessional manner. Performing your duties in an unprofessional manner constitutes grounds for discipline pursuant to NRS 639.210(4) and NAC 639.945(1)(n). Accordingly, pursuant to NRS 639.2895, the Board has assessed an administrative fine against you in the amount of **One Thousand and 00/100 Dollars ($1,000.00)**.

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 citation. NRS 639.2895(2). Unless you submit a timely appeal, the above fine must be paid within the same time frame. Payment must be tendered in the form of a certified check, cashier's check or money order made payable to "State of Nevada, Office of the Treasurer." Please remit payment to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

If you fail to timely pay the above fine or appeal this citation, as applicable, the Board may take further action, including reporting to the National Practitioner Data Bank and/or referral to the Nevada Controller's Office for collection. See NRS 353C.195; 45 CFR §§ 60.3, 60.5. If you have any questions concerning this citation or your right to appeal the above finding, you may contact the Board's General Counsel Laura Tucker at 702-486-6420, ext. 128, or *via* email at l.tucker@pharmacy.nv.gov.

Sincerely,

Nevada State Board of Pharmacy

9489 0178 9820 3039 9733 57

ORIGINAL

BEFORE THE NEVADA STATE BOARD OF NURSING

IN THE MATTER OF RODNEY THOMAS ADVANCED PRACTICE REGISTERED NURSE NEVADA LICENSE NO. 851389 RESPONDENT	AGREEMENT FOR PROBATION CASE NO. 2024100228

This Agreement is hereby entered into between RODNEY THOMAS (RESPONDENT) and the NEVADA STATE BOARD OF NURSING (BOARD).

It is hereby stipulated and agreed, by and between the parties to the above-entitled matter, that the following statements are true:

1. Respondent is aware of, understands, and has been advised of the effect of this Agreement, which Respondent herein has carefully read and fully acknowledges. No coercion has been exerted on the Respondent. Respondent acknowledges their right to an attorney at their own expense. The Respondent has had the benefit at all times of obtaining advice from competent counsel of their choice.

2. Respondent understands the nature of the allegations under investigation by the Nevada State Board of Nursing. Respondent freely admits that between May, 2024 through October, 2024 they provided care as a Nevada licensed Advanced Practice Registered Nurse. Respondent freely admits to providing care and prescribing medications outside of the Respondent's population focus area. Respondent acknowledges this conduct constitutes a violation of the Nevada Revised Statutes 632.347 (1)(g) unprofessional conduct, and Nevada Administrative Code 632.890 (26) failing to abide by any state or federal statute or regulation resulting to the practice of nursing and (27) failing to perform nursing functions in a manner consistent with established or customary standards. Respondent further acknowledges that such acts and admissions subject the Respondent to disciplinary action by the Board.

3. Respondent is aware of the Respondent's rights, including the right to a hearing on any charges and allegations, the right to an attorney at their own expense, the right to examine witnesses who would testify against them, the right to present evidence in their favor and call witnesses on their behalf, or to testify themselves, the right to contest the charges and allegations, the right to reconsideration, appeal or any other type of formal judicial review of this matter, and any other rights which may be accorded to Respondent pursuant to the Nevada Administrative Procedures Act and the provisions of Chapters 632 of the Nevada Revised Statutes and the Nevada Administrative Code. **Respondent agrees to waive the foregoing rights upon acceptance of this Agreement by the Board.**

4. Respondent understands that the Board is free to accept or reject this Agreement, and if rejected by the Board, a disciplinary proceeding may be commenced. It is agreed that presentation to and consideration by the Board of such proposed Agreement, shall not disqualify the Board, or any of its members, from further participation, consideration, adjudication or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias therefore. This Agreement shall only become effective when both parties have duly executed it and unless so executed, this Agreement will not be construed as an admission.

5. This Agreement shall not be construed as excluding or reducing any criminal or civil penalties or sanction or other remedies that may be applicable under federal, state or local laws.

6. Based upon the foregoing stipulations and recitals, it is hereby agreed that the Board may issue the following decision and order:

DECISION AND ORDER

IT IS HEREBY ORDERED that Nevada Licensed Advanced Practitioner of Nursing, Nevada License Number 851389, issued in the name of Rodney Thomas is placed on probation with an Active/Restricted licensure status for a minimum of two (2) years with the following terms and conditions:

1. **COMPLETION OF COURSES**

Respondent shall take, and submit documentation of successful completion of the following courses **within 90 days** of Board acceptance of this Agreement:

a. The Nevada Nurse Practice Act web-based course; and

b. Upholding the Standard: Professional Accountability in Nursing; and

c. Righting a Wrong – Ethics & Professionalism in Nursing

The courses must be taken in a program of continuing education that has been pre-approved by the Director of Investigations and Discipline or the Monitoring and Probation Investigator. Respondent shall submit documentation of successful completion to the Board within the designated timeframe **or the license is automatically suspended** without further proceedings until all requirements are completed.

2. **LIMITATIONS AND RESTRICTIONS ON EMPLOYMENT**

The Monitoring and Probation Investigator shall approve all employment or practice sites requiring an Advanced Practice Registered Nurse license (including changes within the same worksite or practice setting) **prior to commencement of practice.** Respondent shall:

a. Practice only within a setting of population focus type: Psychiatric-Mental Health Across the Lifespan, in which direction is provided by a designated direct supervisor (Direct Supervisor) who is either a Nevada licensed Advanced Practice Registered Nurse or physician. Direction shall mean: the intermittent observation, guidance and evaluation of the nursing practice by a Nevada licensed professional advanced practice nurse or physician who may only occasionally be physically present;

b. Provide a complete copy of this Agreement to their employer and/or the designated Direct Supervisor **prior to engaging in practice;**

c. Cause their Direct Supervisor to submit a job or practice description and an initial written report on a form provided by the Board **prior to the commencement of employment** or practice;

d. Respondent may not work as an APRN for a nursing registry, in home health, for a traveling agency, or any other temporary employing agencies, 1099 contractor, per diem, or position that requires on-call status. Multiple employers or practice sites are prohibited;

e. Not work more than ninety (90) hours in nursing in a two (2) week period for **a minimum of one (1) year;**

f. Not function as a supervisor or director for any licensed health professionals for **a minimum of one (1) year;**

g. Notify the Board in writing within seventy-two (72) hours after termination of any nursing employment, contract or practice location for any reason and include a full explanation of the circumstances surrounding it.

Upon receipt of a written request by the Respondent at the successful completion of one year of this Agreement, the Executive Director or the Director of Investigations and Discipline and the Monitoring and Probation Investigator may evaluate and approve or deny changes in the above employment limitations and restrictions that indicate a term of a **minimum of one (1) year.**

3. **SUBMISSION OF QUARTERLY REPORTS TO THE BOARD**

Respondent shall cause all reports to be submitted in writing to the board on a quarterly basis as follows. These reports must be submitted no later than the last day of March, June, September and December. Respondent shall:

a. Submit self-reports in a detailed format as provided by the Board, **whether working or not;**

b. Cause their Direct Supervisor to submit written reports to the Board addressing work attendance, reliability, nursing competence, and any other information the supervisor identifies as appropriate to report to the Board for evaluation of compliance;

c. Cause their Direct Supervisor to provide oversight of their office-based inventory, medication dispensing, and prescribing practice by conducting three (3) years of monthly chart reviews with the Respondent, verifying

documented clinical rationale and adherence to all state-controlled substance prescribing regulations in the Respondent's prescribing practices. Documentation of monthly chart review will be submitted with quarterly reports to the Board.

4. **REQUIREMENT TO ATTEND ORIENTATION AND MEET WITH THE BOARD OR STAFF**

Respondent shall attend a **mandatory orientation** meeting within thirty days of execution of this Agreement by the Board to facilitate understanding and accountability of the terms and conditions of this Agreement as scheduled by the Monitoring and Probation Investigator. Respondent shall meet with the Board or its representatives upon request and cooperate with representatives of the Board in their supervision and investigation of Respondent's compliance with the terms and conditions of this Agreement.

5. **FINANCIAL RESPONSIBILITIES**

Respondent shall be financially responsible for all requirements of this Agreement.

6. **NOTIFICATION OF ACTION AND REPORTING TO NATIONAL DISCIPLINARY DATA BANKS**

Respondent shall notify any other state Board of Nursing or other regulatory agency in whose jurisdiction the Respondent has been issued a nursing license (current or not) or has applied or will apply for a license of this disciplinary action by the Board. This Agreement will become part of the Respondent's permanent record, will become public information, will be published with the list of disciplinary actions the Board has taken, and will be reported to any national repository which records disciplinary action taken against licensees or holders of certificates; or any agency or another state which regulates the practice of nursing. The Board may use the Agreement in any subsequent hearings.

7. **VIOLATIONS OF THIS AGREEMENT - CONSEQUENCES**

Respondent acknowledges that if they violate any of the terms and conditions of this Agreement, the Board may revoke, or invoke other appropriate discipline against their license to practice nursing, subject to a hearing in accordance with the Nevada Nurse Practice Act for the purpose of

establishing that there has, in fact, been a violation of the stipulations of this Agreement. Respondent acknowledges that any violation of the Nevada Nurse Practice Act shall be considered a violation of this Agreement.

8. **AGREEMENT TO SURRENDER LICENSE**

In the event that a violation of the terms and conditions of this Agreement is alleged, Respondent agrees to surrender their APRN license to the Executive Director or the Director of Investigations and Discipline and the Monitoring and Probation Investigator, if they so request, and refrain from practicing nursing until requirements have been met, violations resolved, or entry of a final order of the Board or a court of competent jurisdiction, whichever last occurs, regarding a potential violation.

9. **COMPLETION AND TERMINATION OF PROBATION**

Respondent shall only receive credit toward service of their probation period while employed or practicing in a capacity for which an advanced practice nursing license is required and subject to adequate supervision approved by the Board.

The Agreement shall be terminated at the time the Board receives documentation verifying the Respondent's completion of all terms and conditions of the Agreement and when respondent receives notice of termination from the Board.

The NEVADA STATE BOARD OF NURSING retains jurisdiction in this case until all conditions have been met to the satisfaction of the Board.

Dated this 9 day of February, 2025.

MSN, APRN, PMHNP-BC
RESPONDENT
RODNEY THOMAS

Dated this 10 day of February, 2025

KEVIN MURPHY, ESQ.

Accepted and approved this 20th day of March, 2025

NEVADA STATE BOARD OF NURSING

By: _____

Cheryl Maes, Ph.D., APRN, FNP-BC
Board President

6B

FILED
OCT 22 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TEECEE ANN HAILEY-FULFER, APRN** **Certificate of Registration No. CS39870,** **Respondent.**	**Case No. 25-091-CS-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about July 28, 2025, a Citation and Fine Order was served upon Respondent TeeCee Ann Hailey-Fulfer, APRN, (Respondent) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent has held a controlled substances certificate of registration with the Board since April 29, 2025.

2. Respondent resides in the state of Wyoming. She has held an advanced practice registered nursing license from the Nevada State Board of Nursing since July 17, 2024.

3. Between January 1, 2020 to June 25, 2025, Respondent issued thirty-two (32) prescriptions for controlled substances for four (4) patients using four (4) Nevada pharmacies.

4. At the time when Respondent issued the thirty-two prescriptions, she did not hold a certificate of registration issued by the Board to prescribe controlled substances in the state of Nevada.

5. In February 2025, Respondent contacted the Board to apply for a Prescription Monitoring Program (PMP) account. On the application, Respondent listed her Drug Enforcement Administration (DEA) license number. At the time, she did not have a Nevada controlled substances certificate of registration number.

6. A Board investigation determined that Respondent did not check the PMP for a patient history report on any of the four patients to whom she issued controlled substances prescriptions.

7. The Board issued Respondent's controlled substances certificate of registration No. CS39870 on April 29, 2025 and activated her PMP account on June 26, 2025.

8. On or about July 28, 2025, following a Board investigation into Respondent's conduct from January 2020 to June 2025, the Board issued a Citation and Fine Order on Respondent.

9. On or about August 12, 2025, Respondent appealed the Citation and Fine Order and requested a hearing before the Board.

APPLICABLE LAW

10. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. NRS 453.056.

11. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1).

12. It is unlawful for a practitioner to prescribe controlled substances without having obtained a Nevada certificate of registration from the Board. NRS 639.100(1).

13. When a practitioner first obtains a certificate of registration to prescribe controlled substances, the practitioner must enroll in the Prescription Monitoring Program (PMP) and complete a course of instruction concerning the use of the PMP database. NRS 453.164(5) and (6); NAC 453.065.

14. A practitioner shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507.

15. The Board may issue a Citation and Fine Order to individuals and/or entities that fail to comply with regulations adopted by the Board. NRS 639.100(1); NRS 639.2895.

16. The Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE
Prescribing Controlled Substances Without a License

17. Respondent prescribed controlled substances to patients in Nevada without first obtaining a controlled substances certificate of registration as required by NRS 453.226(1).

18. Because of these actions, Respondent unlawfully prescribed controlled substances within the state. NRS 639.100(1).

19. Having engaged in unlawful conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.100(1); NRS 639.2895.

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 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. 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.

The Board has scheduled your hearing on this matter for Wednesday, December 3, 2025, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.

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.

Dated this 22nd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
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 23rd day of October 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Kintsugi Psychiatry
c/o TeeCee Ann Hailey-Fulfer, APRN
145 S Durbin St Suite 108
Casper, WY 82601

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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7A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WAREHOUSE LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WA _____)

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

GENERAL INFORMATION

Facility Name: Giving Home Medical Equipment, LLC

Physical Address: 51 N Pecos Rd Ste 106, Las Vegas, NV 89101

Mailing Address: 8601 Cross Park Dr Ste 200

City: Austin State: TX Zip Code: 78754

Telephone: 888-718-7772 Fax: _____

Toll Free Number: 888-718-7772

E-mail: admin@givinghme.com Website: www.givinghomehealthcare.com/giving-hme

Facility Manager: Frankie Stanford

Professional qualifications and experience of facility manager: Experienced health care professional and home health administrator.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Manufacturer ☐ Chain Warehouse ☐ Wholesalers
☒ Other: Intra-Company transfer and storage

Type of Products to be handled or wholesaled be firm:

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

APPLICATION FOR NEVADA WAREHOUSE LICENSE

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) McKesson — 6555 State Highway 161, Irving TX 75039
Name — Address

Business

2) Drive DevilBiss Healthcare — 99 Seaview Boulevard, Port Washington, NY 11050
Name — Address

Business

3) Pride Mobility — 401 York Ave, Duryea, PA 18642
Name — Address

Business

4) React Health — 5475 Rings Rd Ste 550, Dublin, OH 43017
Name — Address

Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WAREHOUSE LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized warehouse may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Price Wooding
Print Name of Authorized Person

08/21/2025
Date

Board Use Only	Received: 8/26/25	Amount: 500.00

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: New Giving Acquisition, Inc

Corporation Name: Giving Home Medical Equipment, LLC

Mailing Address: 835 W 6th St Ste 1450

City: Austin State: TX Zip: 78703

Telephone: 888-718-7772 Fax:

Contact Person: Price Wooding

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) Lew Little — 835 W 6th St Ste 1450, Austin, TX 78703
Name Address

b) Stefanie Cavanaugh — 835 W 6th St Ste 1450, Austin, TX 78703
Name Address

c) Benjamin Hanson — 835 W 6th St Ste 1450, Austin, TX 78703
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. Applicant is LLC; 1,000 membership units

3) What was the price paid per share? $1.00 per membership unit

4) What date did the corporation actually receive the cash assets? June 20, 2024

5) Provide a copy of the corporation's stock register evidencing the above information

Responsible Party Listing

Executive Officers of Applicant - Giving Home Medical Equipment, LLC

First Name: Lew

Last Name: Little, Jr.

Social Security Number: [redacted]

Title: President and Chief Executive Officer

Mailing Address: [redacted]

City, State, and Zip Code: [redacted]

Phone Number: [redacted]

Email Address: lewl@givinghhc.com

Ownership: ~3.4% of New Giving Acquisition, Inc. (parent of applicant)

First Name: Stefanie

Last Name: Cavanaugh

Social Security Number: [redacted]

Title: Chief Financial Officer

Mailing Address: [redacted]

City, State, and Zip Code: [redacted]

Phone Number: [redacted]

Email Address: stefaniec@givinghhc.com

Ownership: ~1.4% of New Giving Acquisition, Inc. (parent of applicant; not fully vested)

First Name: Benjamin

Last Name: Hanson

Social Security Number: [redacted]

Title: Chief Operating Officer

Mailing Address: [redacted]

City, State, and Zip Code: [redacted]

Phone Number: [redacted]

Email Address: bhanson@givinghhc.com

Ownership: ~3.3% of New Giving Acquisition, Inc. (parent of applicant)

First Name: Price

Last Name: Wooding

Social Security Number: [redacted]

Title: Executive Director

Mailing Address: [redacted]

City, State, and Zip Code: [redacted]

Phone Number: [redacted]

Email Address: price.wooding@givinghme.com

Ownership: None

GIVING
HOME HEALTH CARE

Entity and Governing Body Structure

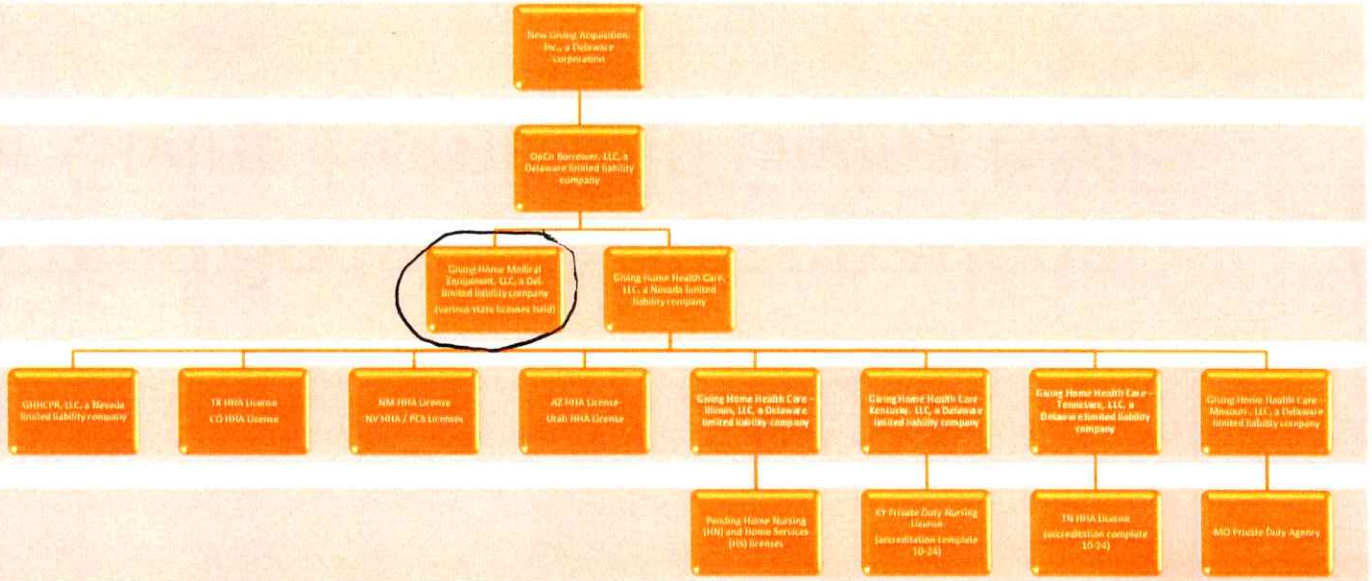
Led by Board of Directors, and includes Audit, Compensation and Compliance Committees

Compliance Committee has been designated as Governing Body by the Board

Executive Compliance Committee reports to Governing Board

Licenses and Licensed Entities

Licenses and Licensed Entities



Giving Home Medical Equipment, LLC (a Delaware limited liability company, registered to do business in Nevada, among other states, with its main warehouse located in Austin, Texas) ("GHME") is the applicant for purposes of the NV State Board of Pharmacy. GHME, like its immediate parent company, OpCo Borrower, LLC (outlined above), are disregarded entities for federal and state tax purposes. OpCo Borrower, LLC is owned 100% by New Giving Acquisition, Inc. ("NAGI") and the executive officers of the applicant, GHME – listed in the materials included herewith – have ownership in NGAI equal to the percentages set forth next to each of their respective names.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GIVING HOME MEDICAL EQUIPMENT, 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 AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIVING HOME MEDICAL EQUIPMENT, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204500538

Date: 08-18-25

4001655 8300

SR# 20253701234

You may verify this certificate online at corp.delaware.gov/authver.shtml

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Giving Home Medical Equipment, LLC** as a FOREIGN LIMITED-LIABILITY COMPANY duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/02/2024, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 08/18/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202508186006948
You may verify this certificate online at https://www.nvsilverflume.gov/home

7B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WAREHOUSE LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WA _____)

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

GENERAL INFORMATION

Facility Name: Novum Pharmaceutical Research Services of Nevada, Inc.

Physical Address: 3760 Pecos McLeod Interchange

Mailing Address: 3760 Pecos McLeod Interchange

City: Las Vegas State: NV Zip Code: 89121

Telephone: (702) 435-3739 Fax: (702) 435-5279

Toll Free Number: (866) 668-8659

E-mail: drbell-pruitt@novumprs.com Website: www.novumprs.com

Facility Manager: Saju Joseph, MD FACS

Professional qualifications and experience of facility manager: Licensed Medical Doctor (NV # 17412), See attached CV

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Manufacturer ☐ Chain Warehouse ☐ Wholesalers
☑ Other: Clinical research Sponsors- depot for Investigational pharmaceutical products for further distribution to clinical sites use in clinical trials

Type of Products to be handled or wholesaled be firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☑ Other: Investigational pharmaceutical products
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

5877

APPLICATION FOR NEVADA WAREHOUSE LICENSE

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) N/A - This is a new warehouse license. There is no previous association with suppliers in regards to
Name Address
pharmaceutical products that were sold, dispensed or distributed within the last year.
Business

2) _____
Name Address
_____
Business

3) _____
Name Address
_____
Business

4) _____
Name Address
_____
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

APPLICATION FOR NEVADA WAREHOUSE LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized warehouse may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

D Bell-Pruitt

Original Signature of Person Authorized to Submit Application, no copies or stamps

David Bell-Pruitt

Print Name of Authorized Person

03 Sep 2025

Date

Board Use Only	Received: 9/9/25	Amount: $500 - ck 6863205139

5879

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____ %: _____

2. _____ %: _____

3. _____ %: _____

4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: _____

*Registration number issued: _____

*Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: Novum Pharmaceutical Research Services of Delaware Inc

Corporation Name: Novum Pharmaceutical Research Services of Nevada Inc

Mailing Address: 3760 Pecos McLeod

City: Las Vegas State: NV Zip: 89121

Telephone: 702-435-.3902 Fax: _____

Contact Person: Vrajesh Mehta

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) N/A - shares not issued to any individual person
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses.*

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Application for Nevada Warehouse License

Include with the application for a non-publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A PARTNERSHIP. -N/A

List names of 4 largest partners and percentage of ownership:

Name:_____%:_____

Name:_____%:_____

Name:_____%:_____

Name:_____%: _____

Partnership Name: _____

Mailing Address: _____

City:_____State:_____Zip:_____

Telephone:_____Fax:_____

Contact Person: _____

Include with the application for a partnership

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: N/A

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Include with the application for a sole owner

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings & Notary Division
401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Vrajesh Mehta
3760 Pecos McLeod
Las Vegas, NV 89121, USA

Work Order #: W2025010900246
January 9, 2025
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 792000

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Annual List 12/2024	Fees	20254586071	1/9/2025 8:02:04 AM	Approved	1	$150.00	$150.00
Annual List 12/2024	Business License Fee	20254586071	1/9/2025 8:02:04 AM	Approved	1	$500.00	$500.00
Annual List 12/2024	Business License Late Fee	20254586071	1/9/2025 8:02:04 AM	Approved	1	$100.00	$100.00
Annual List 12/2024	Annual List Late Fee	20254586071	1/9/2025 8:02:04 AM	Approved	1	$75.00	$75.00
Total							$825.00

Payments

[redacted]

Credit Balance: $0.00

Vrajesh Mehta
3760 Pecos McLeod
Las Vegas, NV 89121, USA

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

01/09/2025

Work Order Item Number:	W2025010900246 - 4170023
Filing Number:	20254586071
Filing Type:	Annual List
Filing Date/Time:	01/09/2025 08:02:04 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: C29684-2003

Entity Name: NOVUM PHARMACEUTICAL RESEARCH SERVICES OF NEVADA, INC.

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
INCORP SERVICES, INC.*
9107 West Russell Road Suite 100, Las Vegas, NV 89148, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FRANCISCO V. AGUILAR
Secretary of State

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☑ ANNUAL ☐ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

NOVUM PHARMACEUTICAL RESEARCH SERVICES OF NEVADA, INC.	NV20031530204
NAME OF ENTITY	Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is: ____

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
FVAguilar	C29684-2003
Secretary of State	Filing Number
State Of Nevada	20254586071
	Filed On
	01/09/2025 08:02:04 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number ____

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

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FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Director:

Name	Country
Bindi B Chudgar	IND

Address	City	State	Zip/Postal Code
[redacted]	[redacted]	[redacted]	38248-1

CORPORATION, INDICATE THE Secretary:

Name	Country
Vrajesh P Mehta -	USA

Address	City	State	Zip/Postal Code
3760 Pecos McLeod	Las Vegas	NV	89121

CORPORATION, INDICATE THE Director:

Name	Country
Dr Imran Ahmad	USA

Address	City	State	Zip/Postal Code
3760 Pecos McLeod	Las Vegas	NV	89121

CORPORATION, INDICATE THE Treasurer:

Name	Country
Vrajesh Metha	USA

Address	City	State	Zip/Postal Code
3760 Pecos McLeod	Las Vegas	NV	89121

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Vrajesh Mehta
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Secretary
Title

01/09/2025
Date

5888

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

NOVUM PHARMACEUTICAL RESEARCH SERVICES OF NEVADA, INC.

Nevada Business Identification # NV20031530204
Expiration Date: 12/31/2025

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/09/2025.

Certificate Number: B202501095337711
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

Novum
PHARMACEUTICAL RESEARCH SERVICES

CURRICULUM VITAE

Saju Joseph, MD FACS
Investigator
Novum Pharmaceutical Research Services

EDUCATION/TRAINING:

Tufts University School of Medicine — 06/2002
Boston, MA
MD

University of California, Irvine — 03/1997
Irving, California
BS in Molecular Biology

WORK EXPERIENCE:

Novum Pharmaceutical Research Services — 05/05/2025-present
Investigator

Summit Specialty Physicians — 09/2021-present
CEO/Founder
Professor and Vice Chair of Surgery Touro University Nevada College of Osteopathic Medicine
Professor and Chair of Surgery American University School of Medicine Aruba

Valley Health Systems — 05/2017-07/2021
Founding Program Director in Surgery
Professor and Vice Chair of Surgery Touro University College of Osteopathic Medicine

Texas Tech University Health Sciences Center — 01/2015-05/2017
Vice Chair of Surgery/Associate Program Director/Associate Professor

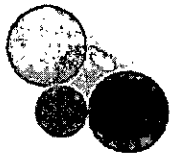
Texas Tech University Health Sciences — 10/2013-01/2015
Associate Professor/Interim Chair of Surgery

Locum Tenens — 05/2012-10/2013
Medical Doctor

Saju Joseph Medical Consulting — 02/2011-present
Founder and CEO

New York Medical College — 03/2010-07/2011
Assistant Professor of Surgery

SJ — 5/5/25
Initials — Date



Novum
PHARMACEUTICAL RESEARCH SERVICES

CURRICULUM VITAE
Saju Joseph, MD FACS
Investigator
Novum Pharmaceutical Research Services

WORK EXPERIENCE:

Louisiana State University Health Science Center Assistant Professor of Surgery Tenure Track	08/2008-03/2010
Cardiology Research Lab Researcher	02/1999-06/2002
Center for Viral Vector Design	03/1994-06/1998

SJ
Initials

5/5/25
Date

INCORPORATED UNDER THE LAWS OF THE STATE OF NEVADA

[redacted]

TOTAL AUTHORIZED ISSUE
75,000 SHARES PAR VALUE $1.00 EACH
COMMON STOCK

See Reverse for Certain Definitions

This is to Certify that Novum Pharmaceutical Research Services of Delaware, Inc **is the owner of**

One Hundred (100) and ----------xx/100 *fully paid and non-assessable shares of the above Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.*

Witness, *the seal of the Corporation and the signatures of its duly authorized officers.*

Dated December 2, 2003

David H. Kropp SECRETARY

[redacted]

© 1999 CORPEX BANKNOTE CO., BAY SHORE N.Y.

September 10, 2025

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

RE: Warehouse License for Novum Pharmaceutical Research Services

To Whom It May Concern:

Novum Pharmaceutical Research Services (Novum PRS) is a Contract Research Organization (CRO) that has been in business since 1972. The company currently operates in the United States and Canada. The US facility is in Las Vegas, NV and is an Early Phase clinical research site which began operations in 2004. The site conducts clinical research studies on human subjects (mostly healthy volunteers) to determine bioavailability and/or bioequivalence for various pharmaceutical products. The site also conducts safety and tolerability studies on new chemical entities and/or drug formulations.

The site is equipped with housing units and secured pharmacy areas used for dispensing (for dose administration to study subjects) and storage of Investigational Products (IP). Currently, all IP received and stored at the facility are for use on the studies conducted at that location.

Novum would like to expand its services to include receiving, storing, and distributing IP to Investigator sites across the US for use in Late Phase (Phase II/III) clinical endpoint trials. Under this model, Novum will contract with study Sponsors as a drug depot (warehouse) whereby the study IP is shipped to Novum's Las Vegas facility for storage and distribution to participating Investigator sites.

- Only pharmaceutical products for use in a clinical trial will be stored at the Novum facility.
- No products for sale will be stored or distributed.
- All IP will come to Novum already labeled as required for use in a clinical investigation. Novum would not perform any labeling activities.
- The drug depot IP will have its own storage area separate from the IP used in the clinical studies conducted at Novum's Las Vegas clinical site.

Should there be any questions, please reach out via email at drbell-pruitt@novumprs.com or via phone at [redacted]

Best regards,

David Bell-Pruitt
Vice President, Clinical Program Management
Novum Pharmaceutical Research Services

8

8A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ■ No

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
■ Location Change*	M MP01654	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Total Medical Supply, Inc.

MDEG Physical Address: 5610 Richmond Road

City: Texarkana State: Tx Zip: 75503

Mailing Address (if different from physical address): PO Box 5427

City: Texarkana State: Tx Zip: 75505

Telephone: 877-670-1120 Website: www.tmscares.com

Email: compliance@tmscares.com

Name of MDEG Administrator (NAC 639.694): Julie Franklin

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

5896

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8am - 5pm	■ Tue: 8am - 5pm	■ Wed: 8am - 5pm	■ Thurs: 8am - 5pm	■ Fri: 8am - 5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: 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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action 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 all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare: 5661550001; Texas Medicaid: 184223901; AR Medicaid: 161973716; AK: 1742910; AZ: 97939;
GA: 003287172A; IL: 342060796001; IN: 300043534; IA 509366; KS: 20311200A; KY: 7100700420; LA Medicaid: 256107
MI: 1992736425; MS: 00187237; NE: 10028534700; NM: 14355868; NY: 7173279; OH: 0444309; OK: 200105210B
OR: 500831822; PA - 103848710 0001; TN: Q062163; VA: 300150369000001; WI: 100181069

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 of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

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:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: TEXAS

Parent Company (if any): _____

Corporation/Organization Name: Total Medical Supply, Inc.

Mailing Address: P.O. Box 5427

City: Texarkana State: Tx Zip: 75505

Telephone: 877-670-1120 Email: compliance@tmscares.com

Contact Person Name: Kaylie Owens

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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.

Julie Franklin

Print Name of Authorized Person Submitting Application

Julie Franklin

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

07/23/25

Date

Board Use Only	Date Received: 7/28/25	Amount: $500.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/7/2024

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

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

PRODUCER: VGM Insurance Services, Inc. 1111 Van Miller Way Waterloo IA 50701	CONTACT NAME: Curtis Smith PHONE (A/C, No, Ext): (319) 206-9858 FAX (A/C, No): E-MAIL ADDRESS: Curtis.Smith@vgm.com
INSURED: Total Medical Supply Inc 5610 Richmond Rd Texarkana TX 75503	INSURER A: STATE NATIONAL INSURANCE CO — NAIC # 12831 INSURER B: SECURITY NATIONAL INSURANCE COMF — 19879 INSURER C: STATE NATIONAL INSURANCE CO — 12831 INSURER D: INSURER E: INSURER F:

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			VGM D1024 G4876-12	10/10/2024	10/10/2025	EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
	X Professional Liability						MED EXP (Any one person)	$	10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$	3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	3,000,000
								$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	ANY AUTO						BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		N / A	SWC1509689	09/3/2024	09/3/2025	PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Cyber Liability			VGM D1024 G4876-12	10/10/2024	10/10/2025	Aggregate		100,000

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

Refer to attached ACORD 101 - Additional Remarks Schedule form.

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

July 11, 2025

Kaylie Owens
Total Medical Supply
kownes@tmscares.com

CFN: 2087069
Lic.: 1002515
Type: 2503
File: 7532

Re: License Verification

Dear Kaylie Owens:

This letter shall serve as a verification of licensure for the following firm:
TOTAL MEDICAL SUPPLY INC
5610 RICHMOND RD
TEXARKANA, TX 75503

License No.	1002515
Type of license:	Device Distributor
Status of license:	Current
Date license issued:	11/27/2024
Date license expires:	12/29/2025
Disciplinary action:	None

The firm is in good standing as of the date of this letter.

If you have questions or need additional information, please contact me at 512-834-4503, via fax at (512) 834-6759, or email me at Justin.Arnold@dshs.texas.gov.

Sincerely,

Justin Arnold, MBA, RS
Medical Research Specialist
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:
Justin Arnold
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347

TOTAL MEDICAL SUPPLY

List of Officers, Owners, Board Members and Directors

Donald Reid	Owner, CEO, Director	[redacted]	877-670-1120
Julie Franklin	COO, President and Secretary		877-670-1120
Trevor Danley	CFO		877-670-1120

P.O. Box 5427
Texarkana, TX 75505-5427
(877) 670-1120
www.tmscares.com

- Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **https://www.dshs.texas.gov/medical-device-manufacturers-distributors**.
- Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

TOTAL MEDICAL SUPPLY INC
PO BOX 5427
TEXARKANA TX 75505-5427

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

TOTAL MEDICAL SUPPLY INC
5610 RICHMOND RD
TEXARKANA, TX 75503

Pursuant to Health and Safety Code, Chapter 431, (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002515
Expires: December 29, 2025

NON-TRANSFERABLE

M.D.
Commissioner

514737

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Total Medical Supply, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP 01654

Physical Address: 5610 Richmond Road

City: Texarkana State: Tx Zip: 75503

Mailing Address (if different from physical address): PO Box 5427

City: Texarkana State: Tx Zip: 75505

Telephone: 877-670-1120 Website: www.tmscares.com

Licensing Company Email: compliance@tmscares.com

Section 2: Personal Information

First: Donald Middle: Andrew Last: Reid

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: 75503

Telephone: [redacted] Email: operations@tmscares.com

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)	
Hooks High School		1983-1987	
Address	**City**	**State**	**Zip**
401 E Ave A	Hooks	Tx	75561
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			

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
2004-07/25	[redacted]	[redacted]	[redacted]	75503
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			From - To (MM/YY – MM/YY)
Total Medical Supply			2013-Current
Business Address	**City**	**State**	**Zip**
5610 Richmond Road	Texarkana	Tx	75503
Phone	**Title**		
8776701120	Owner/CEO		

Description of Duties

Strategic leadership, operational oversight, and entrepreneurial drive to ensure company's financial health, regulatory compliance, and market position.

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

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.

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			

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			

Make copies of this page OR use a separate piece of paper 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?		✓

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 # 1 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/29/1994	11/12/1996	Texas	Texarkana	Bowie

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
5:96CR00002-002	United State District Court - Eastern District of Texas

Reason/Charge
Possess with Intent to Distribute Cocaine and Money Laundering of Proceeds from Specified Unlawful Activity

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
United State of America	

Name of Business/Industry/Entity

Provide explanation below:

See attached Affidavit and court documents.

Original Signature (electronic, copies or stamps not accepted)

07/23/25
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.

Donald Reid

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/23/25

Date

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

State of Texas, ss. County of Bowie

I, Donald Reid, 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

7/23/25

Date

Subscribed and Sworn to before me this 23rd day of July.

Kaylie Owens

Notary Public Signature

KAYLIE OWENS
Notary Public, State of Texas
Comm. Expires 08-29-2027
Notary ID 128374454

(Seal)

AFFIDAVIT OF DONALD A. REID IN SUPPORT OF APPLICATION

STATE OF TEXAS §
§
COUNTY OF BOWIE §

BEFORE ME, the undersigned authority, on this day personally appeared Donald A. Reid, who, being by me duly sworn, deposed as follows:

1. My name is Donald A. Reid. I am over the age of eighteen (18), of sound mind, and capable of making this affidavit. The facts stated herein are based on my personal knowledge and are true and correct.

2. On or about January 29, 1994, I committed certain offenses that subsequently resulted in my plea of guilty and conviction on or about November 12, 1996 in Federal Court (United States District Court – Eastern District of Texas) for:
   - Possession with intent to distribute cocaine, and
   - Money laundering of proceeds from specified unlawful activity.

3. I fully cooperated with investigators throughout the legal process and accepted responsibility for my actions.

4. I served my sentence in accordance with the judgment of the court and successfully completed all conditions of my release, including my probationary period, which concluded in March 2003.

5. Since that time, I have made a complete and sustained transformation in my life. For over 30 years, I have maintained a clean record and have been an active, productive, and upstanding member of my community.

6. I have served in leadership roles in the healthcare sector, and I am currently the Chief Executive Officer and Sole Shareholder of Total Medical Supply, Inc., a provider enrolled in Medicare and Medicaid programs. My involvement has consistently reflected the highest standards of compliance, ethics, and integrity.

7. The attached court documentation (Exhibit 1) provides further detail related to the offenses committed over 31 years ago. These infractions occurred during a prior chapter of my life and do not pose any risk to the Medicare or Medicaid programs or their beneficiaries.

8. My past should not be considered grounds to disallow my ownership or managerial participation in any enrolled provider.

9. Should you have any questions or require further information, please contact our General Counsel, Cole Riddell, at criddell@tmscares.com.

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 12, 2025.

Donald A. Reid

SUBSCRIBED AND SWORN TO BEFORE ME on this 16th day of June, 2025, to certify which witness my hand and official seal.

Kaylie Owens
Notary Public in and for the State of Texas

My Commission Expires: 8/29/2027

KAYLIE OWENS
Notary Public, State of Texas
Comm. Expires 08-29-2027
Notary ID 128374454

(seal)

AO 245B (Rev. 3/95) Sheet 1 - Judgment in a Criminal Case

United States District Court

Eastern District of Texas

UNITED STATES OF AMERICA
V.

DONALD ANDREW REID

JUDGMENT IN A CRIMINAL CASE

(For Offenses Committed On or After November 1, 1987)

Case Number: 5:96CR00002-002

Clifton L. Holmes
Defendant's Attorney

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
NOV 12 1996
DAVID J. MALAND, CLERK
BY DEPUTY Rita Robbins

THE DEFENDANT:

☒ pleaded guilty to count(s) 2 & 4 of Indictment

☐ pleaded nolo contendere to count(s) _____ which was accepted by the court.

☐ was found guilty on count(s) _____ after a plea of not guilty.

Title & Section	Nature of Offense	Date Offense Concluded	Count Number(s)
21 U.S.C. § 841 (a)(1)	Possess with Intent to Distribute Cocaine	01/29/1994	2
18 U.S.C. § 1956 (a)(1)(B)(i)	Money Laundering of Proceeds from Specified Unlawful Activity	01/29/1994	4

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s) _____

☒ Count(s) 1 & 5-14 of Indictment are dismissed on the motion of the United States.

IT IS FURTHER ORDERED that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid.

Defendant's Soc. Sec. No.: [redacted]
Defendant's Date of Birth: [redacted]
Defendant's USM No.: [redacted]
Defendant's Residence Address:
[redacted]
[redacted] 75561

Defendant's Mailing Address:
[redacted]
[redacted] 75561

10/23/1996
Date of Imposition of Judgment

Signature of Judicial Officer

Joe J. Fisher
United States of America
Name & Title of Judicial Officer

11/1/96
Date

13

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 5:96CR00002-002

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 60 month(s)

Count 2 - 60 Months, Count 4 - 60 Months, to run concurrently

☐ The court makes the following recommendations to the Bureau of Prisons:

☒ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ a.m./p.m. on _____.

☐ as notified by the United States Marshal.

☒ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☒ before 2 p.m. on 11/22/1996.

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

_____

_____

_____

Defendant delivered on _____ to _____

at _____, with a certified copy of this judgment.

_____
UNITED STATES MARSHAL

By _____
Deputy U.S. Marshal

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 1:96CR00002-002

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of 3 year(s)

Count 2 - 3 years, Count 4 - 3 years - to run concurrent concurrently

The defendant shall report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state, or local crime.

The defendant shall not illegally possess a controlled substance.

For offenses committed on or after September 13, 1994:

The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as directed by the probation officer.

☐ The above drug testing condition is suspended based on the court's determination that the defendant poses a low risk of future substance abuse. (Check, if applicable.)

☒ The defendant shall not possess a firearm as defined in 18 U.S.C. § 921. (Check, if applicable.)

If this judgment imposes a fine or a restitution obligation, it shall be a condition of supervised release that the defendant pay any such fine or restitution that remains unpaid at the commencement of the term of supervised release in accordance with the Schedule of Payments set forth in the Criminal Monetary Penalties sheet of this judgment.

The defendant shall comply with the standard conditions that have been adopted by this court (set forth below). The defendant shall also comply with the additional conditions on the attached page (if indicated below).

See Special Conditions of Supervision - Sheet 3.01

STANDARD CONDITIONS OF SUPERVISION

1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
4) the defendant shall support his or her dependents and meet other family responsibilities;
5) the defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
6) the defendant shall notify the probation officer ten days prior to any change in residence or employment;
7) the defendant shall refrain from excessive use of alcohol;
8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
9) the defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: DONALD ANDREW REID
CASE NUMBER: 5:96CR00002-002

SPECIAL CONDITIONS OF SUPERVISION

The defendant shall participate in a program of testing and treatment for drug abuse, as directed by the probation officer, until such time as the defendant is released from the program by the probation officer.

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 5:96CR00002-002

CRIMINAL MONETARY PENALTIES

The defendant shall pay the following total criminal monetary penalties in accordance with the schedule of payments set forth on Sheet 5, Part B.

	Assessment	Fine	Restitution
Totals:	$ 100.00	$	$

☐ If applicable, restitution amount ordered pursuant to plea agreement ..... $ _____

Count 2 - $50.00, Count 4 - $50.00

FINE

The above fine includes costs of incarceration and/or supervision in the amount of $ 0.00.

The defendant shall pay interest on any fine of more than $2,500, unless the fine is paid in full before the fifteenth day after the date of judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 5, Part B may be subject to penalties for default and delinquency pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ The interest requirement is waived.

☐ The interest requirement is modified as follows:

RESTITUTION

☐ The determination of restitution is deferred in a case brought under Chapters 109A, 110, 110A and 113A of Title 18 for offenses committed on or after 09/13/1994, until _____. An Amended Judgment in a Criminal Case will be entered after such determination.

☐ The defendant shall make restitution to the following payees in the amounts listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportional payment unless specified otherwise in the priority order or percentage payment column below.

Name of Payee	** Total Amount of Loss	Amount of Restitution Ordered	Priority Order or Percentage of Payment
Totals:	$ _____	$ _____	

** Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994.

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 5:96CR00002-002

SCHEDULE OF PAYMENTS

Payments shall be applied in the following order: (1) assessment; (2) restitution; (3) fine principal; (4) cost of prosecution; (5) interest; (6) penalties.

Payment of the total fine and other criminal monetary penalties shall be due as follows:

A ☒ In full immediately; or

B ☐ $ _____ immediately, balance due (in accordance with C, D, or E); or

C ☐ not later than _____; or

D ☐ In installments to commence _____ day(s) after the date of this judgment. In the event the entire amount of criminal monetary penalties imposed is not paid prior to the commencement of supervision, the U.S. probation officer shall pursue collection of the amount due, and shall request the court to establish a payment schedule if appropriate; or

E ☐ In _____ *(e.g. equal, weekly, monthly, quarterly)* installments of $ _____ over a period of _____ year(s) to commence _____ day(s) after the date of this judgment.

Special instructions regarding the payment of criminal monetary penalties:

All criminal monetary penalty payments are to be made to the United States District Court, 211 West Ferguson, Tyler, TX 75702, except those payments made through the Bureau of Prisons' Inmate Financial Responsibility Program.

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 5:96CR00002-002

STATEMENT OF REASONS

☒ The court adopts the factual findings and guideline application in the presentence report.

OR

☐ The court adopts the factual findings and guideline application in the presentence report except (see attachment, if necessary):

Guideline Range Determined by the Court:

Total Offense Level: 28

Criminal History Category: I

Imprisonment Range: 78 to 97 months

Supervised Release Range: 3 to 3 years

Fine Range: $ 12,500.00 to $ 1,500,000.00

☒ Fine waived or below the guideline range because of inability to pay.

Total Amount of Restitution: $

☐ Restitution is not ordered because the complication and prolongation of the sentencing process resulting from the fashioning of a restitution order outweighs the need to provide restitution to any victims, pursuant to 18 U.S.C. § 3663(d).

☐ For offenses that require the total amount of loss to be stated, pursuant to Chapters 109A, 110, 110A, and 113A of Title 18, restitution is not ordered because the economic circumstances of the defendant do not allow for the payment of any amount of a restitution order, and do not allow for the payment of any or some portion of a restitution order in the foreseeable future under any reasonable schedule of payments.

☒ Partial restitution is ordered for the following reason(s):

☐ The sentence is within the guideline range, that range does not exceed 24 months, and the court finds no reason to depart from the sentence called for by the application of the guidelines.

OR

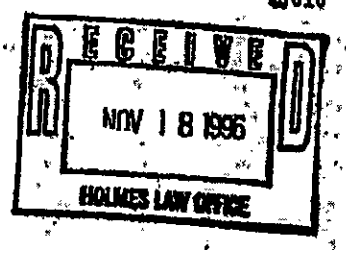
☐ The sentence is within the guideline range, that range exceeds 24 months, and the sentence is imposed for the following reason(s):

OR

☒ The sentence departs from the guideline range:

☒ upon motion of the government, as a result of defendant's substantial assistance.

☐ for the following specific reason(s):



5:96-cr-00002

Clifton Lee Holmes, Esq.
Holmes Law Office
P O Drawer 3267
431 N Center St
Longview, TX 75606-3267

rnr

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Total Medical Supply, Inc. MDEG License # (if applicable) MP01654

Physical Address 5610 Richmond Road

City Texarkana State Tx Zip 75503

Mailing Address (if different from physical address) P.O. Box 5427

City Texarkana State Tx Zip 75505

Telephone 877-670-1120 Website www.tmscares.com

Licensing Company Email compliance@tmscares.com

Section 2: Personal Information

First Julie Middle Brianne Last Franklin

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 75501

Telephone [redacted] Email jfranklin@tmscares.com

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)	
Texas High School		1991-1995	
Address	**City**	**State**	**Zip**
4001 Summerhill Road	Texarkana	Tx	75503
Diploma/Degree obtained, if any			
Honors			
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			
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
07/06-07/25	[redacted]	[redacted]	[redacted]	75501
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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Total Medical Supply, Inc.			10/13 - 07/25	
Business Address		**City**	**State**	**Zip**
5610 Richmond Road		Texarkana	Tx	75503
Phone	**Title**		**Number of Employed Hours**	
8776701120	COO/CCO		22880	
Description of Duties				
Overseeing operational duties of the company as well as compliance issues.				

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.

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				

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

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

Section 8: 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 <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>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.</u>

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

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

Provide explanation below:

Julie Franklin
Original Signature (electronic, copies or stamps not accepted)

7/23/25
Date

I, Julie Brianne Franklin, **certify that as the MDEG Administrator for**

Total Medical Supply, Inc.,

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

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

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.

Julie Franklin
Print Name (First, Last)

Julie Franklin
Original Signature (electronic, copies or stamps not accepted)

7/23/25
Date

Board Use Only	Date Received: 7/28/25

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/22/2024
Amount: $ 525.00
Permit #: MP01654

Total Medical Supply, Inc.
4310 MCKNIGHT RD
Texarkana TX 75503

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Medical Devices Equipment Gas
Effective Date:11/01/2024
Expires:10/31/2026

Total Medical Supply, Inc.
4310 MCKNIGHT RD
Texarkana TX 75503

Permit #
MP01654
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Medical Devices Equipment Gas

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Permit Type: Medical Devices Equipment Gas
Permit #: MP01654
Effective Date: 11/01/2024

Expires: 10/31/2026
STATUS: Active

Total Medical Supply, Inc.
4310 MCKNIGHT RD
Texarkana TX 75503

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

9

9A

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (05/12/2022)

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

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ☑ No

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

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

Section 1: General Information

Facility Name: PMS Pro LLC

MDEG Physical Address: 5000 W Oakey BLVD STE A6

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 770-575-6112 Website: PMSPro.org

Email: MedSupply@PMSPro.org

Name of MDEG Administrator (NAC 639.694): Frederick Martin

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☑ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☑ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an [a] above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here:	Name: Frederick Martin
	Telephone: 770-575-6112

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 9Am-5pm	☑ Tue: 9-Am-5pm	☑ Wed: 9Am-5pm	☑ Thurs: 9Am-5pm	☐ Fri:
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: 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?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action 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 all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

N/A

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 of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: Nevada

Parent Company (if any):

Corporation Name: PMS Pro LLC

Mailing Address: 5000 W Oakey BLVD STE A6

City: Las Vegas State: NV Zip: 89146

Telephone: 770-575-6112 Email: medsupply@PMSPro.org

Contact Person Name: Frederick Martin

Date of SEC Registration: 5/7/25	SEC Registration Number:	Stock Exchange Symbol:

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:

Section 7: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: Frederick Martin

Business Name: PMS Pro LLC

Business Address: 5000 W Oakey BLVD STE A6

City: Las Vegas State: NV Zip: 89146

Telephone: 770-575-6112 Email: medsupply@PMSPro.org

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

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.

Frederick Martin

Print Name of Authorized Person Submitting Application

Frederick Martin

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

7/16/25

Date

Board Use Only	Date Received: 9/15/25	Amount: $500 cc

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/15/2025

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

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

PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	**CONTACT NAME:** **PHONE (A/C, No, Ext):** (855) 222-5919 **FAX (A/C, No):** **E-MAIL ADDRESS:** support@nextinsurance.com
	INSURER(S) AFFORDING COVERAGE — **NAIC #** **INSURER A :** State National Insurance Company, Inc. — 12831
INSURED PMS Pro, LLC 5000 W Oakey Blvd Ste A6 Las Vegas, NV 89146	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 974028942 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		NXTDPXPHLT-00-GL	05/08/2025	05/08/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000.00 $100,000.00 $5,000.00 $1,000,000.00 $2,000,000.00 $2,000,000.00
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

The Certificate Holder is Novitas Solutions Inc. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. General Liability coverage applies for Medical Supplies Store operations. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the Insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER

Novitas Solutions Inc
2020 Technology Pkwy
Mechanicsburg, PA 17050

LIVE CERTIFICATE
Click or scan to view

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/15/2025

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

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

PRODUCER	CONTACT NAME:	
Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	PHONE (A/C, No, Ext): (855) 222-5919	FAX (A/C, No):
	E-MAIL ADDRESS: support@nextinsurance.com	

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

INSURED
PMS Pro, LLC
5000 W Oakey Blvd Ste A6
Las Vegas, NV 89146

COVERAGES **CERTIFICATE NUMBER:** 409099883 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		NXTDPXPHLT-00-GL	05/08/2025	05/08/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000.00 $100,000.00 $5,000.00 $1,000,000.00 $2,000,000.00 $2,000,000.00
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

The Certificate Holder is Board of Certification/Accreditation (BOC). This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. General Liability coverage applies for Medical Supplies Store operations. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the Insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER

Board of Certification/Accreditation (BOC)
10461 Mill Run Cir Ste 1250
Owings Mills, MD 21117

LIVE CERTIFICATE
Click or scan to view

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

pms pro LLC

Organizational Documents on File	Filing Date
Articles of Organization	05/04/2025

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence pms pro LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 05/04/2025, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/11/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202509116076303
You may verify this certificate online at

Ownership and Operations Statement

To: **Nevada State Board of Pharmacy**

985 DAMONTE RANCH PARKWAY, SUITE 206-RENO,NV 89521

Subject: Declaration of Sole Ownership and Operations – PMS Pro LLC

I, **Frederick Martin**, do hereby formally declare and affirm that I am the **sole owner and operator** of **PMS Pro LLC**, a duly organized and registered business entity. No other individual, partner, or entity holds any ownership interest, managerial authority, or operational control in this company.

As the sole proprietor, I maintain **full responsibility** for the administration, management, and daily operations of PMS Pro LLC, including but not limited to:

- Compliance with all applicable **Nevada State Board of Pharmacy regulations**,
- Assurance of adherence to state and federal laws governing healthcare and pharmaceutical-related services.

This statement is submitted in good faith for the purpose of regulatory compliance, licensing, and verification with the Nevada State Board of Pharmacy.

Sincerely,

Frederick Martin

Owner & Operator

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 PMS Pro LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5000 Oakey Blvd Ste A6

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 770-575-6112 Website PMSPro.org

Licensing Company Email MedSupply@PMSPro.org

Section 2: Personal Information

First Frederick Middle Oneal Last Martin

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

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

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email MedSupply@PMSPro.org

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)
MLK HighSchool			2013-2015
Address	**City**	**State**	**Zip**
3991 Snapfinger Rd	Decatur	GA	30034
Diploma/Degree obtained, if any			
Diploma			
School Name			**From - To (MM/YY – MM/YY)**
Forts College			2015-2017
Address	**City**	**State**	**Zip**
2140 S Cobb DR SE	Smyrna	GA	30080
Diploma/Degree obtained, if any			
Diploma/Certificate			
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
2015-2025	[redacted]	[redacted]	GA	[redacted]
From - To (MM/YY – MM/YY)			State	
2025			NV	
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: American Medical Response			From - To (MM/YY – MM/YY):
Business Address: 1380 Beverage DR	City: Stone Mountain	State: GA	Zip: 30083
Phone: 678-537-6851	Title: EMT		
Description of Duties: Emergency Medical Tech. responding to 911 calls Renders Care For Patients.			

Business Name: Impact Resources solutions			From - To (MM/YY – MM/YY): 10/24 - 7/17
Business Address: 155 West Ridge Pkwy Ste 224	City: McDonough	State: GA	Zip: 30253
Phone: 678-272-2538	Title: Administrative Assistant		
Description of Duties: Data entry			

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?		✓

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.

Provide all the following *where applicable*:

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

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.

Frederick Martin

Print Name (First, Last)

Frederick Martin

Original Signature (electronic, copies or stamps not accepted)

9/11/25

Date

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

State of Georgia, ss. County of DeKalb

I, Frederick Martin, 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.

Frederick Martin

Original Signature

9/12/25

Date

Subscribed and Sworn to before me this 12 day of September 2025

Notary Public Signature

OLUWASEUN OLORUNTOBA
Notary Public - State of Georgia
Gwinnett County
My Commission Expires Nov 20, 2028 (Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG PMS Pro LLC MDEG License # (if applicable) _____

Physical Address 5000 W OAKEY BLVD STE A6

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 770-575-6112 Website PMSPro.org

Licensing Company Email MedSupply@PMSPro.org

Section 2: Personal Information

First Frederick Middle Oneal Last Martin

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

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

Mailing Address [redacted]

City [redacted] State NV Zip [redacted]

Telephone [redacted] Email MedSupply@PMSPro.org

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)	
Martin Luther King High School		2012 - 2015	
Address	**City**	**State**	**Zip**
3991 Snapfinger Rd	Lithonia	GA	30038
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Fortis College		2015 - 2017	
Address	**City**	**State**	**Zip**
2140 S Cobb Dr SE	Smyrna	GA	30080
Diploma/Degree obtained, if any			
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
2015 - 2024	[redacted]	[redacted]	GA	[redacted]
Current			NV	
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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Impact Resources Solutions			10/24 – July 17
Business Address	**City**	**State**	**Zip**
155 Westridge Pkwy STE 224	McDonough	GA	30253
Phone	**Title**		**Number of Employed Hours**
678-272-2538	Administrative Assistant		1650
Description of Duties			
Data entry			

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: 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? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, 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.

Provide all the following *where applicable*:

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

Provide explanation below:

Frederick Martin

Original Signature (electronic, copies or stamps not accepted)

7/16/25

Date

I, Frederick Martin, **certify that as the MDEG Administrator for** PMS Pro LLC.,

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

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

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.

Frederick Martin
Print Name (First, Last)

Frederick Martin
Original Signature (electronic, copies or stamps not accepted)

7/16/25
Date

Board Use Only	Date Received: 9/15/25

Work Experience Statement

This statement is provided to elaborate on my professional experience as it relates to the medical products I will be providing through durable medical equipment (DME) services. Since beginning employment with **Impact Resource Solutions on October 24, 2024, I** have completed **over 1,500 hours of hands-on experience** working directly with orthotic medical products, including leg braces, back braces, and neck braces. These devices fall within the **OR03 orthoses equipment category** and require detailed technical, clinical, and administrative skills to manage effectively.

Scope of Work and Duties:

My role has encompassed a wide range of responsibilities, including but not limited to:

- **Order Verification & Intake:** Reviewing physician prescriptions, verifying documentation, and confirming medical necessity for orthotic equipment.
- **Patient Measurements & Fitting:** Measuring, casting, and fitting patients for leg braces (AFOs, KAFOs), lumbar support braces, and cervical collars to ensure proper alignment and function.
- **Adjustments & Modifications:** Performing fitting adjustments, alignment checks, and modifications (such as strap replacement, padding adjustments, and heat-molding) to maximize comfort and clinical effectiveness.
- **Patient & Caregiver Education:** Providing instruction on proper use of orthotic devices, donning/doffing techniques, skin care, maintenance, and safety.
- **Functional Assessment:** Conducting gait analysis and range-of-motion evaluations during orthotic fittings to ensure therapeutic benefit.
- **Device Maintenance & Repairs:** Completing routine inspections and minor repairs to keep devices in safe, functional condition.
- **Inventory & Supply Coordination:** Managing OR03 inventory, processing orders, and preparing equipment for distribution.
- **Documentation & Compliance:** Recording all fittings, adjustments, and repairs in compliance with payer and regulatory guidelines. Supporting billing processes by ensuring accurate entry of device codes and required supporting documentation.
- **Interdisciplinary Collaboration:** Working alongside physicians, therapists, case managers, and family members to coordinate care and ensure optimal outcomes for patients.

Day-to-Day Responsibilities:

On a typical workday, I begin by preparing inventory and reviewing patient cases scheduled for fittings. Throughout the day, I conduct patient appointments for brace fittings, provide education and follow-up support, and perform adjustments or minor repairs as needed. In addition to patient-facing duties, I complete all necessary documentation, coordinate with insurance and billing teams, and ensure compliance with regulatory standards.

Experience Summary:

Through these responsibilities, I have gained extensive experience in the fitting, adjustment, education, and maintenance of **orthotic devices within the OR03 category.** My work has combined direct patient interaction with technical and administrative expertise, providing a well-rounded background in durable medical equipment services. To date, I have completed **over 1,500 hours** of relevant, hands-on experience that directly applies to the medical products I will be providing.

Supervisor Signature: Yolonda Castro Date: 09/1/25

10

10A

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 02055		☐ 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: EVERGREENS DRUGS

Physical Address: 10001 S EASTERN AVE, SUITE 105

City: HENDERSON State: NV Zip: 89052

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 702-269-1354 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-269-1364 Contact Email: EVERGREENPHARMCY99@GMAIL.COM

Website: N/A

Nevada Business License # (if applicable) E50005072025-7

Supervising/Managing Pharmacist Name (NRS 639.220): SEAN TRAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 14352

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: TRAN,SEAN	NV Pharmacist Registration #: 14352
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: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

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: NEVADA

Parent Company (if any): N/A

Corporation/Organization Name: AKSHAR HEALTHCARE INC.

Mailing Address: 732 S 6TH ST STE R

City: LAS VEGAS State: NEVADA Zip: 89101

Telephone: 702-269-1354 Email: 702-269-1364

Contact Person Name: UTTAM BELADIYA --- [redacted]

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 MANAGER (title) for EVERGREENS DRUGS (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).

UTTAM BELADIYA

Print Name of Authorized Person

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

7/30/25

Date

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

Affidavit for Pharmacy License

I, UTTAM BELADIYA 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 MANAGER (title) for EVERGREENS DRUGS (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.

Uttam

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of July, 2025

S.A. Seth-Smith

Notary Public

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1, 2027

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: SEAN TRAN Pharmacist Registration #: 14352

Pharmacy Name: Evergreens Drugs.

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

ST 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.

ST 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.

ST 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.

ST 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)).

ST 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 <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? NV	✓	

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

Board Administrative Action:	State:	Date:	Case #:
Fine	NV	5-13-2010	09-029-RPH-S

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)

7-29-25
Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

SEAN H. TRAN, R.Ph.,
Certificate of Registration No: 14352, **Case No. 09-029-RPH-S**

EVERGREENS DRUG,
Certificate of Registration No: PH02055, **Case No. 09-029-PH-S**

QUAN HADUONG, M.D.,
Controlled Substance Registration No: CS08110, **Case No. 09-029-CS-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 Sean H. Tran is a pharmacist licensed by the Board, Respondent Evergreens Drug (Evergreens) is a pharmacy licensed by the Board, located at 10001 South Eastern Avenue #105, Henderson Nevada, and Respondent Quan Haduong has a controlled substance registration issued by the Board.

II.

In April 2009, the Board received a complaint and supporting documentation from Eleanor Fodell seeking an investigation into the death of her husband, Gregory Fodell. Eleanor Fodell claimed that her husband Gregory Fodell was issued

prescriptions for Methadone and Oxycodone on September 15, 2008 by Respondent Quan Haduong, M.D., that were filled at Walgreens Pharmacy #6545. Mrs. Fodell claimed that her husband had the exact same prescriptions that were filled at Walgreens Pharmacy #6545 on September 15, 2008, also filled at Evergreens Drug on November 6, 2008. Mrs. Fodell concluded that her husband, Gregory, died on November 11, 2008 as a result of opiate intoxication.

III.

On August 24, 2009, the Board was provided by the staff of Respondent Evergreens Drug copies of the front of the two prescriptions that were filled on November 6, 2008 as well as the patient profile of Gregory Fodell from its computer system. These documents were provided by the staff of Respondent Evergreens Drug at Respondent Tran's direction. These prescriptions were faxed and the fax showed a time and date stamp of August 24, 2009. The prescriptions that were faxed to the Board on August 24, 2009 were issued by Respondent Haduong and showed an issue date of November 6, 2008.

IV.

On September 2, 2009, Board staff contacted Walgreens Pharmacy #6545 and requested patient records for Gregory Fodell. Walgreens #6545 provided Gregory Fodell's patient profile as well as copies of the Methadone and Oxycodone prescriptions that were filled on September 15, 2008.

V.

On September 4, 2009, Respondent Tran, who is the owner of and pharmacy manager for Respondent Evergreens Drug, stated that on November 6, 2008 he had received a telephone call from Jennifer Palmer, a medical assistant from Respondent

Haduong's office, advising him that she had a patient (Gregory Fodell) for whom Respondent Haduong had approved a one week emergency fill for Methadone and Oxycodone, but because Respondent Haduong was performing a procedure, he was unable to write the prescriptions at that time. Respondent Tran stated that Ms. Palmer told him that Gregory Fodell had an appointment to be seen by Respondent Haduong the following week but was not able to come to the office at this time. Ms. Palmer faxed Respondent Tran a copy of the prescriptions that had been written by Respondent Haduong on September 15, 2008. Respondent Tran said that he told Ms. Palmer that the original prescriptions would need to be mailed within 72 hours. Respondent Tran stated that on November 6, 2008 he filled the prescriptions for the Methadone and Oxycodone off of the faxed copies of the September 15, 2008 prescriptions and then dispensed the medication to Gregory Fodell. Both Methadone and Oxycodone are CII controlled substances.

VI.

On September 8, 2009, in her oral interview, Eleanor Fodell stated that her husband had suffered a back injury and was referred to pain management physician Respondent Haduong. Eleanor Fodell stated that on September 15, 2008, her husband Gregory Fodell was seen by Respondent Haduong and was issued a prescription for Methadone 10 mg. #140 and for Oxycodone 30 mg. immediate release #28. Mrs. Fodell stated that these prescriptions were filled at Walgreens that same day. Mrs. Fodell stated that her husband died on November 11, 2008 and it was determined by the Clark County Coroner's Office that he died as a result of coronary atherosclerosis and a significant contributing condition was opiate intoxication. Mrs. Fodell explained that when she was going through her husband's things after his death,

she found two prescription bottles that were filled by Evergreens Drug on November 6, 2008. One bottle was for Methadone 10 mg. # 140 and the other was for Oxycodone 30 mg. immediate release #28. Mrs. Fodell counted the pills and found that 29 of the Methadone were missing and eight and-a-half of the Oxycodone tablets were missing. Mrs. Fodell was unaware that her husband had the prescriptions filled at Evergreens Drug. Mrs. Fodell believed that Mr. Fodell had consumed the medication he received from Evergreens Drug and he was hiding them from her. Mrs. Fodell went to Walgreens and was given her husband's prescription records without problem. But when she tried to obtain her husband's information from Respondent Evergreens Drug, she was initially refused. When Mrs. Fodell returned one week later, she was given a copy of the prescriptions on file and his patient profile. Mrs. Fodell reviewed the Walgreen's prescriptions and the Evergreens Drug prescriptions and found that they were exactly the same. Additionally, Mrs. Fodell reviewed a copy of the Nevada Controlled Substances Task Force patient profile for her husband and found that the prescriptions that had been filled by Respondent Evergreens Drugs were not listed on the report.

VII.

On October 1, 2009, Respondent Tran was interviewed and admitted that he had provided Mrs. Fodell a copy of the prescriptions on April 7, 2009 that had been faxed to him by Respondent Haduong's office on November 6, 2008. When questioned about why the prescriptions that had been faxed to the Board of Pharmacy on August 24, 2009 were dated November 6, 2008, Respondent Tran admitted that he could not find the original prescriptions and as a result of this investigation contacted Respondent Haduong's office to have the original prescriptions re-written and that is what was

provided to the Board for its investigation. Respondent Tran did not have an explanation as to why he did not contact Respondent Haduong for the prescriptions when Mrs. Fodell first contacted him. Respondent Tran admitted that he was aware that only a physician may call in an emergency prescription fill. When asked why Respondent Tran would fill a prescription for two CII prescriptions based on a fax that was written three months earlier and then not follow-up with a hard copy prescription, Respondent Tran stated that he filled the prescriptions in good faith but now realizes that his actions did not comply with Nevada law.

VIII.

On November 9, 2009, Respondent Haduong stated in his oral interview that he had seen Gregory Fodell one time, on September 15, 2008, and after examining him had issued him a prescription for Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28. Both prescriptions were for a seven-day supply. Respondent Haduong stated that Gregory Fodell was to follow up in one week but failed to make his appointment. Respondent Haduong maintains that he only had contact with Gregory Fodell that one time and that his medical assistant Jennifer Palmer, who left his practice in January 2009, was the one who made contact with Respondent Tran at Evergreens Drug and faxed the copy of the September 15, 2008 prescriptions to Evergreens Drug to be filled for Gregory Fodell. Respondent Haduong stated and maintained that he did not authorize the prescriptions for Gregory Fodell that were filled by Respondent Tran at Evergreens Drug. He did admit that he has on occasion authorized his staff to call in prescriptions for patients, but again stated he did not believe he authorized the prescriptions for Gregory Fodell on November 6, 2008. Respondent Haduong stated that his office had been contacted by Respondent Tran in August of 2009 to have the

prescriptions re-written for November 6, 2008. Respondent Haduong admitted that he rewrote the prescriptions without looking at Gregory Fodell's chart, believing that Respondent Tran must have lost or misplaced the prescriptions. When asked why Respondent Haduong had rewritten prescriptions ten months later for prescriptions he claimed he never issued in the first place, Respondent Haduong stated he did it in good faith.

IX.

On November 24, 2009, Respondent Haduong submitted a written response to the Board in which he stated in part:

> "The investigation I undertook after you contacted me, has lead me to conclude that on November 6, 2008, my office staff contacted Walgreens and approved the transfer of the September 15, 2008 prescription Mr. Fodell had filled at the pharmacy to Evergreen Pharmacy; that my staff authorized the pharmacist at Evergreen Pharmacy to refill the prescriptions and told him that a hard copy would follow. In addition, my office staff made a follow-up appointment for Mr. Fodell for November 11, 2008. I later learned that the patient died on the date he was to have come and see me."

FIRST CAUSE OF ACTION

X.

For dispensing an oral order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency circumstance that would have justified the filling of an orally issued CII prescription, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.420 and/or 453.450(1)(b) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

XI.

For dispensing an order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription of a practitioner, Respondents Tran and Evergreens Drug have violated NRS 453.256(1) and/or NRS 453.377(1) and/or NRS 639.210(4) and/or NAC 453.450(1)(a) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XII.

For dispensing faxed prescriptions for the CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, that were not compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, issued to a resident of a facility for long-term care, or issued to a patient enrolled in a licensed program that provides hospice care, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(b) and/or NRS 639.210(4) and/or NAC 639.711(1)(a), (b) and (c) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

XIII.

For dispensing CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, more than 14 days after the date of issue of the prescriptions filled, Respondents Tran and Evergreens Drug have violated NRS 453.431(4) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FIFTH CAUSE OF ACTION

XIV.

For soliciting and obtaining the CII controlled substance prescriptions from Dr. Haduong, namely the Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28 prescriptions with the issue date of November 6, 2008, under circumstances in which the prescriptions were false, deceitful, or fraudulent, Respondents Tran and Evergreens Drug have violated NRS 453.331(1)(d) and/or NRS 639.210(4),(9),(15) and/or (17) and/or NAC 639.945(1)(h) and/or (i).

SIXTH CAUSE OF ACTION

XV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances, or under circumstances that Respondents Tran and Evergreens Drug should have reasonably known that the dispensing of the controlled substances was unlawful, questionable, or illegal, Respondents Tran and Evergreens Drug violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this Cause of Action for the Board's administrative convenience, but the Board may impose separate discipline for both the drug orders.

SEVENTH CAUSE OF ACTION

XVI.

For violating the corresponding duty stated in 21 CFR §1306.04(a) by dispensing controlled substance prescriptions for Mr. Fodell that were not issued by a practitioner, namely Respondent Haduong, acting in the usual course of his professional practice,

Respondents Tran and Evergreens Drug, violated NRS 639.210(11) and/or NAC 639.945(1)(i).

EIGHTH CAUSE OF ACTION

XVII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Evergreens Drug, violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

NINTH CAUSE OF ACTION

XVIII.

For his office's issuance of the oral order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, placed by his staff to Respondents Tran and Evergreens Drug on November 6, 2008, which oral prescriptions were for CII controlled substances under non-emergency circumstances, Respondent Haduong has violated NRS 639.2355 and/or NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.450(1)(b) and/or NAC 639.945(1)(i).

TENTH CAUSE OF ACTION

XIX.

For issuing oral orders on November 6, 2008 for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency that would justify the oral prescriptions, Respondent Haduong has violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 639.945(1)(i).

ELEVENTH CAUSE OF ACTION

XX.

For issuing the false or fraudulent CII controlled substance prescriptions with a purported issuance date of November 6, 2008 for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, but which were actually written in August 2009, ten months after the date of the purported issuance date, Respondent Haduong has violated NRS 453.331(1)(i) and/or NRS 639.210(4) and/or (9) and/or NAC 639.945(1)(h) and/or (i).

TWELFTH CAUSE OF ACTION

XXI.

For violating the his duty stated in 21 CFR §1306.04(a) to assure that his CII controlled substances prescriptions for Mr. Fodell were issued in the regular course of his practice and for a legitimate medical purpose under circumstances which were not in the usual course of his practice and could not be known by him to be for a legitimate medical purpose by issuing prescriptions for CII controlled substances for Mr. Fodell on November 6, 2008, Respondent Haduong, violated 21 CFR § 1306.04(a) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

THIRTEENTH CAUSE OF ACTION

XXII.

For prescribing an order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription, Respondent Haduong has violated NRS 453.256(1) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FOURTEENTH CAUSE OF ACTION

XXIII.

For authorizing a refill for the CII controlled substance prescriptions for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, Respondent Haduong has violated 21 CFR §1306.12(a) and/or NRS 453.256(2)(b) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

FIFTEENTH CAUSE OF ACTION

XXIV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances to Mr. Fodell, or under circumstances that Respondent Haduong should have reasonably known that the dispensing controlled substances was unlawful, questionable, or illegal, Respondent Haduong violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this cause of action for the Board's administrative convenience, but the Board may impose separate discipline for both of the drug orders.

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 11th day of December, 2009.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

v.

SEAN H. TRAN, R.Ph.,
Certificate of Registration No: 14352, Case No. 09-029-RPH-S

EVERGREENS DRUG,
Certificate of Registration No: PH02055, Case No. 09-029-PH-S

QUAN HADUONG, M.D.,
Controlled Substance Registration No: CS08110, Case No. 09-029-CS-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on April 14, 2010 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Tran was present and represented himself and Evergreens Drug. Quan Haduong, M.D. was present and was represented by John H. Cotton of John H. Cotton & Associates, LTD. 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:

ORDER

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

1. Mr. Tran's pharmacist license (#14353) shall be on probation for a period of three years commencing the effective date of this Order according to the following terms and conditions:

a. Mr. Tran shall pay a total fine of $1,000 combined for his violations of the First, Second, Third and Fourth Causes of Action. A fine of $1,000 for his violations of the Fifth Cause of Action. A fine of $1,000 for his violations of the Sixth Cause of Action. Mr. Tran shall pay a total fine of $3,000 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 after the effective date of this order.

b. Evergreens Drug shall pay a fine of $1,000 for the violations of the Eighth Cause of Action. Evergreens shall pay a total fine of $1,000 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 after the effective date of this order.

c. Mr. Tran shall successfully pass the MPJE within 90 days of the effective date of this order. If Mr. Tran fails he shall be brought before the Board at its next available Board meeting.

d. Mr. Tran shall pay the Board's costs and attorney's fee of $4,800.37 and the Board's administrative fee of $295.00, for a total of $5,095.37 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.

2. Dr. Haduong shall pay no fine for his combined violations of the Tenth, Twelve and Thirteenth Causes of Action. Dr. Haduong shall pay a fine of $1,000 for his violations of the Ninth Cause of Action, and a fine of $1,000 for his violations of the Eleventh Cause of Action. Dr. Haduong shall pay a total fine of $2,000 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 after the effective date of this order.

3. The failure by Mr. Tran, Evergreens Drug or Dr. Haduong to comply with any term in this order shall result in the immediate suspension of his license or registration and will also result in further discipline, up to and including revocation of his license or registration.

Signed this 13th day of May, 2010

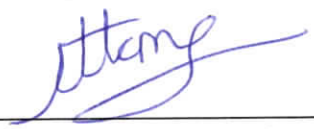
Donald W. Fey

Donald W. Fey, President
Nevada State Board of Pharmacy

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.

UTTAM BELADIYA

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)

07/30/2025

Date

Board Use Only	Date Received: 8/5/25	Amount: $500 ck 6404401864

List of Officers and Directors

(As required by NRS 639.231(2)(b), NAC 639.214(5)(a))

AKSHAR HEALTHCARE INC.

1. **Name:** UTTAM BELADIYA
   Title: CHIEF EXECUTIVE OFFICER
   [redacted]
   % Ownership: 20%

2. **Name:** PARESH PATEL
   Title: CHIEF FINANCIAL OFFICER
   [redacted]
   % Ownership: 40%

3. **Name:** KISHAN DHOLIYA
   Title: CORPORATE SECRETARY
   [redacted]
   % Ownership: 30%

4. **Name:** CHINTAN KOTADIYA
   [redacted]
   % Ownership: 10%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **AKSHAR HEALTHCARE Inc.** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/30/2025, and in good standing in this State.

I further certify that the above DOMESTIC CORPORATION (78) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 07/10/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202507105887041
You may verify this certificate online at https://www.nvsilverflume.gov/home

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 EVERGREENS DRUGS

Pharmacy/Wholesaler License # (if applicable) PH02055

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First UTTAM Middle _____ Last BELADIYA

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]

Telephon[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)	
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS		2022-2025	
Address	**City**	**State**	**Zip**
1000 E VICTORIA ST	CARSON	CA	90747
Diploma/Degree obtained, if any			
BACHELOR IN BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
JB AND KARP VIDYA SANKUL		2018-2020	
Address	**City**	**State**	**Zip**
THAKOR DWAR FARM, SURAT - KAMREJ HWY, OPP. DIAMOI	SURAT, GUJARAT	INDIA	395006
Diploma/Degree obtained, if any			
HIGH SCHOOL			

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
01/2023-TILL	[redacted]			
08/2022-12/2022				
05/2015-08/2022				
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)	
BRIGHT CARE PHARMACY			02/2025-TILL	
Business Address		**City**	**State**	**Zip**
140 N ORANGE AVE SUITE 103		WEST COVINA	CA	90815
Phone	**Title**		**Number of Employed Hours**	
626-251-1630	CLARK		1,732	
Description of Duties				
As a Pharmacy Clerk, I assisted with prescription processing, managed inventory, maintained accurate records, and ensured regulatory compliance. I supported pharmacists in preparing prescriptions and handling clerical tasks, gaining valuable experience in dispensing, distribution, and record-keeping				

Business Name			From - To (MM/YY – MM/YY)	
South Gate Pharmacy			01/2023-01/2025	
Business Address		**City**	**State**	**Zip**
8200 Long Beach Blvd D-2		South Gate	CA	90280
Phone	**Title**		**Number of Employed Hours**	
323-537-2837	CLARK		4,368	
Description of Duties				
As a Pharmacy Clerk, I assisted with prescription processing, managed inventory, maintained accurate records, and ensured regulatory compliance. I supported pharmacists in preparing prescriptions and handling clerical tasks, gaining valuable experience in dispensing, distribution, and record-keeping				

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, UTTAM BELADIYA, **certify that as the designated representative for**

EVERGREENS DRUGS,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. UB I am at least 21 years of age;
3. UB 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. UB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. UB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. UB 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. UB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

UTTAM BELADIYA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/09/2025

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.

UTTAM BELADIYA

Print Name (First, Last)

Uttam

Original Signature (electronic, copies or stamps not accepted)

09/09/2025

Date

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

State of California, ss. County of Los Angeles

I, Uttam Beladiya, 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.

Uttam

Original Signature

09/09/2025

Date

Subscribed and Sworn to before me this 9th day of September, 2025

S A Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1 2027

(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 EVERGREENS DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First UTTAM Middle _____ Last BELADIYA

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)	
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS		2022-2025	
Address	**City**	**State**	**Zip**
1000 E VICTORIA ST	CARSON	CA	90747
Diploma/Degree obtained, if any			
BACHELOR IN BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
JB AND KARP VIDYA SANKUL		2018-2020	
Address	**City**	**State**	**Zip**
THAKOR DWAR FARM, SURAT - KAMREJ HWY, OPP. DIAMOND NAGAR	SURAT	GUJ. INDIA	395006
Diploma/Degree obtained, if any			
HIGH SCHOOL			

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
01/2023-TILL	[redacted]			
08/2022-12/2022				
05/2015-08/2022				
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	From - To (MM/YY – MM/YY)
BRIGHT CARE PHARMACY	02/2025-TILL

Business Address	City	State	Zip
140 N ORANGE AVE SUITE 103	WEST COVINA	CA	90815

Phone	Title
626-251-1630	CLARK

Description of Duties

As a clerk in a retail pharmacy, I assist customers with purchases, handle billing, and keep the front area organized. I also help manage inventory and support the pharmacy team with daily operations.

Business Name	From - To (MM/YY – MM/YY)
SHIVAM BAKERY	

Business Address	City	State	Zip
SHOP 8 PANCHVATI RAW HOUSE, OPP MAHAVIR SOC	SURAT	GUJ, INDIA	395006

Phone	Title
+91 800-044-0482	ACCOUNTING AND SALES TRAINING

Description of Duties

At Shivam Bakery, I handle accounting tasks such as maintaining financial records, tracking expenses, and managing invoices. I am also involved in sales training, helping improve customer service and product knowledge for the team.

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.

UTTAM BELADIYA

Print Name (First, Last)

Uttam

Original Signature (electronic, copies or stamps not accepted)

07/29/2025

Date

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

State of California, ss. County of Los Angeles

I, Uttam Beladiya, 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.

Uttam

Original Signature

07/29/2025

Date

Subscribed and Sworn to before me this 29 day of July, 2025

S.A. Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1, 2027

(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 EVERGREEN DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 100001 S EASTERN AVE, STE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMACY99@GMAIL.COM

Section 2: Personal Information

First PARESH Middle _____ Last PATEL

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)	
LOMA LINDA UNIVERSITY		03/2007-06/2011	
Address	**City**	**State**	**Zip**
CIRCLE DR	LOMA LINDA	CA	92350
Diploma/Degree obtained, if any			
MPH			

School Name		From - To (MM/YY – MM/YY)	
GOVERNMENT MEDICAL COLLEGE SURAT		10/2000-03/2006	
Address	**City**	**State**	**Zip**
MAJURA GATE	SURAT	GUJARA	395001
Diploma/Degree obtained, if any			
MBBS			

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)	[redacted]			
04/2025-CURRENT				
From - To (MM/YY – MM/YY)	[redacted]			
04/2013-03/2025				
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			From - To (MM/YY – MM/YY)
COLTON PHARMACY			12/2017-CURRENT
Business Address	**City**	**State**	**Zip**
518 W VALLEY BLVD	COLTON	CA	92324
Phone	**Title**		
909-422-0444	MANAGER		
Description of Duties			
Managing day to day operation, handling payroll, managing smooth operration, creating schedules for staff			

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			

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.

PARESH PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/29/2025

Date

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

State of CALIFORNIA, ss. County of SAN BERNARDINO

I, PARESH PATEL, 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

7/29/2025

Date

Subscribed and Sworn to before me this 29th day of July.

JOSE G. PEREZ VAZQUEZ
Notary Public - California
San Bernardino County
Commission # 2441486
My Comm. Expires Apr 13, 2027

Notary Public Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness accuracy, or validity of that document

State of California, County of San Bernardino
Subscribed and sworn to (or affirmed) before me on this 29 day of July 2025 by Paresh Patel proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (seal)

(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 EVERGREENS DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First KISHAN Middle _____ Last DHOLIYA

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)	
SOUTHEAST UNIVERCITY			09/2007 - 06/2013	
Address	**City**		**State**	**Zip**
NANJING	NANJING		JIANGSU	210018
Diploma/Degree obtained, if any				
MBBS				

School Name			From - To (MM/YY – MM/YY)	
PP SAVANI VIDHYABHAVAN			06/1998-06/2007	
Address	**City**		**State**	**Zip**
HIRA BAUGH, VARACHHA ROAD	SURAT		GUJ	395006
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				

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
08/2022- PRESENT	[redacted]			
11/2019-08/2022				
10/2018-11/2019				
02/2016-10/2018				
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			From - To (MM/YY – MM/YY)	
RITE CARE PHARMACY			12/2019- PRESENT	
Business Address	**City**	**State**	**Zip**	
1433 N HOLLENBECK AVE, STE 103	COVINA	CA	91722	
Phone	**Title**			
626-251-1640	PHARMACY MANAGER			
Description of Duties				
OVERSEES DAILY OPERATIONS, ENSURING COMPLIANCE WITH REGULATIONS AND SAFE DISPENSING OF MEDICATIONS. THEY ALSO SUPERVISE STAFF, MANAGE INVENTORY, AND MAINTAIN HIGH STANDARDS OF PATIENT CARE.				

Business Name			From - To (MM/YY – MM/YY)	
BRIGHT CARE PHARMACY			10/2019-12/2019	
Business Address	**City**	**State**	**Zip**	
140 N ORANGE AVE SUITE 103	WEST COVINA	CA	91790	
Phone	**Title**			
626-251-1630	PHARMACY CLERK			
Description of Duties				
ASSISTS WITH CUSTOMER SERVICE, ANSWERING PHONES, AND PROCESSING PRESCRIPTION ORDERS. THEY ALSO HANDLE CASHIER DUTIES, STOCK SHELVES, AND SUPPORT PHARMACY STAFF WITH NON-MEDICAL TASKS.				

Business Name			From - To (MM/YY – MM/YY)	
A FRIENDLY HOME HEALTH CARE			01/2017-08-2019	
Business Address	**City**	**State**	**Zip**	
18383 PRESTON RD	DALLS	TX	75252	
Phone	**Title**			
469-666-3070	ORDER MANAGER			
Description of Duties				
RESPONSIBLE FOR PROCESSING, TRACKING, AND FOLLOWING UP ON PHYSICIAN ORDERS TO ENSURE TIMELY AND ACCURATE CARE DELIVERY. THEY ALSO COORDINATE WITH CLINICIANS, VERIFY DOCUMENTATION, AND MAINTAIN COMPLIANCE WITH REGULATORY REQUIREMENTS.				

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.

KISHAN DHOLIYA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/29/2025

Date

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

State of California, ss. County of Los Angeles

I, Kishan Dholiya, 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

07/29/2025

Date

Subscribed and Sworn to before me this 29 day of July, 2025.

S.A. Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1, 2027

(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 EVERGREENS DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First CHINTAN Middle RASIKBHAI Last KOTADIYA

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)	
NEW YORK UNIVERSITY		2017-2019	
Address	**City**	**State**	**Zip**
70 Washington Square South	New York	CA	10012
Diploma/Degree obtained, if any			
MASTER'S IN COMPUTER SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
SINHGAD UNIVERSITY			
Address	**City**	**State**	**Zip**
309/310, Kusgaon (Bk.),	Lonavala	MH	410401
Diploma/Degree obtained, if any			
BACHELOR'S IN COMPUTER SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
JAY AMBE VIDHYABHAVAN			
Address	**City**	**State**	**Zip**
206-207 DAHYA PARK SOCIETY	SURAT	GJ	395006
Diploma/Degree obtained, if any			
HIGH SCHOOL			

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
2021-2025	[redacted]			
2019-2021				
2017-2019				
2015-2017				
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			From - To (MM/YY – MM/YY)	
SOUTH GATE PHARMACY INC			2022-PRESENT	
Business Address		**City**	**State**	**Zip**
8200 LONG BEACH BLVD,D-2		SOUTHGATE	CA	90280
Phone	**Title**			
323-537-2837	MANAGER/SHAREHOLDER			
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				

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.

CHINTAN RASIKBHAI KOTADIYA

Print Name (First, Last)

Chintan

Original Signature (electronic, copies or stamps not accepted)

07/28/2025

Date

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

State of California, ss. County of Orange

I, CHINTAN RASIKBHAI KOTADIYA, 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.

Chintan

Original Signature

07/29/25

Date

Subscribed and Sworn to before me this 29 day of JULY, 2025.

Notary Public Signature

BHARAT DEVANI
COMM. #2458732
Notary Public - California
Orange County
My Comm. Expires Aug. 11, 2027

NRO1 NRO1

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 29 day of JULY, 2025, by Chintan Rasikbhai Kotadiya,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

BHARAT DEVANI
COMM. #2458732
Notary Public - California
Orange County
My Comm. Expires Aug. 11, 2027

(Seal) Signature

10B

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 78) ☐ 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: Las Vegas Recovery Hosptial

Physical Address: 102 E Lake Mead Pkwy

City: Henderson State: NV Zip: 89015

Mailing Address (if different from physical address): 850 Towbin Ave.

City: Lakewood State: NJ Zip: 08701

Telephone: 848-245-3182 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: rspence@advis.com

Website: _____

Nevada Business License # (if applicable) 2024330596

Supervising/Managing Pharmacist Name (NRS 639.220): Don Le

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 12751

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: Don Le	NV Pharmacist Registration #: 12751
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: 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: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Las Vegas Recovery Hospital, LLC

Mailing Address: 850 Towbin Ave.

City: Lakewood State: NJ Zip: 08701

Telephone: 848-245-3182 Email: ben@lhsus.com

Contact Person Name: Ben Levin

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: _____

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

Statement of Responsibility

1. I am the Ben Levin (title) for Administrator (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).

Ben Levin

Print Name of Authorized Person

Signed by:
35902A25E25A410...

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

11/7/25

Date

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

Affidavit for Pharmacy License

I, Ben Levin 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 Administrator (title) for Las Vegas Recovery Hospital (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.

Signed by:
35902A25E25A410...
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of November, 2025

Lisa Marie Janosek
Notary Public

Official Seal
LISA MARIE JANOSEK
Notary Public, State of Illinois
Commission No. 759381
My Commission Expires December 8, 2027

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: Don Le Pharmacist Registration #: 12751

Pharmacy Name: Las Vegas Recovery Hospital

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

DS DL — 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.

DS DL — 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.

DL — 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.

DS DL — 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)).

DL — 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.

DocuSigned by: DON LE 43E805761959484...
Original signature of Managing Pharmacist (copies or stamps not accepted)

11/7/25
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if the pharmacy will be handling or dispensing controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

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.

Ben Levin, Administrator

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

Signed by:
35902A25E25A410...

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

11/7/25
Date

Board Use Only	Date Received: 11/12/25	Amount: $500 CK 38507

1. Ben Levin - Administrator
2. Neil Altusky – Chief Financial Officer
3. Stacey Zierath – Chief Executive Officer
4. Brian Kaszuba – Medical Director

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Las Vegas Recovery Hospital LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/23/2023, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/05/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202511056246659

You may verify this certificate online at https://www.nvsilverflume.gov/home

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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: Las Vegas Recovery Hospital

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 102 E Lake Mead Pkwy

City: Henderson State: NV Zip: 89015

Mailing Address (if different from physical address): 850 Townbin Ave.

City: Lakewood State: NJ Zip: 08701

Telephone: 848-245-3182 Website:

Licensing Company Email: BEN@LHSUS.COM

Section 2: Personal Information

First: Don Middle: Last: Le

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

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

Mailing Address: [redacted]

City: [redacted] State: NV 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 Louisiana at Monroe – School of Pharmacy			1982-1986	
Address	**City**		**State**	**Zip**
700 University Ave.	Monroe		LA	71209
Diploma/Degree obtained, if any				
B.S. of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Saigon High School			1974-1978	
Address	City		State	Zip
Saigon, Vietnam				
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				
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]	[redacted]	NV	[redacted]
01/00-12/18			NV	
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)	
The Monicos Pharmacy			June 2025-Present	
Business Address		**City**	**State**	**Zip**
2701 N. Tenaya Way		Las Vegas	NV	89901
Phone	**Title**		**Number of Employed Hours**	
702-505-4898	Staff Pharmacist		380	

Description of Duties

Dispensed and verified high-volume prescriptions, ensuring accuracy, patient safety, and compliance with all regulations; Conducted Drug Regimen Reviews (DRRs) to identify potential medication-related issues

Business Name			From - To (MM/YY – MM/YY)	
The Advance Pharma Pharmacy			May 2025-Present	
Business Address		**City**	**State**	**Zip**
5000 W. Oakey		Las Vegas	NV	89901
Phone	**Title**		**Number of Employed Hours**	
702-341-9316	Staff Pharmacist		250	

Description of Duties

Maintained inventory by managing stock levels, tracking expiration dates, and ensuring proper handling of controlled substances; Ensured documentation and medication handling complied with applicable pharmacy regulation

Business Name			From - To (MM/YY – MM/YY)	
THE MEDICAL REDUCING INC. PHARMACY			February 2025-Present	
Business Address		**City**	**State**	**Zip**
2466 E. Desert Inn		Las Vegas	NV	89901
Phone	**Title**		**Number of Employed Hours**	
702-737-1483	Staff Pharmacist		200	

Description of Duties

Dispensed and verified prescriptions for weight management therapies, ensuring accuracy, regulatory compliance, and alignment with physician directives; Delivered individualized patient education on medication

Business Name			From - To (MM/YY – MM/YY)	
CVS HEALTH PHARMACY			Jan 2024-Dec 2024	
Business Address		**City**	**State**	**Zip**
750 W. John Carpenter Fwy.		Irving	TX	75039
Phone	**Title**		**Number of Employed Hours**	
469-524-4700	Clinical Benefits Consultant Pharmacist		400	

Description of Duties

Performed comprehensive clinical evaluations for Medicare Part D and commercial insurance plans, including Prior Authorizations (PAs), Coverage Determinations (CDs), and appeals.

Business Name			From - To (MM/YY – MM/YY)	
THE MEDICINE SHOPPE PHARMACY			Jan 2021-Present	
Business Address		**City**	**State**	**Zip**
5801 W. Craig Rd.		Las Vegas	NV	89901
Phone	**Title**		**Number of Employed Hours**	
725-251-2253	Staff Pharmacist		450	

Description of Duties

Dispensed and verified high-volume prescriptions in both retail and Long-Term Care (LTC) settings, ensuring accuracy, safety, and regulatory compliance; Supervised pharmacy operations

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
CVS HEALTH / CAREMARK			Feb 2018 -December 2019
Business Address	**City**	**State**	**Zip**
750 W. John Carpenter Fwy.	Irving	TX	75039
Phone	**Title**	**Number of Employed Hours**	
	Clinical Benefits Consultant Pharmacist		
Description of Duties			
Provided clinical guidance to prescribers, nurses, and healthcare professionals, facilitating informed decision-making for each case. Reviewed clinical cases to determine appropriate medication benefit coverage			

Business Name			From - To (MM/YY – MM/YY)
SPECIALTY ALL-IN-ONE PHARMACY & HIGH-COST MEDICATIONS			Jan 2017-Dec 2019
Business Address	**City**	**State**	**Zip**
2080 E. Flamingo Rd.	Las Vegas	NV	89901
Phone	**Title**	**Number of Employed Hours**	
702-697-6501	Pharmacy Manager/PIC	2,500	
Description of Duties			
Managed inventory of high-cost pharmaceuticals, ensuring proper handling, storage, and availability of critical therapies. Reviewed prescriptions and dispensed medications in full accordance with applicable requirements			

Business Name			From - To (MM/YY – MM/YY)
CARSON TAHOE REGIONAL MEDICAL CENTER			Mar 2016 – Feb 2017
Business Address	**City**	**State**	**Zip**
1600 Medical Pkwy.	Carson City	NV	89703
Phone	**Title**	**Number of Employed Hours**	
775-445-800	Staff Pharmacist	1,200	
Description of Duties			
Conducted comprehensive drug therapy reviews, assessed treatment plans, and ensured safe medication use throughout hospitalization and discharge. Prepared a wide range of sterile IV admixtures and TPN			

Business Name			From - To (MM/YY – MM/YY)
RX SPECIALTY COMPOUNDING PHARMACY			Jan 2014 – Dec 2016
Business Address	**City**	**State**	**Zip**
2560 Sunset Rd.	Las Vegas	NV	89901
Phone	**Title**	**Number of Employed Hours**	
	Pharmacy Manager / Pharmacist-In-Charge (P.I.C.)	1,000	
Description of Duties			
Prepared a wide range of customized pharmaceutical therapies, including Total Parenteral Nutrition (TPN), injectables, bioidentical hormone therapies, dermatological topicals, and other patient-specific formulations			

Business Name			From - To (MM/YY – MM/YY)
MONTE VISTA HOSPITAL			Apr 2012 – Mar 2014
Business Address	**City**	**State**	**Zip**
5900 W. Rochelle	Las Vegas	NV	89901
Phone	**Title**	**Number of Employed Hours**	
702-364-1111	Staff Pharmacist	200	
Description of Duties			
Advised physicians, nurses, and patients on appropriate medication regimens, including dosing, drug selection, interactions, and administration routes.			

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Business Name			From - To (MM/YY – MM/YY)	
EXPRESS SCRIPTS / MEDCO MAIL ORDER PHARMACY			Jan 2000 – Nov 2012	
Business Address		City	State	Zip
6255 Annie Oakley Dr.		Las Vegas	NV	89901
Phone	Title		Number of Employed Hours	
702-436-8300	Staff Pharmacist		25,000	
Description of Duties				
Dispensed and verified prescriptions for therapies, ensuring accuracy, regulatory compliance, and alignment with physician directives.				

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				

Make copies of this page OR use a separate piece of paper 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?		✓

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

DocuSigned by:
DON LE
43E805761959484...
Original Signature (electronic, copies or stamps not accepted)

11/7/25
Date

I, Don Le, **certify that as the designated representative for**

Las Vegas Recovery Hospital,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DL I am at least 21 years of age;
3. DL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity r DL to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DL 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 le DL and other authorized absences; and
7. DL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Don Le

Print Name (First, Last)

DocuSigned by:
DON LE
43E805761959484...

Original Signature (electronic, copies or stamps not accepted)

11/7/25

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.

Don Le

Print Name (First, Last)

DocuSigned by:
DON LE
43E805761959484...

Original Signature (electronic, copies or stamps not accepted)

11/7/25

Date

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

State of Illinois, ss. County of Cook

DocuSigned by:
I, DON LE
43E805761959484..., 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.

DocuSigned by:
DON LE
43E805761959484...

Original Signature

11/7/25

Date

Subscribed and Sworn to before me this 7th day of November 2025

Lisa Marie Janosek

Notary Public Signature

Official Seal
LISA MARIE JANOSEK
Notary Public, State of Illinois
Commission No. 759381
My Commission Expires December 8, 2027

(Seal)

11

11A

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 #: FH4266638
	☐ 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: Hephaestus Pharmaceuticals LLC

Physical Address: 10913 NW 30th Street Suite 102

City: Miami State: FL Zip: 33172

Mailing Address (if different from physical address): 1111B S Governors Ave STE 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Toll Free # (NAC 639.708, NRS 639.23286): 888-648-1134

Fax: 786-373-1531 Contact Email: info@hephaestuspharmacy.com

Website: www.hephaestuspharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ngon-Vincent Van

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22468

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: Ngon-Vincent Van	NV Pharmacist Registration #: 22468
Name: Richard Lavosky	NV Pharmacist Registration #: 23404
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): _____

Corporation/Organization Name: Adonis Health Inc.

Mailing Address: 1111B S Governors Ave STE 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Email: compliance@hephaestuspharmacy.com

Contact Person Name: Ngon-Vincent Van

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 & CEO (title) for Hephaestus Pharmaceuticals 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).

Nathaniel Armer

Print Name of Authorized Person

N. Armer

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

6/17/25

Date

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

Affidavit for Pharmacy License

I, Nathaniel Armer 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 & CEO (title) for Hephaestus Pharmaceuticals 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 20 day of June, 20 25

Notary Public

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

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.

Nathaniel Armer

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

N. Armer

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

6/17/25

Date

Board Use Only	Date Received: 7/22/25	Amount: $500-cc

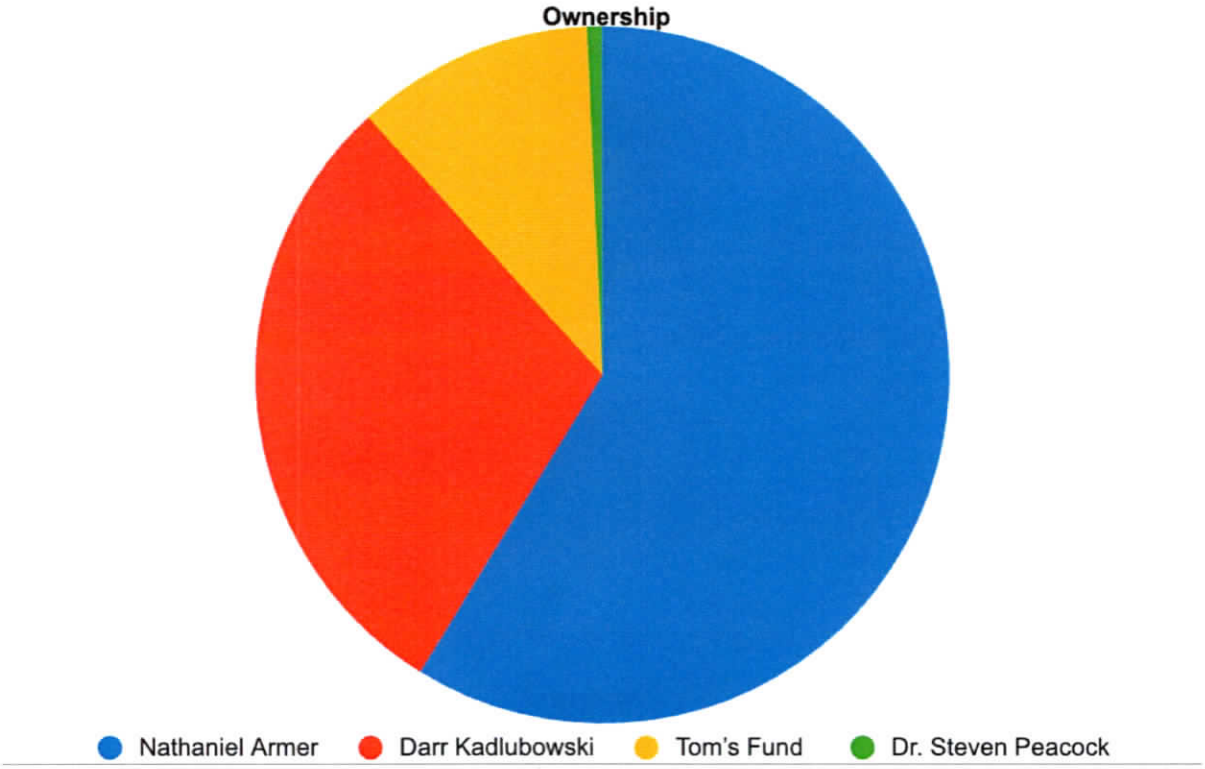
Adonis Health, Inc DBA HenryMeds.- 100% owns Hephaestus Pharmaceuticals LLC Ownership

Nathaniel Armer 58.816%

Darr Kadlubowski 29.408%

Tom's Fund – 11.071%

Dr. Steven Peacock 0.706%



The person(s) invested in the 11.071% of Tom's Fund does not hold a share larger than 5%.

Adonis Health Inc.

Director: Darr Kadlubowski

Title: Shareholder

[redacted]

[redacted]

Director: Nathaniel Armer

Title: President & CEO

[redacted]

Adonis Health, Inc DBA HenryMeds.- 100% owns Hephaestus Pharmaceuticals LLC Ownership

- **Nathaniel Armer 58.816%**
- **Darr Kadlubowski 29.408%**
- **Tom's Fund – 11.071%**
- **Dr. Steven Peacock 0.706%**

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEPHAESTUS PHARMACEUTICALS 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 FOURTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEPHAESTUS PHARMACEUTICALS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203361591

Date: 04-04-25

7652460 8300

SR# 20251404576

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: Hephaestus Pharmaceuticals LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 10913 NW 30th Street, Suite 102

City: MIAMI State: FL Zip: 33172

Mailing Address (if different from physical address): 1111B S. Governors Ave, STE 25428

City: Dover State: DE Zip: 19904

Telephone: 909 787 2342 Website: www.hephaestuspharmacy.com

Licensing Company Email: info@hephaestuspharmacy.com

Section 2: Personal Information

First: Ngon-Vincent Middle: Last: Van

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?		N/A

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)	
Nova Southeastern University		08/14-05/18	
Address	**City**	**State**	**Zip**
3300 S University Drive	Fort Lauderdale	FL	33328
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Florida State University		08/09-12/12	
Address	**City**	**State**	**Zip**
222 S Copeland Street	Tallahassee	FL	32306
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Colonial High School		08/05-05/09	
Address	**City**	**State**	**Zip**
6100 Oleander Drive	Orlando	FL	32807
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			

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
04/23-Current	[redacted]			
06/14-03/23				
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)	
HEPHAESTUS PHARMACEUTICALS LLC			12/23-CURRENT	
Business Address		**City**	**State**	**Zip**
10913 NW 30TH STREET, SUITE 102		MIAMI	FL	33172
Phone	**Title**		**Number of Employed Hours**	
888 648 1134	PHARMACIST IN CHARGE		2560	
Description of Duties				
Oversee facility and operations				

Business Name			From - To (MM/YY – MM/YY)	
CRE8 Pharmacy Group			08/21-12/23	
Business Address		**City**	**State**	**Zip**
3700 NW 126th Ave		Coral Springs	FL	33065
Phone	**Title**		**Number of Employed Hours**	
888 224 5181	Compliance Pharmacist		4616	
Description of Duties				
Oversee compliance program and quality assurance program				

Business Name			From - To (MM/YY – MM/YY)	
Sincerus Pharmaceuticals			05/19-08/21	
Business Address		**City**	**State**	**Zip**
3265 W McNab Road		Pompano Beach	FL	33069
Phone	**Title**		**Number of Employed Hours**	
800 604 5032	Staff Pharmacist		4400	
Description of Duties				
Manage pharmacy operations, supervise technicians, and maintain accurate records.				

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

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, Ngon-Vincent Van **, certify that as the designated representative for**

Hephaestus Pharmaceuticals LLC ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. VV I am at least 21 years of age;
3. VV 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. VV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. VV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. VV 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. VV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ngon-Vincent Van

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/2025

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.

Ngon-Vincent Van

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/2025

Date

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

State of Florida, ss. County of Miami Dade

I, Ngon-vincent van, 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

04/18/25

Date

Subscribed and Sworn to before me this 18 day of April 2025.

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(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 Hephaestus Pharmaceuticals LLC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH35084

Physical Address 10913 NW 30th Street, Unit 102

City Doral, State FL Zip 33172

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888 648 1134 Website www.hephaestuspharmacy.com

Licensing Company Email compliance@hephaestuspharmacy.com

Section 2: Personal Information

First Nathaniel Middle Billy Jack Last Armer

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)	
Smithfield State High School			Jan 2008 - Dec 2010	
Address	City		State	Zip
Obrien Rd, ~~Smithfield~~	Smithfield		QLD	4878
Diploma/Degree obtained, if any			Australia	
High School				

School Name			From - To (MM/YY – MM/YY)	
Norton Knatchbull School			Jan 2005 - Dec 2007	
Address	City		State	Zip
Hythe Rd.	Ashford			TN 24 0QJ
Diploma/Degree obtained, if any			United Kingdom	

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
Oct 2022 - cu	[redacted]			
Jun 2021 - Oct 2022				
07/20 - 06/21				
09/19 - 07/20				
05/17 - 09/19				
05/16 - 05/17				
01/15 - 05/16				
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			From - To (MM/YY – MM/YY)
Adonis Health Inc.			01/22 - Current
Business Address	**City**	**State**	**Zip**
1111B S Governors Ave STE 25478	Dover	DE	19904
Phone	**Title**		
9097872342	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Athena Technology Inc.			01/25 - Present
Business Address	**City**	**State**	**Zip**
1887 Whitney Mesa Dr. #3141	Henderson	NV	89014
Phone	**Title**		
702 329 0441	CEO		
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			

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.)		X
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?		X
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.)	X	
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?	X	
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)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
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.		X
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).		X
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?		X

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 # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/24/25	n/a	CA	San Francisco	San Francisco
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:25-cv-3536		District Court Northern California		
Reason/Charge				
Unfair competition, false advertisement, Lanham Act violation,				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Eli Lilly and Company v. Adonis Health Inc		Lawsuit		
Name of Business/Industry/Entity				
Telehealth				

Provide explanation below:

Lilly contends that Adonis Health used its trademarks and reputation to market compounded versions of GLP-1 weight-loss drugs, misleading consumers even after branded drugs were no longer in shortage. The suit centers on trademark infringement, false advertising, and consumer confusion under the Lanham Act, seeking both injunctive and monetary relief.

N. A

Original Signature (electronic, copies or stamps not accepted)

6/20/25

Date

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 # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/24/25	n/a	CA	San Francisco	San Francisco
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:25-cv-3536		District Court Northern California		
Reason/Charge				
Unfair competition, false advertisement, Lanham Act violation,				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Eli Lilly and Company v. Adonis Health Inc			Lawsuit	
Name of Business/Industry/Entity				
Telehealth				

Provide explanation below:

Lilly contends that Adonis Health used its trademarks and reputation to market compounded versions of GLP-1 weight-loss drugs, misleading consumers even after branded drugs were no longer in shortage. The suit centers on trademark infringement, false advertising, and consumer confusion under the Lanham Act, seeking both injunctive and monetary relief.

N. Amy
Original Signature (electronic, copies or stamps not accepted)

6/20/25
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.

Nathaniel Armer

Print Name (First, Last)

N. Armer — 6/20/25

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

---

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

State of Florida, ss. County of Miami Dade

I, Nathaniel Armer, 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.

N. Armer — 6/20/25

Original Signature — **Date**

Subscribed and Sworn to before me this 20 day of June 2025.

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(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: Hephaestus Pharmaceuticals LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (If applicable): Pharmacy permit # PH35084

Physical Address: 10913 NW 30th Street Unit 102

City: Miami State: FL Zip: 33172

Mailing Address (if different from physical address): 1111 B. S. Governors Ave ste 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Website: www.Hephaestuspharmacy.com

Licensing Company Email: info@Hephaestuspharmacy.com

Section 2: Personal Information

First: Dear Middle: Richard Last: Kachkhouchi

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?	N/A	

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)	
Cornell University		01-16 - 05/18	
Address	**City**	**State**	**Zip**
300 Day Hall	Ithaca	NY	14853
Diploma/Degree obtained, if any	B.S. ILR		

School Name		From - To (MM/YY – MM/YY)	
Chandler Gilbert CC		08/15 - 01/16	
Address	**City**	**State**	**Zip**
2626 E Pecos	Chandler	AZ	85225
Diploma/Degree obtained, if any	N/A		

School Name		From - To (MM/YY – MM/YY)	
Desert Vista			
Address	**City**	**State**	**Zip**
16440 S. 32 St.	Phoenix	AZ	85048
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			

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
01/12 - 04/25	[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	From - To (MM/YY – MM/YY)
Adonis Health Inc.	01/22 - 04/25

Business Address	City	State	Zip
1111 B S. Governors Ave Suite 25420	Dover	DE	19904

Phone	Title
888 648 1134	Shareholder

Description of Duties: Owner/Operator

Business Name	From - To (MM/YY – MM/YY)
Hephaestus Pharmaceuticals LLC	12/24 - 04/25

Business Address	City	State	Zip
10913 NW 30 ct 102	Miami	FL	33172

Phone	Title
888 648 1134	Shareholder

Description of Duties: Owner/Operator (non-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:

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.

Darr Kadlubowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/2025

Date

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

State of Florida, ss. County of Miami Dade

I, Darr Kadlubowski, 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

April 18th 2025

Date

Subscribed and Sworn to before me this 18 day of April 2025.

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

INV355 - Community Pharmacy (New Business / Change of Owner)

File # 30941
Insp # 206079

NAME	PERMIT NUMBER	DATE OF INSPECTION
Hephaestus Pharmaceuticals LLC		07/09/2025
DOING BUSINESS AS		
STREET ADDRESS 10913 NW 30th Street Suite 102	**TELEPHONE #** 888-648-1134	**EXT**
CITY DORAL	**COUNTY** MIAMI-DADE	**STATE/ZIP** FL/33172

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9:00 AM TO 5:00 PM
Monday Y	Monday Hours
Tuesday Y	Tuesday Hours
Wednesday Y	Wednesday Hours
Thursday Y	Thursday Hours
Friday Y	Friday Hours
Saturday N	Saturday Hours Closed
Sunday N	Sunday Hours Closed

Registered Pharmacist / Intern / Tech

License # PS 58844	Licensee Name Ngon-Vincent Cong Van
License Type Registered Pharmacists	
License # PS 64719	Licensee Name Richard L. Lavosky III
License Type Registered Pharmacists	
License # RPT 125437	Licensee Name Calvin Leroy Pell
License Type Pharmacy Tech	
License # RPT 11596	Licensee Name Carlos M. Gomez
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FH4266638	

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	Yes

Private Consultation Area available. [64B16-28.1035, F.A.C]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes
Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.]	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

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

Automated Pharmacy System [465.0235, F.S.]

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.	

Remarks:

This is a Change of Owner pharmacy inspection for a community pharmacy permit conducted with PDM of record Ngon-Vincent Cong Van, PS 58844.
Last CQI meeting conducted June 25, 2025.
Controlled Substance Biennial Inventory 07/08/2025 at opening of business.
Wholesaler: TopRx and Yavari.

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

BARREIROS, DANAY

Date:7/9/2025

Representative:

Ngoń Vincent Cong Van PS 58844

Date:7/9/2025

Your license number is PH 35852.

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.
07/11/2025	**PH 35852**	**155800**

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**

HEPHAESTUS PHARMACEUTICALS LLC
HEPHAESTUS PHARMACEUTICALS LLC
10913 NW 30TH STREET
SUITE 102
DORAL, FL - 33172

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.
07/11/2025	PH 35852	155800

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

HEPHAESTUS PHARMACEUTICALS LLC
HEPHAESTUS

Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

Department of Health

Hephaestus Pharmaceuticals LLC

HEPHAESTUS PHARMACEUTICALS LLC

License Number: PH35852

Data As Of 8/4/2025

Profession	Pharmacy
License	PH35852
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	07/10/2025
Address of Record	10913 NW 30th Street Suite 102 DORAL, FL 33172
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.

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.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH4266638	10-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	06-11-2024

HEPHAESTUS PHARMACEUTICALS LLC
10913 NW 30TH ST STE 102
DORAL, FL 331725029

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
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Form DEA-223 (9/2016)

11B

NEVADA STATE BOARD OF PHARMACY

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

Y

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: see description of services attached	☐ 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: Walgreens Specialty Pharmacy, LLC d/b/a Walgreens HUB Solutions #21609

Physical Address: 120 Enterprise Drive

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address): PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: 412-439-6543 Toll Free # (NAC 639.708, NRS 639.23286): 800-756-6616

Fax: 855-397-0417 Contact Email: slowe@flaherty-ohara.com

Website: walgreenshubsolutions@walgreens.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Ashley Patrick

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24529

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: Ashley Patrick	NV Pharmacist Registration #: 24529
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: 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: Delaware

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC is parent company of Walgreens Specialty Pharmacy, LLC

Corporation Name: Walgreens Boots Alliance, Inc. See attached organizational chart

Mailing Address: PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: 847-315-2500 Email: slowe@flaherty-ohara.com

Contact Person Name: Sara Lowe, Outside Counsel

Date of SEC Registration: 12/31/2014 | SEC Registration Number: 0001618921 | Stock Exchange Symbol: WBA

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 WALGREENS HUB SOLUTIONS #21609 (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

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

10.8.2025.

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 President (title) for WALGREENS HUB SOLUTIONS #21609 (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 8th day of October, 2025

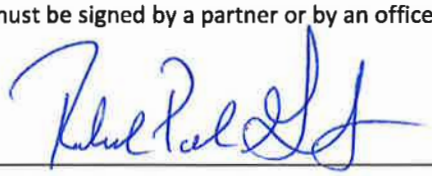
Zeljka Borosa-Rajcevic
Notary Public

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

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



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

10. 8. 2025.

Date

Board Use Only	Date Received: _____	Amount: _____

Ownership Information

Ownership & Leadership of Applicant Entity

Applicant: **Walgreen Specialty Pharmacy, LLC**
108 Wilmot Rd., Deerfield, IL 60015

Ownership: The Applicant entity is wholly owned (100%) by Walgreens Specialty Pharmacy Holdings, LLC

Officers of Walgreens Specialty Pharmacy, LLC.
Richard Gates - President
Tracey James - COO
Matthew Spina - CFO
John Colaizzi - Secretary and Treasurer
Brittany Mack - Assistant Treasurer
Michael Emerson - Vice President, Tax
Michael Handal - Senior Director & Licensing and Provider Enrollment Officer

Ownership & Leadership of Walgreens Specialty Pharmacy Holdings, LLC

Ownership: Walgreens Specialty Holdings, LLC is owned by (45%) WBA Acquisition 6, LLC and (55%) Walgreen Co.

Officers of Walgreens Specialty Pharmacy Holdings, LLC.
Richard Gates - President
Tracey James - COO
Matthew Spina - CFO
John Colaizzi - Secretary and Treasurer
Brittany Mack - Assistant Treasurer
Michael Emerson - Vice President, Tax
Michael Handal - Licensing and Provider Enrollment Officer

Ownership & Leadership of WBA Acquisition 6, LLC

Ownership: WBA Acquisition 6, LLC is wholly owned (100%) by Walgreens Boots Alliance, Inc.

Officers of WBA Acquisition 6, LLC
Mark Weisz - President
Cherita Thomas - Vice President and Secretary
Michael Emerson - Vice President, Tax
Todd Heckman - Treasurer
Brittany Mack - Assistant Treasurer

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.

Delaware

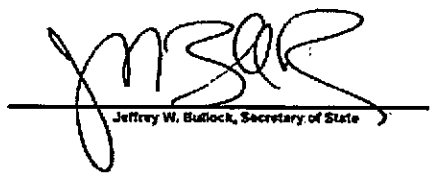
The First State

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

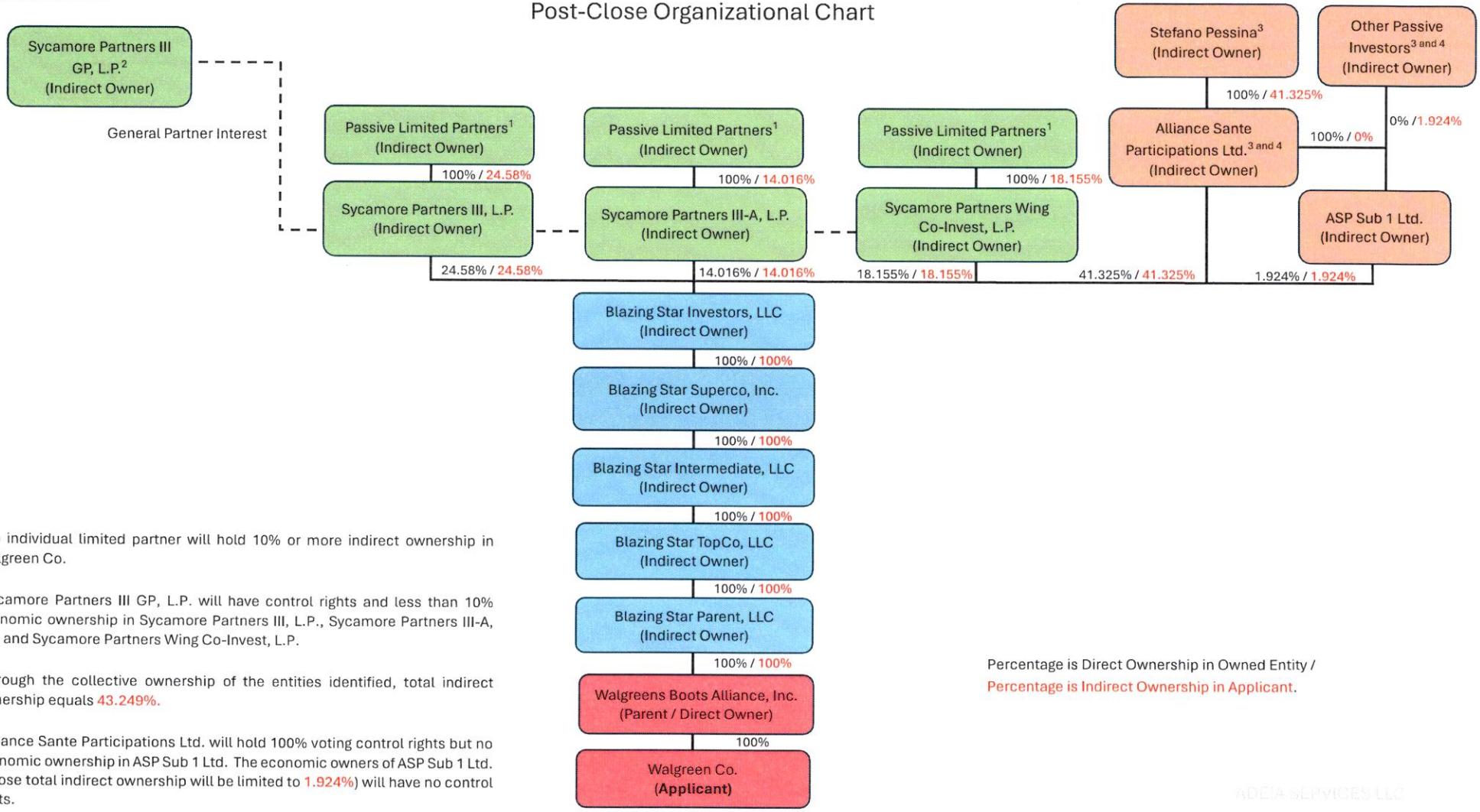
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204446797

Date: 09-20-24

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.

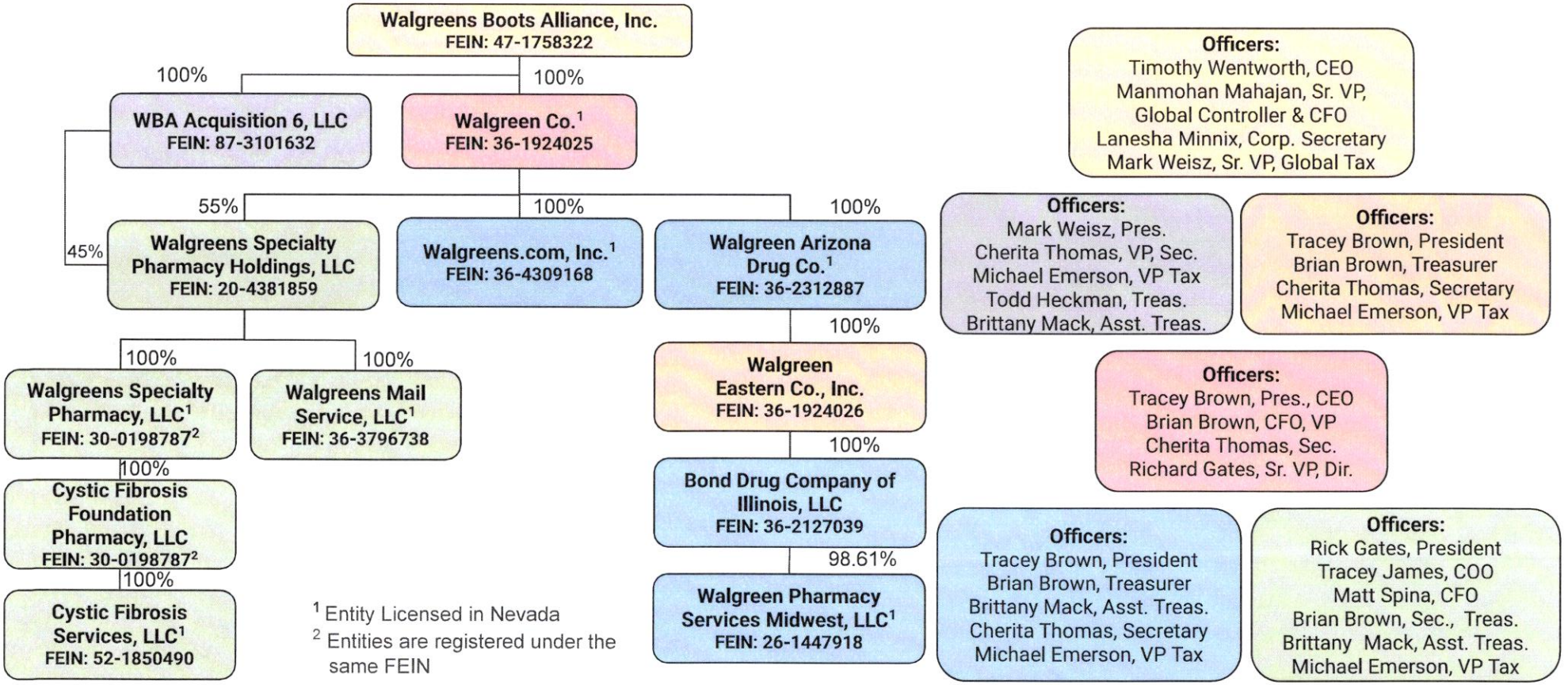
[3]Through the collective ownership of the entities identified, total indirect ownership equals 43.249%.

[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.

ADEPA SERVICES LLC

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



PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone: 412-439-6543
Owner: WALGREENS SPECIALTY Pharmacy LLC

LICENSE

License No: AA0006122291
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 03/17/2025
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	3/17/2025 1:14:09 PM	Ashley Marie Patrick - RP453383
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 HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone: 412-439-6543
Owner: WALGREENS SPECIALTY Pharmacy LLC

LICENSE

License No: AA0006122291
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 03/17/2025
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

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 HUB SOLUTIONS #21609
ASHLEY MARIE PATRICK

License Number	: PP483225	Initial License Date : 03/17/2025	Expiration Date : 08/31/2025
License Type	: Pharmacy		License Status as of 3/18/2025 : Active
Issued By	: State Board of Pharmacy		
Address	: 120 ENTERPRISE DRIVE, PITTSBURGH, PA 15275		

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

20250317788

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

04/22/2025

License Information

ASHLEY MARIE PATRICK

BELLEVUE, Pennsylvania 15202

Board/Commission:	State Board of Pharmacy	Status Effective Date:	06/20/2019
LicenseType:	Pharmacist	Issue Date:	06/20/2019
Specialty Type:		Expiration Date:	09/30/2026
License Number:	RP453383	Last Renewal:	09/03/2024
Status:	Active		

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.



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/17/2025

License Information

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, Pennsylvania 15275

Board/Commission:	State Board of Pharmacy	Status Effective Date:	03/17/2025
LicenseType:	Pharmacy	Issue Date:	03/17/2025
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2025
License Number:	PP483225	Last Renewal:	
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
ASHLEY MARIE PATRICK	Pharmacist Manager	Pharmacist	RP453383	Active	03/17/2025	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.

Nevada
Statement on Disciplinary Actions

Walgreens HUB Solutions #21609 is a newly opened facility, and has never received any disciplinary actions against it. The entity that owns this facility, Walgreens Specialty Pharmacy, LLC, has operated several other pharmacies across the country, which have, from time to time, received disciplinary actions. A full list of those actions against Walgreens Specialty Pharmacy, LLC's facilities and accompanying documentation is included in this packet. If any additional information is required for these actions, please contact our outside counsel, Sara Lowe, Flaherty & O'Hara, P.C., Pittsburgh PA. She can be reached at SLower@flaherty-ohara.com, or by phone at 240-678-4386.

Brian Brown
Secretary & Treasurer
Walgreens Specialty Pharmacy, LLC

5/13/25
Date

Walgreens Specialty Pharmacy #15438

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-002889	4/9/2010	Failure to submit required data to PDMP	$ 5,000.00	Facility
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-003719	7/14/2010	Failure to timely submit a change of PIC	$ 1,000.00	Facility
Canton 15438 (50)	Settlement Agreement	HI BoP	Canton #15438	PHA 2015-900L	4/6/2016	Failure to timely report discipline in another state in case PHA 2015-91-L	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2017-09917	12/19/2019	Delay of therapy	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Luciow, Joseph	Reprimanded	MI BoP	Canton #15438		1/1/1998	Information no longer available	$ -	Staff	Pharmacist

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

ORDER

This matter having come before the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Alliance Rx Walgreens Prime (hereinafter "Respondent") on January 11, 2019 and said Complaint having been sent to Respondent's last known email address of record; Respondent having been ordered to file an answer or be held in default on February 25, 2019; Respondent having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondent's email address of record on May 17, 2019; Respondent having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefore, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore Ordered that the Pharmacy License of Alliance Rx Walgreens Prime, license number 054.017538, is assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2017-09917
License No. 054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. ALLIANCE RX WALGREENS PRIME, (hereinafter "Respondent") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is currently in ACTIVE status.
2. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.
3. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

4. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

5. The Board finds the allegations said Complaint to be true:

    a. ALLIANCE RX WALGREENS PRIME (hereinafter "Respondent Pharmacy") is currently licensed as a Pharmacy in the State of Illinois, License Number 054.017538. Respondent's Pharmacy license is currently in "Active" status.

    b. On or about October 3, 2017 and October 10, 2017, Respondent Pharmacy dispensed an incorrect prescription to Patient S.J.

    c. On or about October 3, 2017, Respondent Pharmacy received new prescriptions for Patient S.J, Rx Number 154382250892 for BD Needles 25G x 5/8.

    d. On or about October 6, 2017, Respondent Pharmacy did not catch the mistake and the order was filled and dispensed without the BD Needles 25G x 5/8 to Patient S.J.

    e. On or about October 7, 2017, Patient S.J. contacted Respondent Pharmacy and advised the order was missing the needles and syringes.

    f. On or about October 10, 2017, Respondent Pharmacy scheduled the syringes for delivery to Patient S.J.

    g. Respondent Pharmacy did not catch the mistake and the order was filled and dispensed with the incorrect syringes, 3CC Oral Syringes.

    h. Patient S.J. did not receive the needles in a timely manner and was unable to administer the medication prescribed.

    i. Respondent has committed dispensing errors that resulted in the patient being unable

to administer the prescribed medication.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Alliance RX Walgreens Prime is in violation of 68 Ill. Admin. Code 1330.30(o),
4. .and 225 ILCS 85/30(a)(2), and (7).
5. Respondent Alliance RX Walgreens Prime's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), and (7).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of ALLIANCE RX WALGREENS PRIME, License No. 054.017538, be FINED Two Thousand Dollars ($2,000.00).

DATED THIS 14 DAY OF May, 2019.

Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2017-09917
License No. 054.017538

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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002889

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF OPTIONCARE SPECIALTY PHARMACY, REGISTRATION NO. OSP 5773,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Optioncare Specialty Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002889 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 42108.

4. Respondent Pharmacy neither admits nor denies these findings but does not contest that the Board alleges these findings. It hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 16, 2010, through January 25, 2010, reporting period.

6. On January 28, 2010, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708,

C.R.S., and that such conduct may provide grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully

with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 3/30/2010

Subscribed and sworn to before me in the County of Washtenaw, State of Michigan, this 30 day of March, 2010 by Larry Niederhofer, in his/her capacity as an authorized agent of Optioncare Specialty Pharmacy.

JESSICA E. HANNING
Notary Public, State of Michigan
County of Wayne
My Commission Expires 05-04-2013
Acting in the County of Washtenaw

My commission expires: 5/4/2013

Notary Public

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 9th DAY OF April, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's 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 section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 1:30

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

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 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

'11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

'11 NOV 23 P1:39

Agent of the Board

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR 28 P 2:26
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: [signature] Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

[signature]
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura

KERRI OKAMURA
Chairperson

4/28/16

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A. Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT 4

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

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 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's 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 section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

NOV 23 P 1:39

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

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 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

2010 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

2010 NOV 23 P 1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge**. Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP**. At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

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 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Specialty Pharmacy #15443

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 13625 (90)	Agency Order	CO BoP	Frisco #15443	2011-000518	9/29/2010	Failure to report PDMP records 4.1-10.2010 and 7.1-10.2010	$ 5,500.00	Facility
Frisco 15443 (90)	Settlement Agreement	HI BoP	Frisco #15443	PHA 2015-91-L	4/28/2016	Failure to timely report discipline in another state	$ 2,000.00	Facility
Frisco 15443 (90)	Settlement Agreement	IL BoP	Frisco #15443	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility
Frisco 15443 (90)	Consent Order	VA BoP	Frisco #15443	203205	2/3/2021	Delay of therapy	$ 500.00	Facility
Frisco #15443	Citation	CA BoP	Frisco #15443	CI 2021 93653	6/6/2023	Delay of therapy	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Nguyen, Kevin Linh	Consent Order	TX BoP	Frisco #15443	L-16-022	11/1/2016	Failure to answer truthfully to questions on license application	$ 250.00	Staff	Pharmacist
Dang, Phongphu	Remedial Plan	TX BoP	Frisco #15443	H-17-047-A	8/7/2018	Remedial plan due to dispensing error https://www.pharmacy.texas.gov/abo/RP-Pht/162441%20%20R49465%20%20Dang%2C%20Phongphu%20Alex%20%20REM%20%20H17047A%20%202018-08.pdf	$ 1,000.00	Staff	Pharmacist
Cooley, James	Board Order	TX BoP	Frisco #15443	T-04-382	9/24/2004	Two DUI between 1998 and 1999	$ -	Staff	Pharmacy Technician
Nguyen, Kevin Linh	Consent Order	OR BoP	Frisco #15443	2015-0258	6/25/2015	Failure to answer truthfully to questions on license application	$ 1,000.00	Staff	Pharmacist

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2021 93653	ALLIANCERX WALGREENS PHARMACY #15443, NRP 1589

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301/Bus. & Prof. Code § 733 subd. (a)	Unprofessional Conduct.../Dispensing prescription drugs and devices- No licentiate shall obstruct a patient in obtaining a prescription	$2,000.00

CONDUCT:

Unprofessional Conduct-Obstructing a Patient from Obtaining Prescription: Business and Professions Code Section 4301 as it related to Business and Professions Code Section 733(a). Business and Professions Code Section 4301 states the board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Business and Professions Code Section 733 (a) states a licentiate shall not obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency. Specifically, between 10/29/2021 and 11/10/2021, AllianceRx Walgreens Prime # 15443 (NRP1589) located at 10530 John W Elliot Dr Ste 100, Frisco, TX 75033 obstructed patient CS from obtaining her prescription for Verzenio 150mg which caused a delay in therapy for the following reasons:

- AllianceRx employee misinterpreted the billing directions and kept billing incorrectly which resulted in the claim rejection.
- Each time the pharmacy got a rejected insurance claim, the pharmacy did not contact the prescriber nor the patient regarding the rejected claim.
- When the prescriber's office called the pharmacy for the status of the prescription several times, the pharmacy staff noted to call them back with the status however no one from the pharmacy called back.
- The timeline provided by AllianceRx showed a consistent pattern of the prescriber's office contacting the pharmacy for the status of CS's Verzenio.

Obstructing a patient from obtaining a prescription was a violation of Business and Professions Code Section 4301 as it related to 733(a).

CITATION ISSUED ON: May 18, 2023	TOTAL AMOUNT OF FINE(S): $2,000.00
PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: June 17, 2023	

COPY

DHP – MAILROOM

JAN 29 2021

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: WALGREENS SPECIALTY PHARMACY, LLC D/B/A ALLIANCERX WALGREENS PRIME #15443

Permit Number: 0214-000307
Case Number: 203205

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Thomas J. Matthews, Pharmacist-in-Charge of Walgreens Specialty Pharmacy, LLC DBA AllianceRX Walgreens Prime #15443 ("AllianceRX"), Frisco, Texas, as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting AllianceRX's permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On July 16, 1998, the Board issued Permit Number 0214-000307 to AllianceRX to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said permit is scheduled to expire on July 31, 2021. At all times relevant hereto, said permit was in full force and effect.

2. AllianceRX violated Virginia Code § 54.1-3316(1) and (13) in that it failed to provide Patient A's physician with a prescription for a life-saving medication, Revlimid, on or before April 10, 2019, as requested by Patient A on April 2, 2019. When Patient A requested shipment of a prescription for Revlimid to his physician's office for April 10, 2019 administration, a hold, which had previously been placed on the prescription due to side effects reported by Patient A, was not removed from the prescription, causing the prescription not to be processed.

3. AllianceRX reported that it has changed the process for placing these types of prescriptions on hold to prevent this situation from happening again.

CONSENT

AllianceRX, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. AllianceRX has been advised to seek advice of counsel prior to signing this document.

2. AllianceRX is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*.

3. AllianceRX acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. AllianceRX waives its right to an informal conference;

5. AllianceRX admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. AllianceRX consents to the entry of the following Order affecting its right to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. AllianceRX is assessed a MONETARY PENALTY of $500.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. AllianceRX shall comply with all laws and regulations governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

SM
FOR Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED: 2/3/2021

SEEN AND AGREED TO:

Thomas J. Matthews, representative for
Walgreens Specialty Pharmacy, LLC D/B/A AllianceRx Walgreens Prime #15443

STATE OF TEXAS
COUNTY CITY OF Collin / Frisco, TO WIT:

Subscribed and sworn to before me, a notary public in and for the state of Texas at large, on this 26th day of January 2021.

TARAH RECKER
My Notary ID # 131137161
Expires May 19, 2021

Notary Public

My commission expires: 5/19/2021

Registration No.: 131137161

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

October 27, 2010

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr. #100
Frisco, TX 75034

RE: Stipulation and Final Agency Order
Case #2011-0518

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATON OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

Dear Mr. Mathews:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective October 18, 2010.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY
PRESCRIPTION DRUG MONITORING PROGRAM

Tia Johnson
PDMP Administrator

enclosure
cc: Michael Simko, Esq.
John H. Steele, Director, Office of Expedited Settlement
File

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7692 www.dora.state.co.us V/TDD 711
Consumer Protection

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

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 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 29th day of September 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Gary A. Peter, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of October 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Michael Simko, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

Agent of the Board

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 2

WALGREENS SPECIALTY PHARMACY, LLC

SENSITIVE INFORMATION ENCLOSED

To: CEO or President
WALGREENS SPECIALTY PHARMACY, LLC
7164 TECHNOLOGY DR #100

FRISCO, TX 75034

From: The Healthcare Integrity and Protection Data Bank
Re: Notification of a Report in the Data Bank(s)

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the Healthcare Integrity and Protection Data Bank (HIPDB).

What is the HIPDB? Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Bank about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Bank is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

>> **If the report is accurate**, you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.
>> **If the mailing address in this report is incorrect**, you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.
>> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov.
>> **You may dispute the report** using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 1

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to http://www.npdb-hipdb.hrsa.gov and click Respond to a Report. The Welcome to the Report Response Service screen displays. Click the Respond to a Report icon on this page to proceed to the Report Response Log In screen.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Report Response Login screen, along with your Report Password. Once you have completed your transaction for that report, return to the Report Response Login screen and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number: 5500000065148843

Report Password: b7rr3gfw23

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

The Data Bank News, quarterly newletter, is available electronically. If you would like to receive the Data Banks e-newsletter, check the box on the *Report Response Options* page. Enter your e-mail address and click **Save**.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 5500000065148843

This report is maintained under the provisions of:

[ ] Title IV (NPDB) [ ] Section 1921 (NPDB) [X] Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name:	COLORADO STATE BOARD OF PHARMACY
Address:	1560 BROADWAY, STE. 1300
City, State, Zip:	DENVER, CO 80202-0546
Country:	
Name of Office:	COLORADO STATE BOARD OF PHARMACY
Title or Department:	DORA/PROGRAM ASSISTANT
Telephone:	(303) 894-7754
Entity Internal Report Reference:	2011-0518
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	WALGREENS SPECIALTY PHARMACY, LLC
Other Organization Name(s) Used:	WALGREENS SPECIALTY PHARMACY #13625
Business Address:	7164 TECHNOLOGY DR #100
City, State, ZIP:	FRISCO, TX 75034
Organization Type:	PHARMACY (345)
Names and Titles of Principal Officers and Owners (POO):	
Federal Employer Identification Numbers (FEIN):	260631132
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	5004, CO
Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:	NO
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE
Basis for Action:	VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)
Name of Agency or Program That Took the Adverse Action Specified In This Report:	COLORADO STATE BOARD OF PHARMACY
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

Date Action Was Taken:	10/18/2010
Date Action Became Effective:	10/18/2010
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 5,500.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Stipulation and Final Agency Order, effective 10/18/10, Case #2011-0518, as the pharmacy failed to submit required data into the Colorado Prescription Drug Monitoring Program. The pharmacy paid the fine, and the action was completed effective 10/18/10.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission:	10/27/2010
Date of Most Recent Change:	10/27/2010

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

END OF DOCUMENT

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

2016 APR-28 P 2:26
DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura — 4/28/16

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "L"

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper — Dated: 9-29-10

Authorized Agent of Respondent Pharmacy

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

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 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments.** The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's 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 section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 3:20

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

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 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

Agent of the Board

11 NOV 23 P1:36

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

NOTARY PUBLIC STATE OF TEXAS
PAMELA SEALE
My Commission Expires
July 26, 2013

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 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Specialty Pharmacy #16280

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 16280	Consent Order	LA BoP	Frisco #16280	10-0096	5/20/2010	Pharmacy licensing issue. Discipline from Cystic Fibrosis Service INC prior to Walgreens acquisition in 2012.	$ 5,250.00	Facility

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

CYSTIC FIBROSIS SERVICES, INC.

LOUISIANA PHARMACY PERMIT NO. 5250 **Complaint No. 10-0096**

****

CONSENT AGREEMENT

WHEREAS, **CYSTIC FIBROSIS SERVICES, INC.** (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5250, 119 Huizar, Rear-A, San Antonio, Texas 78214, with Raymond Roland Carvajal, Louisiana License No. 17553, serving as pharmacist-in-charge, dispensed prescriptions into Louisiana without a current and valid Louisiana pharmacy permit.

WHEREAS, pursuant to information received and/or gathered by the Board which produced evidence indicating that Respondent violated the following laws and regulations by dispensing drug prescriptions to Louisiana residents without a Louisiana out-of-state pharmacy permit:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall operate or maintain a pharmacy located out-of-state unless the pharmacy is issued a permit by the board.

La. R.S. 37:1232(A): A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter.

LAC 46 LIII §2319(A): Out-of-state pharmacies soliciting, receiving, and dispensing and delivering prescription drugs and devices to Louisiana residents constitutes doing business in Louisiana.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **A Letter of Warning is issued to Louisiana Pharmacy Permit No. 5250; and**

2. **Respondent is ordered to pay a fine of $5,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $ 5,250.00, to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

I, Raymond R. Carvajal, RPh, authorized to act on behalf of and acting on behalf of **CYSTIC FIBROSIS SERVICES, INC.,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 20th DAY OF May, 2010.

CYSTIC FIBROSIS SERVICES, INC.
Louisiana Pharmacy Permit No. 5250

Raymond R. Carvajal, R.Ph
BY: Authorized Representative

WITNESS

L. Martinez
WITNESS

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on August 11, **2010**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

Lookup Detail View

Name and Address

Name	PublicAddress
Walgreens Specialty Pharmacy #16280	10530 John W Elliott Dr Ste 200 Frisco, TX 75033-2013

Credential Information with supervision

License	License Type	Issue Date	Expiration Date	Status	Pharmacist In Charge
PHY.005250-NR	Pharmacy - Nonresident	02/23/2004	12/31/2025	Current, without restriction or limitation	Robert B. Dobbins

List of Current Employees

Name	License	License Type	Expiration Date	Status
Eric B. Ally	PST.020936	Pharmacist	12/31/2025	ACTIVE
Robert B. Dobbins	PST.021189	Pharmacist	12/31/2025	ACTIVE

Prior Board Orders (may or may not be disciplinary in nature)

Case Help

File Number	Status	Date Received	Date Closed	Resolution	Action Documents
2010-96	CLOSED	04/08/2010	08/12/2010	Issued Letter of Warning; and further, assessed a fine of $5,000, and the administrative hearing fee of $250.	Orders-PHY.005250_CysticFibrosisServices_2010-0811.pdf (ViewPublicLookupDocument.aspx?DocumentIdnt=178335&GUID=A0E12C07-090E-4ADC-A4CF-3FE23CB29FC3)

CDS Schedules and Restrictions

I	II	II-N	III	III-N	IV	V	Restrictions	Alternative Privileges

Walgreens Specialty Pharmacy #1403-1

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Arafat, Manal	Consumer Complaint	NJ BoP	Orlando #1403-1	38909	10/4/2005	Consumer complaint due to dispensing error		Staff	Pharmacist
Sampat, Ojas	Board Order	KS BoP	Orlando #1403-1	22-341	12/19/2022	Failure to complete all required CE's. Required to complete additional CE's and pay fine.	$ 500.00	Staff	Pharmacist

Walgreens Specialty Pharmacy #16287

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Pittsburgh #10997 (99)	Agency Order	CO BoP	Pittsburgh #16287	2011-000519	10/20/2010	Failure to submit the required data to PDMP.	$ 5,500.00	Facility

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000519

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #10997, REGISTRATION NO. OSP 5198,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000519 as follows:

1. On January 11, 2000, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5198 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 500 Noblestown Rd., Ste. 200, Carnegie, PA 15106.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On January 28, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of January 16 through January 25, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments**. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations**. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Kathleen K Kosh
Authorized Agent of Respondent Pharmacy

Dated: 9/29/2010

Subscribed and sworn to before me in the County of Allegheny, State of Pennsylvania, this 29th day of September, 2010 by LaVerne B. Roell, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997.

My commission expires: April 26, 2013

LaVerne B Roell
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
LaVerne B. Roell, Notary Public
South Fayette Twp., Allegheny County
My Commission Expires April 26, 2013
Member, Pennsylvania Association of Notaries

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 20th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Mail Service #03397

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Tempe 16583	Agency Order	CO BoP	Tempe #03397	2014-255	6/17/2014	Transferred Rx without a valid, patient-specific Rx order. Fine	$ 1,000.00	Facility	
Tempe 16583	Consent Order	OR BoP	Tempe #03397	2014-0274	2/26/2015	DUR not performed. Imposed a stayed penalty and required the implementation of a Quality Assurance Plan	$ 10,000.00	Facility	
Tempe 03397	Citation	CA BoP	Tempe #03397	CI 2014 64708	1/15/2016	Citation for improper substitution	$ 500.00	Facility	
Tempe 03397	Settlement Agreement	HI BoP	Tempe #03397	PHA 2015-60-L; PHA 2015-61-L	4/28/2016	Sister discipline from MI and OR	$ 2,000.00	Facility	
Tempe 03397	Administrative Fine	NH BoP	Tempe #03397		10/25/2017	Failure to report change of DEA number	$ 500.00	Facility	
Tempe 03397	Consent Order	AL BoP	Tempe #03397	16-L-0162	2/9/2018	Dispensing of prescription	$ 5,000.00	Facility	
Tempe 03397	Consent Order	GA BoP	Tempe #03397	2018-0063	4/18/2018	Dispensing of prescription	$ 1,600.00	Facility	
Tempe 03397	Consent Order	AZ BoP	Tempe #03397	16-0023 (aka 4469)	11/9/2018	Unprofessional Conduct	$ 1,000.00	Facility	
Tempe 03397	Consent Order	MI BoP	Tempe #03397	53-15-136819	10/14/2015	Sister discipline for OR discipline case number 2014-0274	$ 500.00	Facility	
Tempe 03397	Agreed Board Order	NY BoP	Tempe #03397	3805863	2/8/2023	Sister discipline for CO case# 2014-255	$ 500.00	Facility	

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Trinh, Linda	Consent Order	AZ BoP	Tempe #03397	17-0115	6/13/2018	Unprofessional Conduct; allowed boyfriend to use her name to fill Rxs for himself and bill her insurance at their place of employment- probation for 5 years	$ 9,000.00	Staff	Pharmacist
Sidhu, Jiten	Consent Order	AZ BoP	Tempe #03397	17-0114	6/14/2018	Unprofessional Conduct; filled Rx without refills in girlfriends name for his personal use - probation for 5 years	$ 9,000.00	Staff	Pharmacist
Montgomery, Wesley	Consent Order	AZ BoP	Tempe #03397	21-0594	12/8/2021	Failure to complete required CE requirements.	$ 500.00	Staff	Pharmacy Technician
Frias Hernandez, Fernand	Consent Order	AZ BoP	Tempe #03397	23-0636	6/28/2024	Failure to disclose criminal charges to the Board of Pharmacy within 10 days as required.	$ -	Staff	Pharmacy Technician

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 320, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3620
Fax (315) 428-4620

Walgreen Mail Service, LLC
Registration No. 035241

File No. 3805863

STATEMENT

TO: The New York State Office of Professional Discipline
The New York State Board of Pharmacy

Respondent wishes to settle and dispose of the misconduct allegations which are pending against it, to wit: Respondent, through its agents and employees, committed unprofessional conduct by shipping drugs between pharmacies without a patient specific prescription (Respondent, on or about December 27, 2012, while doing business as the Walgreen Mail Service, admitted that, through it's agents and employees, it furnished drugs from an out of state Walgreens Store to a Walgreens Store in the State of Colorado without a patient specific prescription, in violation of section 6509(9) of the New York State Education Law, in specific violation of 8 NYCRR section 29.2(a)(12).

For the purposes of settlement, Respondent does not contest said allegations. Respondent understands that this settlement will be a matter of public record. Respondent's check in the sum of $500.00, made payable to the New York State Education Department, is enclosed.

Signature 2-8-23
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 527, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3260
Fax (315) 428-4620

January 23, 2023

Alika Moitra, Pharm D.,J.D.
Senior Counsel, Pharmacy
Walgreens
104 Wilmot Road
Deerfield, Illinois

RE: Walgreen Mail Service, LLC, OPD file #3805863

Dear Ms. Moitra:

I am writing pursuant to our discussion concerning the outcome of the Informal Settlement Conference held on December 1, 2022. As you know, the facilitator and a member of the State Board of Pharmacy determined that this matter, based on reciprocal disciplines, could be resolved as a minor and technical violation. Based on their recommendation, I am authorized to offer your client a settlement consisting of a five hundred dollar ($500.00) fine.

If you are interested in such a resolution, please obtain the required signature (and ask the appropriate party to provide name and title) on the enclosed form and return it to me along with your check for $500.00. The check should be payable to the "New York State Education Department" by **February 20, 2023.**

In the event that your client does not remit the aforesaid payment, we will proceed in this matter with a full hearing. Please be advised that, while the settlement is nor posted on the Education Department website, the proposed settlement of this matter would be a matter of public record.

If you have any questions, I may be contacted at (315) 428-3260.

Thank you for your prompt attention to this matter.

Very truly yours,

Walter P. Bowler

Walter P. Bowler
Prosecuting Attorney

WPB:
Enc.

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

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Walter P. Bowler
Prosecuting Attorney

WPB:
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Signature Date

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
WALGREENS MAIL SERVICE, LLC	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	CASE NO: 16-L-0162
Permit Number: 110442	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Walgreens Mail Service, LLC ("Walgreens") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Walgreens through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Walgreens has violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Walgreens shall pay an administrative fine in the amount of Five Thousand Dollars ($5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Walgreens attempt to discharge the same.

3. Walgreens expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and

Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Walgreens further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Walgreens hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Walgreens acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Walgreens' permit, including, but not limited to revocation. The Board shall take no action based on another state imposing any discipline based upon the actions set out in Counts 3, 5, 6, 7 and 8 of the Statement of Charges; provided, however the Board can initiate disciplinary proceedings in the event Walgreens is disciplined for its failure to disclose/report the discipline set out in the aforementioned Counts when required to do so.

6. Walgreens acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Walgreens acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of

DONE this the 8 of Feb, 2018.

Walgreens Mail Service, LLC

BY: _____

ITS: AVP Mail Order-Operations

_____

Roger N. Morris, attorney for Walgreens Mail Service, LLC

DONE this the 9th of February, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: _____

David Darby, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 0015072
1275 W. Washington, SGD/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **WALGREENS MAIL SERVICE, INC.** Holder of Permit No. Y002628 As a Pharmacy In the State of Arizona	Board Case No. 16-0023 (aka 4469) **CONSENT AGREEMENT FOR CIVIL PENALTY**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Walgreens Mail Service, Inc. ("Respondent"), holder of permit no. Y002628 in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Respondent understands this Consent Agreement deals with Board complaint number 16-0023 (aka 4469) involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement and Respondent's compliance with the same.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not

revoke its acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed to by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(19), -1927.02(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

On behalf of Walgreens Mail Service, Inc. Dated: 10/29/18

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of pharmacy permit number S002628 in the State of Arizona for the operation of Walgreens Mail Service located 8350 S. River Parkway, Tempe, AZ.

4. The complaint was filed by Melodie Moore, Investigation Specialist II for the Florida Board of Pharmacy, concerning patient R.T., a Florida resident.

5. On or about October 22, 2014, R.T. was dispensed Morphine Sulfate with a label that read "**Take 5 to 10ml by mouth every 4 hours as needed**." However, the prescription was written for **Roxanol (Morphine) 20mg/ml, take 5-10mg by mouth every 4 hours as needed**. Walgreens pharmacist, Marilyn Myers PharmD, who was a work-at-home pharmacist for Walgreens Mail Service, provided the incorrect dosing instructions.

6. On or about October 24, 2014, R.T. expired with a cause of death determined to be morphine overdose. Had this matter proceeded to formal hearing it is Walgreens' position that it would offer evidence that R.T.'s death was due to something other than a morphine overdose.

7. The prescription was scanned at Walgreens Drug #6263 in Lake City, FL.

8. The prescription was data entered by CA, a technician at Walgreens Drug #6263.

9. Prescription drug utilization review was completed by L.H., a pharmacist located at Walgreens' central operation in Orlando, FL during which time L.H. discovered the error (i.e. the incorrect dosing on the label). L.H. immediately called the pharmacy but there was no answer so she deleted the prescription in an effort to keep the prescription from being sold. L.H. also sent an email advising of the labeling error.

10. According to Walgreens' records, the deletion of the prescription and the sale of the medication occurred simultaneously; the deletion of the prescription did not prevent the sale of the medication. The patient received the medication with the incorrect dosing directions.

11. During the complaint investigation at Walgreens Mail Service on December 15, 2015, records of order verification for this transaction were not available for review at that location because the prescription had been closed.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a permittee that has engaged in unprofessional conduct. A.R.S. § 32-1927.02(A) (1).

3. The conduct and circumstances described above constitute a violation of A.R.S. §32-1901.01(A)(5), which is violating a federal or state law or administrative rule relating to the manufacture, sale or distribution of drugs, narcotics, dangerous drugs,

controlled substances or precursor chemicals and Arizona Administrative Code R4-23-621(D)(1), which requires that a pharmacy permittee engaged in shared services shall: (1) maintain manual or electronic records that identify, individually for each order processed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the order interpretation, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention or refill authorization functions performed at that pharmacy.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT Respondent shall pay a civil penalty to the Board in the amount of **$1,000.00** within **30 days** of the effective date of this Order.

If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's permit. The issue at such a hearing will be limited solely to whether this Order has been violated.

DATED this _____ day of _____, 2017.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
Kamlesh Gandhi, PharmD.,
Executive Director

ORIGINAL OF THE FOREGOING FILED
this _____ day of _____, 2017, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this _____ day of _____, 2017,

Walgreens Mail Service, Inc.
8350 S. River Parkway
Tempe, AZ 85284
COPY OF THE FOREGOING MAILED
this _____ day of _____, 2017, to:

Christine Cassetta
Quarles & Brady, LLP
2 N. Central Avenue, Suite 3
Phoenix, AZ 85004
Attorney for the Respondent

Jeanne M. Galvin
Assistant Attorney General
1275 W. Washington Street, SGD/LES
Phoenix, Arizona 85007
Attorney for the Board

Doc # 5154276

EXHIBIT E

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2014 64708	WALGREENS MAIL SERVICE INC, NRP 1584

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4073 subd. (c)	Substitution of Generic Drug —Requirements and Exceptions; within the discretion of the pharmacist	$500.00

CONDUCT:

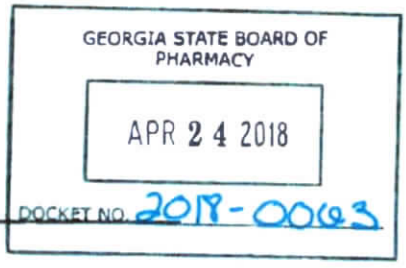
Business and Professions Code Section 4073 (c) states in pertinent part, In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less that the prescribed drug product. Walgreens Mail Order was not compliant. Specifically, Walgreens Mail order NRP 1584, located at 8350 River Parkway, Tempe Arizona substituted a generic drug product Vestura for Yaz to patient SS and the generic cost her $90.00 instead of $0.00 copay for the brand name product. This was a violation of pharmacy law.

CITATION ISSUED ON: January 15, 2016 | TOTAL AMOUNT OF FINE(S): $500.00

PAYMENT OF FINE(S) DUE BY: February 14, 2016

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:	*	
	*	
ALLIANCERX WALGREENS	*	
PRIME #03397	*	
License No. PHNR001128	*	
	*	**DOCKET NO.**
Respondent.	*	



PUBLIC CONSENT ORDER

By agreement of the Georgia State Board of Pharmacy ("Board") and ALLIANCERX WALGREENS PRIME #03397 ("Respondent"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. § 50-13-13(a)(4).

FINDINGS OF FACT

1.

Respondent is licensed to operate as a non-resident pharmacy in the State of Georgia. The license was issued March 1, 2017, and expires June 30, 2019.

2.

On or about October 23, 2017, Patient J.M.B. sent a refill request for Metoprolol to Respondent. On or about October 25, 2017, Respondent shipped the medication. On November 6, 2017, the patient informed Respondent that she had not received the Metoprolol prescription. The pharmacy technician who processed the inquiry failed to follow Respondent's standard operating procedure and failed to comply with Board Rule 480-48.-02(4)(d) to ensure that the patient received a replacement via next-day delivery or by immediate arranging for a seven-day supply of the medication through a licensed pharmacy of the patient's choice.

3.

On or about November 20, 2017, Respondent again called to report that she still did not receive the Metoprolol prescription. On or about November 21, 2017, Respondent shipped out the Metoprolol prescription using standard shipping, again violating Respondent's standard operating procedure and the Board rule.

4.

Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4 and § 43-1-19, the Georgia State Board of Pharmacy is authorized to discipline the Respondent's license to operate as a pharmacy for the conduct stated above. Respondent waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ORDERED, and the Respondent hereby AGREES, that Respondent's license shall be disciplined as follows:

1.

The Respondent shall submit to the Board a fine in the amount of $1,600.00 for failure to follow the requirements in Rule 480-48-02(d), on two separate occasions. Such fine shall be payable within sixty (60) days from the effective date of this Consent Order. Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy. The Respondent's failure to pay such fine by the sixtieth day shall subject Respondent's license to further disciplinary action, including revocation.

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a public reprimand to the Respondent.

3.

Approval of this Consent Order by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Respondent's alleged conduct, and shall not

be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Order shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Respondent, AllianceRx Walgreens Prime #03397, acknowledges that Respondent has read this Consent Order and understands its contents. Respondent understands that there is a right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved, shall constitute a public record which may be disseminated as a disciplinary action of the Board. If this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Respondent consents to the terms and sanctions contained herein.

Approved, this 18th day of April, 2018.

GEORGIA STATE BOARD OF PHARMACY

BY: _____
CHRISTOPHER M. JONES, PharmD.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

(BOARD SEAL)

(signatures continue on following page)

CONSENTED TO:

AGENT, ON BEHALF OF
Respondent
AllianceRx Walgreens Prime #03397

AS TO SIGNATURE OF AGENT ON BEHALF OF RESPONDENT
Sworn to and subscribed before me
this 26th day of March, 2018.

NOTARY PUBLIC
My commission expires: Sept 23, 2019

LYLEANNE STRAWN
NOTARY PUBLIC, ARIZONA
MARICOPA COUNTY
My Commission Expires
September 23, 2019

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of	)	PHA 2015-60-L AND PHA 2015-61-L
WALGREENS MAIL SERVICE, INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;
Respondent.	)	EXHIBITS "1" THROUGH "4"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS MAIL SERVICE, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 64. The license was issued on or about March 14, 1996 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 399. The license was issued on or about October 8, 2004 and will expire or forfeit on or about December 31, 2017.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Consent Order from the Oregon Board of Pharmacy issued to Respondent in Case No. 2014-0274; Exhibit "2" is a true and correct copy of a Consent Order and Stipulation from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-12-123487; Exhibit "3" is a true and correct copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-15-136819; and Exhibit "4" is a true and correct copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-14-134124.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-60-L (PMP 64) and PHA 2015-61-L (PMP 399).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

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C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND AND NO/100 DOLLARS ($2,000.00). Payment shall be made by cashier's check or money order made payable to "DCCA - Compliance Resolution Fund" and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Tempe (CITY), AZ (STATE), 3/25/11

WALGREENS MAIL SERVICE, INC.
Respondent

By: _____
Its Regional Manager

DATED: Honolulu, Hawaii, _____

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS MAIL SERVICE, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "4"; CASE NOS. PHA 2015-60-L AND PHA 2015-61-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ARIZONA)
) SS
COUNTY OF MARICOPA)

On this 25 day of MARCH, 2016 before me personally appeared DARREN KENNEDY, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS MAIL SERVICE, as its REGIONAL MANAGER, and acknowledged (he)/she executed the same as (his)/her free act and deed.

This SIX (6)-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated MARCH 25, 2016 was acknowledged before me by DARREN KENNEDY (NAME OF PERSON SIGNING THIS DOCUMENT) this 25 day of MARCH, 2016 in the County of MARICOPA in the State of ARIZONA.

Name: STEPHANIE C PERRY
Notary Public, State of ARIZONA
My Commission expires: 09/01/16

OFFICIAL SEAL
STEPHANIE C PERRY
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires September 1, 2016

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY
121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 · Fax 603-271-2856
www.oplc.nh.gov/pharmacy

OPLC
Peter Danles
Executive Director
Joseph Shoemaker
Director, Health Professions

Board of Pharmacy
Michael D. Bullek, R.Ph.
Administrator / Chief of Compliance
Jason R. Richard
Licensing Supervisor

September 26th, 2017

Walgreens Mail Service LLC
8350 S. River Parkway
Tempe, AZ. 85284
Attention: Pharmacist in Charge

CERTIFIED MAIL and FIRST CLASS MAIL

NOTICE OF VIOLATION

To whom it may concern;

The Board received notification from the Prescription Drug Monitoring Program that Walgreens Mail Service, LLC, 8350 S. River Parkway, Tempe, Arizona, holding a New Hampshire non-resident pharmacy permit NR0029 had updated the DEA number associated with this facility. New Hampshire rules state any change to original application must notify the Board within 15 days of change. I refer to the following rule:

> Ph 306.02 Reporting Changes. The person to whom a permit to operate a pharmacy in New Hampshire has been issued shall, within 15 days of that person's discovery of a change in any of the data contained in the application for an original or renewal permit, report that change to the board in writing.

Under RSA 318:29 and RSA 318:55, the Board may impose civil penalties "not to exceed $5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter." It appears that by engaging in the conduct described above, you may have violated both Ph306.02 and Ph704.12 by not notifying the Board within 15 days that you ceased performing the duties of Pharmacist –In-Charge.

The Board sees fit to use its discretion to propose an administrative fine of **$500.00**. You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing and pay the proposed fine. If you choose to do so, please pay $500.00 within thirty (30) days of the receipt of this Notice, and remit payment to Treasurer, State of New Hampshire. Second, you may request a hearing on the matter. If you do so, your request for a hearing must be received within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

If you have any questions, please don't hesitate to contact this office at (603)-271-2350.

Dated: 10/25/17

Walgreens Pharmacist in Charge

Dated: September 26th, 2017

Michael D. Bullek, BSP, R. Ph
Administrator/Chief of Compliance
Authorized Representative of the
New Hampshire Board of Pharmacy

_*/ Board Member recused

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2014-255

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF WALGREENS MAIL SERVICE, INC., REGISTRATION NO. OSP 5062,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Mail Service, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2014-255, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2013).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about August 10, 1998, being issued registration number OSP 5062, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 8350 South River Parkway, Tempe, Arizona 85284.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In or about December 2012, the Board mailed an affidavit to Respondent Pharmacy and requested that Respondent Pharmacy sign the affidavit to confirm that Respondent Pharmacy is aware of Colorado law and that it will not distribute prescription drugs into Colorado without valid, patient-specific prescription orders. The affidavit was signed by Respondent Pharmacy on December 27, 2012.

6. Respondent Pharmacy distributed a prescription drug into Colorado without a valid, patient-specific prescription order.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00) Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.

11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Operations MGR
Authorized Representative / Title

Dated: 5/27/14

Subscribed and sworn to before me in the County of MARICOPA, State of ARIZONA, this 27 day of MAY, 2014 by DARREN KENNEDY, in his/her capacity as an authorized agent of Walgreens Mail Service, Inc.

OFFICIAL SEAL
STEPHANIE C PERRY
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires September 1, 2016

Notary Public

My commission expires: SEPTEMBER 1, 2016

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 17th day of June, 2014.

State Board of Pharmacy

BY:

Chris Gassen
Program Director

RECEIVED
MAR 04 2015
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2014-0274
WALGREENS MAIL SERVICES, INC dba: WALGREENS MAIL SERVICES	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $10,000. The $10,000 civil penalty shall be stayed with compliance with this Consent Order and the submission and implementation of a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice. Quality Assurance Plan along with a copy of this order to be submitted within ten days from the date this Consent Order becomes final.

2. The Quality Assurance Plan is to include a policy and procedure requiring the performance of a Drug Utilization Review by a pharmacist prior to each dispensing of a prescription and registrant monitoring of compliance with the policy and procedure.

3. The Pharmacist-in-Charge will submit a quarterly report that will include the weekly totals of all new and refill prescriptions and the number of documented DURs performed by a pharmacist on each new and refilled prescription for one year.

4. Documentation of any additional training for the pharmacist as need if the policy is not followed.

5. Quarterly reports are to be submitted within 15 days prior to May 1, August 1, November 1, and February 1 with the final report due one from the date this Consent Order becomes final.

6. Failure of the registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Boards final order. On behalf of the registrant I agree to the Board entering the Consent Order.

_____ 2/26/15

Authorized Representative
Walgreens Mail Services, Inc., dba
Walgreens Mail Services
Registrant (Reg. No. RP-0001425)

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ 3/9/15

Gary Miner, R.Ph.
Compliance Director

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2014-0274
WALGREENS MAIL SERVICES, INC. dba: WALGREENS MAIL SERVICES	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001425 because Walgreens Mail Services, Inc violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 6/16/2014, Walgreens Mail Services dispensed a patient's simvastatin prescription through the Registrant's automatic refill program after the pharmacy received a new atorvastatin prescription for the patient on 6/3/2014. A pharmacist did not perform a drug utilization review on 6/16/2014 when dispensing the simvastatin. In this investigation, the registrant reported that a pharmacist was not performing a drug utilization review on some prescription refills.

The above conduct is in violation of OAR 855-041-1040(2), OAR 855-019-0220(3), and OAR 855-019-0210(1), which is a ground for discipline pursuant to ORS 689.405(1)(e)(B).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to

the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ 12/10/14
Gary Miner, R.Ph., Date
Compliance Director

DATE OF MAILING 12/10/2014

KRISTIN K. MAYES
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
SETH T. HARGRAVES
Assistant Attorney General
State Bar No. 020176
2005 N. Central Ave., SGD/LES
Phoenix, Arizona 85004-1592
Tel: (602) 542-7983
Tel: (602) 542-7672
Fax: (602) 364-3202
Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **FERNANDO ESTEBAN FRIAS HERNANDEZ** Holder of License No T075057 As a Pharmacy Technician In the State of Arizona Respondent	Case No. 23-0636 **CONSENT AGREEMENT AND ORDER FOR PROBATION OF LICENSE WITH MONITORING**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Fernando Esteban Frias Hernandez ("Respondent"), holder of license no. T075057 as a pharmacy technician in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of the Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

9. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(C)(16) and A.R.S. §32-1927.01(A)(1).

15. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Fernando Frias

Dated: 06/26/2024

Fernando Esteban Frias Hernandez (T075057)
Pharmacy Technician/Respondent

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of Pharmacy Technician License No. T075057, in the State of Arizona. Respondent has been licensed as a Technician since December 8, 2021.

3. On or about November 9, 2023, the Board received a notice from the Arizona Department of Public Safety ("DPS") indicating that on or about November 1,

2023, Respondent had been arrested and/or fingerprinted by the Mesa Police Department on Two Counts of Misdemeanor DUI for an offense that occurred on December 3, 2022.

4. Charges of DUI; Alcohol, Drugs, Toxic Vapor, and DUI Drugs or Metabolite were filed against Respondent on November 1, 2023 in Mesa Municipal Court Case 2023058208.

5. Pursuant to A.R.S. § 32-3208(A), a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

6. Respondent failed to disclose his criminal charges to the Board within ten working days as required by A.R.S. § 32-3208.

7. On November 30, 2023, Board sent a complaint notice and a subpoena to Respondent at his address of record (by electronic, certified and regular mail), notifying him that the Board had received the DPS notification, opened a complaint, and requested that he respond and provide a written explanation of the criminal charge, as well as copies of police and court records by December 6, 2023. Respondent did not respond until December 13, 2023.

8. According to the police records provided by Respondent, he was the subject of a traffic stop on December 3, 2022 at approximately 7:01 pm. During the stop Respondent admitted that he had used marijuana flower earlier in the day, smoking two bowls but was unsure about the THC percentage. Respondent was arrested and later released to his wife.

9. Additional information reported by Respondent regarding his marijuana use is contained within the Board's files and for privacy reasons will not be detailed in this pleading, however, the information detailed in the records raised concerns about

Respondent's ability to safely practice, and serves, in part, as a basis for the issuance of an Interim Order.

10. On his September 2023 license renewal application, Respondent answered "No" to the question whether he had been arrested, charged, pled guilty or convicted of a felony or misdemeanor offense since his last renewal. He did not disclose his December 3, 2022 arrest.

11. On February 21, 2024, pursuant to A.R.S. §32-1927.01(F), the Board issued an Interim Order for a Substance Use Evaluation & Fitness for Duty Component.

12. Respondent timely complied with the Interim Order and the evaluation was conducted by Monica Faria, M.D. The evaluation report containing Dr. Faria's findings and recommendations are contained in the Board's files.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a Pharmacy Technician, who has engaged in unprofessional conduct. A.R.S. §32-1927.01(A)(1).

3. The Board is authorized to enter into a Consent Agreement with a licensee to restrict the professional's practice to protect the public and ensure that the professional is able to safely engage in the practice of pharmacy in Arizona. A.R.S. § 32-1927.

4. Pursuant to A.R.S. §32-1932.01(D), a licensee who is impaired by alcohol or drug abuse may enter into a stipulation order with the board, or the license may be placed on probation or be subject to other action as provide by law.

5. The conduct and circumstances described above violate the notification requirements of A.R.S. § 32-3208(A), which constitute an act of unprofessional conduct under A.R.S. § 32-3208(D).

6. Respondent's failure to timely comply with the Board's subpoena, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(17) "Failing to comply with a board subpoena or failing to comply in a timely manner with a board subpoena without providing any explanation to the board for not complying with the subpoena."

7. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(3) "Obtaining or attempting to obtain a pharmacy technician or pharmacy technician trainee license or a pharmacy technician license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency."

8. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(13) "Knowingly filing with the board any application, renewal or other document that contains false or misleading information."

9. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(14) "Providing false or misleading information or omitting material information in any communication to the board or the board's employees or agents."

ORDER

Based on the Findings of Fact and Conclusions of Law, the Board under issues the following Order:

IT IS HEREBY ORDERED THAT:

1. Respondent's license shall be placed on **PROBATION** for a minimum period of one (1) year from the effective date of this Consent Agreement. The effective

date of the Consent Agreement is the date that it is signed by the Executive Director. The period of **PROBATION** is subject to the following terms and conditions:

2. Within five (5) days of the effective date of this Consent Agreement, Respondent shall enter into a rehabilitation and monitoring contract with one of the following two (2) providers. Prior to entering into the contract, Respondent shall ensure that the provider is able and willing to comply with all the requirements of this Order:

Arizona Pharmacy Foundation: Professionals Assisting Professionals
1845 E. Southern Ave.
Tempe, AZ 85282-5831
480-207-7869
https://azpharmacy.org/papa/

Community Bridges, Inc, - Professional Medical Monitoring Program
1855 W. Baseline Rd., Ste 101
Mesa, AZ 85202
480-990-3111 or 480-343-2158
Contact: Kristy Cole, Program Manager

3. Within five (5) business days of entering into a contract with one of the providers referenced above, Respondent shall provide the provider with a copy of this Consent Agreement, and notify the Board in writing of the provider with whom he has contracted.

4. Respondent shall ensure that within ten (10) business days of entering into a contract with one of the providers referenced above, the selected provider confirm in writing to the Board that they have received a copy of this Order and are willing and able to comply with all the requirements of this Order.

5. Respondent's written rehabilitation and monitoring contract with one of the entities set forth above shall extend for the entire term of his probation under this Consent Agreement. Respondent shall abide by each and every requirement of the contract, including 12 to 24 random drug screens per year; two weekly 12-step meetings; and

continuous abstention from all drugs of abuse as well as cannabis. Failure to participate in the rehabilitation and monitoring program, complete the program or to abide by the contract's terms is a violation of this Order.

6. Respondent shall advise the Board immediately (within 24 hours) of any missed (excused or not) drug screen, or 12-step meeting. Respondent shall also require the provider to notify the Board in writing within five (5) days of any missed (excused or not) drug screen, or 12-step meeting, and if excused, the reasons for excusing the absence.

7. Respondent shall execute all appropriate releases of information forms to permit the Respondent's treatment professionals to communicate with the Board regarding Respondent's treatment and monitoring.

8. Respondent shall pay all necessary fees and expenses relating to this probation, including all costs associated with the treatment and monitoring contract.

9. Respondent shall furnish all pharmacy employers with a copy of this Consent Agreement throughout the term of probation. Respondent shall ensure that all future pharmacy employers submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent. Respondent shall advise the Board immediately (within 24 hours) of any change in pharmacy employment status throughout the term of his probation. Respondent shall update his online profile AND provide written notification to the Board within five (5) days of any change in pharmacy employment status.

10. Within five (5) days of the effective date of this Consent Agreement, Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

11. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy

12. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

13. **If during the pendency of this matter Respondent fails to renew his license, the license shall not expire but rather be automatically suspended until such time as Respondent files for renewal.**

14. The probationary term imposed by this Order shall not terminate unless and until Respondent submits a written request to the Board seeking termination of his probation, and provide written proof of completion of the requirements of this Agreement and Order. Respondent shall appear before the Board at a regularly scheduled Board meeting approximately one year after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period. Whether to lift/terminate the probation is within the sole discretion of the Board.

15. Failure to comply with any provision of this Consent Agreement is an act of unprofessional conduct pursuant to A.R.S. §32-1901.01(C)(16), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the Board.

16. If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's license. The issue at such a hearing will be limited solely to whether this Order has been violated.

BOARD ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT

Dated this 28th day of June, 2024.

By: Kam Gandhi
KAMLESH GANDHI, PharmD
Executive Director
Arizona State Board of Pharmacy

ORIGINAL of the foregoing filed this 28th day of June, 2024 with:

Arizona State Board of Pharmacy
1110 W. Washington St., Ste. 260
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED BY ELECTRONIC, REGULAR AND CERTIFIED MAIL this 28th day of June, 2024, to:

Fernando Esteban Frias Hernandez
[redacted]
Phoenix, AZ [redacted]
[redacted]@yahoo.com

EXECUTED COPY OF THE FOREGOING E-MAILED this 28th day of June, 2024 to:

Jeanne M. Galvin
Seth T. Hargraves
Assistant Attorney General
2005 N. Central Ave, SGD/LES
Phoenix, Arizona 85004
Attorneys for the State
LicensingEnforcement@azag.gov

JMitchell
Doc #12091196

RICHARD J. CODEY
Acting Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PETER C. HARVEY
Attorney General

KIMBERLY S. RICKETTS
Director

Mailing Address:
P.O Box 45013
Newark, NJ 07101
(973) 504-6450

October 4, 2005

By Certified and Regular Mail

Manal Arafat
Duane Reade
707 Broad Street
Newark, NJ 07102-4101

Re: Complaint [redacted]
33909

Dear Ms. Arafat:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning your practice of pharmacy following an investigation that uncovered the following infractions of the law and regulations:

> **The Board determined to fine you, the dispensing pharmacist, $200.00, for the medication error. In addition, you must complete two (2) Board approved continuing education modules on medication errors. The completion of these modules will not be considered as part of the biennial continuing education requirment.**

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

pay a penalty in the amount of $200.00 (to be paid immediately upon your signing of the acknowledgment at the bottom of this letter), and **Letter of Correction.**

Alternatively, you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF PHARMACY

By: _____
Joanne Boyer, R.Ph.
Executive Director

cc: Marianne Greenwald, Deputy Attorney General
Frank Manicone, Pharmacy Operations

CERTIFIED MAIL/C.R.R.R.
7005 0390 0000 7172 3956

7005 0390 0000 7172 3963

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

October 18, 2018

Manal Arafat
[redacted]

Dear Manal Arafat:

Enclosed is the Uniform Penalty Letter regarding Consumer Complaint # 38909 dated October 4, 2005.

The licensee holder of license # 28RI02978500 has paid all fines associated with this consumer complaint and has submitted a letter of corrective action. The Board reviewed the licensee's response and determined that the issue had been resolved to the Board's satisfaction and considers the matter closed.

At all times, the pharmacist's license was active and in good standing.

Sincerely,

Anthony Rubinaccio, R. Ph.

Anthony Rubinaccio, R.Ph.
Executive Director

AR/me

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2015-0258
KEVIN LINH NGUYEN	)	CONSENT ORDER
Applicant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed License Denial; Answer Required ("Notice"), hereby incorporated by reference, regarding the applicant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the applicant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the applicant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the applicant admits that the facts alleged in the above-noted Notice are true, that the applicant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for refusal to issue a pharmacist license by the Board; and

WHEREAS, the Board is authorized to settle matters pursuant to ORS 183.417(3) and the Board and applicant agree to the terms set forth in this Consent Order;

The Board finds that the allegations in the Notice are true and hereby grants applicant's license with conditions.

1. Licensee shall pay a civil penalty in the amount of $1,000 with $850 stayed pending compliance with the terms of this Consent Order and no further violation for three (3) years. The $150 civil penalty shall be paid within ten days from the date this Consent Order becomes final.

2. Licensee shall earn and submit continuing education (CE) certificates for three (3) hours of CE in the area of pharmacy law or ethics within 10 days from the date this Consent Order becomes final. The continuing education hours earned in regards to this case are in addition to the CE required by pharmacists for renewal and are not eligible for renewal purposes. Licensee shall submit certificates of completion to the Board office by certified mail (or other

method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.

3. Failure of the licensee to comply with all the requirements of the final order in this matter constitutes failure to cooperate with the Board and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Kevin Linh Nguyen, Applicant — Date 6/25/15

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.
Compliance Director — Date 6/29/15

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2015-0258
KEVIN LINH NGUYEN	)	NOTICE OF PROPOSED LICENSE DENIAL; ANSWER REQUIRED
Applicant	)	

The Oregon Board of Pharmacy proposes to deny your pharmacist license application, and impose a civil penalty pursuant to ORS 689.445, ORS 689.832, and ORS 689.405 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On or about 4/8/2015, you made fraudulent statements or misrepresented the facts submitted to the Oregon Board of Pharmacy during the course of applying for licensure as a pharmacist. The Board of Pharmacy license application you completed requires that you respond fully and truthfully to questions. A question asked whether you have ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed, to which you responded No. You were required to explain the circumstances in detail to any affirmative responses. You hand wrote on the form that you had "...never been arrested or cited for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government." You signed the application certifying that you read the application and all information provided was true and correct and were aware that providing false information is grounds for denial of a license.

You failed to report that on or about 11/16/1995 you were arrested by the Travis County Sheriff's Office (TX) on the charge of Theft.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(j) and (k) and in violation of and grounds for discipline pursuant to OAR 855-019-0310(1) and (7), OAR 855-001-0035, ORS 162.085, and ORS 689.405(1)(a), (e)(B) and (f).

Based on these alleged violations, the Board proposes to deny your pharmacist license application and impose a $1,000 civil penalty per violation.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 60 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 60-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 60 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

Notice to Active Duty Servicemembers: Active duty servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 60 days from the date this document was served, a written answer to the allegations set forth in this document. Your written answer must include an admission or denial of each factual matter alleged in the notice. Except for good cause, factual matters alleged in this document and not denied in your answer will be presumed admitted.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

6/11/15
Date

DATE OF MAILING 6/11/2015

AGREED BOARD ORDER #L-16-022

RE: IN THE MATTER OF
KEVIN LINH NGUYEN
(PHARMACIST LICENSE #40176)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 40176 issued to Kevin Linh Nguyen (Respondent).

By letter dated August 3, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.001(a)(1), (2), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and
>
> Section 281.7(a)(13) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Count below.

The conduct described in the Consent Order of the Oregon Board of Pharmacy is substantially similar to conduct described in:

> Section 565.001(a)(1), (2), (5) and (12) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and
>
> Sections 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

COUNT

On or about June 29, 2015, the Oregon Board of Pharmacy entered a Consent Order in the matter of the pharmacist license application of Kevin Linh Nguyen. The Order was based on allegations contained in a Notice of Proposed License Denial; Answer Required that on his April 2015 application for licensure, Mr. Nguyen falsely indicated that he had not been arrested for any offense, when he was arrested on or about November 16, 1995, for Theft in Travis County, Texas. The Order granted the license, imposed a $250 penalty, and required three hours of continuing education.

By letter dated August 3, 2016, Respondent 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 signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in

this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of November, 2016.

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:

Kevin Linh Nguyen, R.Ph.

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

REMEDIAL PLAN #H-17-047-A

RE: IN THE MATTER OF
PHONGPHU ALEX DANG
(PHARMACIST LICENSE #49465)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 49465 issued to Phongphu Alex Dang (Respondent).

By letter dated April 18, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated the applicable law set forth below. An informal conference was held in the Board's office on June 5, 2018, with Respondent, and Dan Lype, Legal Counsel for Respondent, in attendance. The informal conference was heard by Board Member: Dennis F. Wiesner, R.Ph.; with Kerstin Arnold, General Counsel. Bhavesh Modi, Staff Attorney, was also in attendance.

BOARD HISTORY

Respondent has not previously been offered a Remedial Plan and has not been the subject of disciplinary action with the Board.

FINDINGS

1. On or about July 7, 2017, Phongphu Alex Dang, while acting as an employee (staff pharmacist) of Walgreens #7592, 802 East Pioneer Parkway, Grand Prairie, Texas 75051, dispensed memantine 5mg tablets to patient A.C., a 17-year-old with Down syndrome and Graves' disease, on a refill of a prescription calling for methimazole 5mg tablets. The prescription was dispensed in the manufacturer's stock bottle labeled as memantine 5mg tablets, but the prescription label that was affixed to the bottle indicated that 60 methimazole 5mg tablets had been dispensed. The prescription label instructed patient A.C. to "take 1 tablet by mouth twice daily." Patient A.C. was administered the wrong drug for approximately 20 days before the error was identified by patient A.C.'s physician and experienced adverse effects, including elevated thyroid levels, weight loss, and restlessness. The prescription was assigned prescription number 1252850.

2. Respondent does not admit or deny the Finding(s) and Applicable Law contained herein but, rather, has agreed to settle in good faith to avoid the cost, expense, and uncertainty of litigation.

MITIGATING FACTOR

Respondent cooperated in the investigation of the allegations that resulted in this Remedial Plan.

APPLICABLE LAW

1. The Board has jurisdiction over the subject matter and Respondent pursuant to Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017).

2. The Board is authorized to take disciplinary action for a violation of Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); Sections 281.7(a)(12), (13) and (29)(A); 291.31(1), (15), (16) and (17); 291.32(c)(1)(E) and (F); 291.32(c)(2)(C) and (D); and 295.3(b) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017); and Sections 431.003; 431.021(a), (b) and (r); and 431.112(a)(1) of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2015).

3. Section 565.060 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017), and Section 281.68 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018), authorize the Board to resolve this matter with a Remedial Plan.

REMEDIAL PLAN TERMS

1. This Remedial Plan shall be in effect from the date of entry of the Plan and shall terminate five (5) years after the date of entry. Respondent agrees to comply with the terms set forth herein for the duration of the Plan.

2. Respondent shall obtain fifteen (15) hours of continuing education, which shall be in addition to the hours of continuing education required for renewal. Respondent shall submit proof of completion of the continuing education hours to Board staff within one (1) year after the entry of this Remedial Plan. All continuing education must be in compliance with the continuing education requirements set forth in the Texas Pharmacy Board Rules, and must be completed after the entry of this Remedial Plan and before one (1) year after the entry of this Remedial Plan.

3. Respondent shall submit written documentation of modifications implemented by Respondent to improve Respondent's practice of pharmacy to prevent dispensing errors and ensure proper drug regimen review. Such report shall be due one hundred twenty (120) days after the Remedial Plan is entered by the Board.

4. Respondent shall pay a Remedial Plan fee of one thousand dollars ($1,000) due one hundred twenty (120) days after the Remedial Plan is entered by the Board.

5. Respondent shall be responsible for all costs relating to compliance with the requirements of this Remedial Plan.

6. Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Remedial Plan.

RESPONDENT HAS READ AND UNDERSTANDS THE FOREGOING REMEDIAL PLAN. RESPONDENT UNDERSTANDS THAT BY SIGNING, RESPONDENT WAIVES CERTAIN RIGHTS. RESPONDENT SIGNS IT VOLUNTARILY. RESPONDENT UNDERSTANDS THIS REMEDIAL PLAN IS A FINAL, NON-APPEALABLE AGREEMENT THAT CONTAINS THE ENTIRE AGREEMENT, AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN, OR OTHERWISE. RESPONDENT UNDERSTANDS AND AGREES THAT ANY VIOLATION OF THE REMEDIAL PLAN WILL RESULT IN THE RE-INSTITUTION OF DISCIPLINARY ACTION.

And it is so ORDERED.

THIS REMEDIAL PLAN IS A PUBLIC RECORD.
THIS REMEDIAL PLAN IS NON-DISCIPLINARY.

SIGNED AND ENTERED ON THIS 7th day of August, 2018.

Dat Wine R.Ph.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Phongphu Alex Dang, R.Ph

Dan Lype, Legal Counsel for Phongphu Alex Dang
Leichter Law Firm
1602 East 7th Street
Austin, Texas 78702

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **WESLEY MONTGOMERY** Holder of License No T009712 As a Pharmacy Technician In the State of Arizona	Board Case No. 21-0594 **CONSENT AGREEMENT FOR CIVIL PENALTY, CONTINUING EDUCATION AND AUDIT**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Wesley Montgomery ("Respondent"), holder of certificate T009712 as a Pharmacy Technician in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Case No. 21-0594 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of Arizona's Consumer Fraud Act.

Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

9. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(C)(16) and A.R.S. §32-1927.01(A)(1).

15. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Dated: 11/22/21

Wesley Montgomery
Pharmacy Technician

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of certificate number T009712 as a Pharmacy Technician.

3. Pursuant to A.R.S. § 32-1925(H), the board shall not renew a license for a pharmacy technician unless that person has complied with the board-approved mandatory continuing professional education requirements.

4. Pursuant to A.A.C. R4-23-1106(A)(1), during the two years preceding an application for renewal, a pharmacy technician is required to participate in 20 contact hours (2.0 CEUs) of continuing education activity sponsored by a Board Approved Provider.

5. Pharmacy technicians are required to maintain records that verify the continuing education activities that the technician participated in during the preceding five years; attest to the number of CEUs the technician participated in during the renewal period on the biennial renewal form; and submit proof of the continuing education participation to the Board within 20 days of request. A.A.C. R4-23-1106(C).

6. The Board shall deem the failure to comply with the continuing education requirements as unprofessional conduct and grounds for disciplinary action. A.A.C. R4-23-1106(D).

7. On or about October 1, 2020, Respondent filed his application for license renewal, certifying that he had complied with the continuing education requirements set forth in A.R.S. §§ 32-1925, 32-3248.02 and A.A.C R4-23-1106, including the pharmacy law and opioid-related, substance use disorder-related or addiction-related continuing education requirements. In doing so, Respondent was attesting that he had completed the required twenty (20) continuing education (CE) hours during the renewal period.

8. On or about October 12, 2021, the Board staff conducted a continuing education audit that included Respondent (licensees are selected at random).

9. Prior to reaching out to Respondent, the Board staff reviewed the CPE Monitor and discovered that Respondent had completed zero (0) of the required 20 hours of continuing education during the audit time period.

10. Board staff sent Respondent an email on October 12, 20201, asking that he provide information showing completion of the required CE by November 1, 2021. No response was received.

11. Staff again reached out to Mr. Montgomery on October 27, 2021, again seeking proof of his completion of the required CEs. Respondent submitted documentation of CEs that were completed outside of the audit time period. When Board

staff asked Respondent to submit current CEs for the audit period, Respondent failed to respond.

12. Upon information and belief, Respondent was short all twenty (20) CE hours required for renewal of a pharmacy technician license.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacy technician who has engaged in unprofessional conduct. A.R.S. § 32-1927.01(A)(1), which allows the board to discipline a pharmacy technician for committing unprofessional conduct that includes violating any federal or state law, rule or regulation relating to the practice of pharmacy.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(3) "Obtaining or attempting to obtain a pharmacy technician or pharmacy technician license or a pharmacy technician license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency."

4. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(5) "Failing to comply with the mandatory continuing professional education requirements of section 32-1925, subsection H and rules adopted by the board."

5. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(13) "Knowingly filing with the board any application, renewal or other document that contains false or misleading information."

6. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(14) "Providing false or misleading

information or omitting material information in any communication to the board or the board's employees or agents."

7. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(15) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting in the violation of, or conspiring to violate, this chapter.", specifically as it relates to A.R.S. § 32-1925.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board as a civil penalty the sum of Five Hundred **($500.00 [$25.00 per deficient CE hour])**. The civil penalty shall be paid in full to the Board within **ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. In addition, Respondent shall complete a total of **thirty (30) continuing education hours for the next renewal period ending October 31, 2022.**

3. Respondent is also subject to a mandatory audit of his continuing education requirements for the 2020-2022 renewal cycle.

4. **IF RESPONDENT FAILS TO TIMELY COMPLY WITH THIS CONSENT AGREMENT AND ORDER, THE MATTER SHALL BE REFERRED TO FORMAL HEARING FOR THE SUSPENSION OR REVOCATION OF HIS LICENSE.** Failing to abide by this Consent Agreement and Order is a violation of A.R.S. §32-1901.01(C)(16), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board it its executive director. The issue at such a hearing will be limited solely to whether this Order has been violated.

5. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

DATED this 8th day of December, 2021.

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FORGOING FILED
this 8th day of December, 2021 with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 8th day of December, 2021, to:

Wesley Montgomery
[redacted]

EXECUTED COPY OF THE FOREGOING EMAILED
this 8th day of December, 2021, to:

Jeanne Galvin
Seth T. Hargraves
Arizona Attorney General's Office
2005 N. Central Ave. – SGD/LES
Phoenix, AZ 85004
LicensingEnforcement@azag.gov
Attorneys for the Board

JMitchell

Doc #9964535

TEXAS STATE BOARD OF PHARMACY

Oren M. Peacock, Jr., R.Ph.
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Floresville

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

November 9, 2004

James Kyle Cooley
[redacted]

RE: In the Matter of James Kyle Cooley

Dear Mr. Cooley:

Enclosed is a copy of Agreed Board Order (ABO) #T-04-382 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on September 24, 2004. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

GRANTING OF TEXAS PHARMACY TECHNICIAN REGISTRATION

Under the terms of ABO #T-04-382, Texas Pharmacy Technician Registration (#119555) was granted to you because you:

(1) successfully completed the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2003) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2004); and

(2) provided documentation to TSBP from a mutually acceptable mental health professional (MHP) that stated you were not physiologically or psychologically alcohol or drug dependent, did not have an incapacity of a nature that would prevent you from practicing as a pharmacy technician with reasonable skill, competence and safety to the public, and were able to practice as a pharmacy technician without posing a threat to yourself or the public.

With regard to the documentation described in (2) above, TSBP received this documentation on October 5, 2004, from Jan K. McCutchin, NCACII, LCDC. Subsequently, pharmacy technician registration #119555 was issued to you on October 20, 2004.

AGREED BOARD ORDER #T-04-382

RE: IN THE MATTER OF
JAMES KYLE COOLEY
(APPLICANT FOR PHARMACY
TECHNICIAN REGISTRATION #119555)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (hereinafter referred to as "TSBP") the matter of pharmacy technician registration number 119555 issued to James Kyle Cooley, (hereinafter referred to as "Applicant").

The TSBP gave preliminary notice to Applicant of its intent to take disciplinary action with respect to Applicant's pharmacy technician registration as a result of information received by the TSBP which produced evidence indicating that Applicant may have violated:

(1) Section 568.003(a)(5) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Subtitle J (2003), in that, allegedly, on or about April 8, 1998, Applicant was convicted of the misdemeanor offense of Driving While Intoxicated.

(2) Section 568.003(a)(5) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Subtitle J (2003), in that, allegedly, on or about November 30, 1999, Applicant was convicted of the misdemeanor offense of Driving While Intoxicated.

An informal conference was held in the office of the Texas State Board of Pharmacy on September 15, 2004, with Applicant in attendance. The informal conference was heard by a Board panel.

At the aforementioned conference, Applicant waived Applicant's right to be represented by legal counsel. By Applicant's appearance at the informal conference and by

Applicant's signature on this Order, Applicant agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and does hereby waive Applicant's right to legal counsel, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Applicant agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By Applicant's signature on this Order, Applicant neither admits nor denies the truth of the matters previously set out in this Order with respect to the above alleged violations.

Applicant 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 TSBP, it is agreed that neither the presentation of the Order to the TSBP nor the TSBP's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the TSBP or its individual members and, therefore, will not be grounds for precluding the TSBP or any individual member of the TSBP from further participation in proceedings related to the matters set forth in the Order.

At the conclusion of the aforementioned conference, and subsequent communications, the parties agreed to the entry of the ORDER OF THE BOARD set forth below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the TSBP does hereby ORDER that a Texas pharmacy technician registration shall be granted after Applicant successfully

completes the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2003) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2004), and after written documentation is provided by a mutually acceptable mental health professional which states that Applicant is not physiologically or psychologically alcohol or drug dependent, does not have an incapacity of a nature that would prevent Applicant from practicing as a pharmacy technician with reasonable skill, competence and safety to the public, and is able to practice as a pharmacy technician without posing a threat to Applicant or the public. If Applicant has not completed the requirements within ninety (90) days after the entry of this Order, the pharmacy technician registration application shall be DENIED.

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 technician registration held by Applicant.

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 24th day of September, 2004.

W Michael Brimberg RR
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:

James Kyle Cooley
James Kyle Cooley

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois DIVISION OF PROFESSIONAL REGULATION, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC, Walgreens Specialty Pharmacy #15443 License No. 054.017539, Walgreens Specialty Pharmacy #12314 License No. 054.017548, Walgreens Specialty Pharmacy #15438 License No. 054.017538, Respondents.	)	

ORDER

This matter having come before the Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Walgreens Specialty Pharmacy #15443, Walgreens Specialty Pharmacy #12314, and Walgreens Specialty Pharmacy #15438 (hereinafter "Respondents") and said complaint being sent by email to Respondents' email addresses of record on or about January 11, 2019; Respondents having been ordered to file an answer or be held in default on February 25, 2019; Respondents having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondents' email addresses of record on May 17, 2019; Respondents having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefor, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore ordered that Respondents Walgreens Specialty Pharmacy #15443, license no. 054.017539, Walgreens Specialty Pharmacy #12314, license no. 054.017548, and Walgreens Specialty Pharmacy #15438, license no. 054.017538, are each individually assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2016-05470
License No. 054.017539
054.017548
054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC Walgreens Specialty Pharmacy #15443, License No. 054.017539, Walgreens Specialty Pharmacy #12314, License No. 054.017548, Walgreens Specialty Pharmacy #15438, License No. 054.017538, Respondents.	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. WALGREENS SPECIALTY PHARMACY LLC #15443, (hereinafter "Respondent Pharmacy #15443") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017539. Said license is presently in ACTIVE status.
2. WALGREENS SPECIALTY PHARMACY LLC #12314, (hereinafter "Respondent Pharmacy #123143") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017548. Said license is presently in ACTIVE status.
3. WALGREENS SPECIALTY PHARMACY LLC #15438, (hereinafter "Respondent Pharmacy #15438") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is presently in ACTIVE status.
4. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email

address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.

5. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

6. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

7. The Board finds the allegations said Complaint to be true:

    i. Respondent Pharmacy #15443 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 669.

    ii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15443 stating that Respondent Pharmacy #15443 was disciplined by the Hawaii Board of Pharmacy.

    iii. On or about October 18, 2010, Respondent Pharmacy #15443 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in case number 2011-000518.

    iv. The Colorado Order disciplined Respondent Pharmacy #15443 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and Respondent Pharmacy #15443 also provided false information on applications.

    v. On or about October 18, 2010, the Colorado Order imposed a monetary penalty on Respondent Pharmacy #15443 in the amount of five thousand ($5,000) dollars in case number 2011-000518.

    vi. On or about April 6, 2016, Respondent Pharmacy #15443 entered into a Settlement

Agreement with the Hawaii Board of Pharmacy.

vii. Subsequently, Respondent Pharmacy #15443 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-90-L.

viii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15443.

ix. On or about July 30, 2013, Respondent Pharmacy #15443 submitted a Change of Address application to the Department.

x. The 2013 application did not disclose that Respondent Pharmacy #15443 was disciplined in 2010.

xi. Respondent Pharmacy #15443 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

xii. Respondent Pharmacy #12314 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 547.

xiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #12314 stating that Respondent Pharmacy #12314 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xiv. On or about October 18, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #12314 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and for providing false information on applications.

xv. On or about October 18, 2010, the Respondent Pharmacy #12314 entered into a Final Agency Order with the Colorado Board of Pharmacy in case number 2011-00522 and was assessed a fine in the amount of five thousand ($5,000.00) dollars.

xvi. On or about April 6, 2016, Respondent Pharmacy #12314 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xvii. Subsequently, Respondent Pharmacy #12314 was issued a two thousand ($2,000.00) dollar

fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-62-L.

xviii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #12314.

xix. On or about March 2, 2011, March 4, 2014, and January 14, 2015, Respondent Pharmacy #12314 submitted Pharmacist-in-Charge applications to the Department.

xx. The 2013 application did not disclose that Respondent Pharmacy #12314 was disciplined in 2010.

xxi. Respondent Pharmacy #12314 failed to disclose prior discipline on the Pharmacist-in-Charge applications submitted to the Department in 2011, 2014, and 2015.

xxii. Respondent Pharmacy #15438 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 644.

xxiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15438 stating that Respondent Pharmacy #15438 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xxiv. On or about April 9, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) in case number 2010-002889.

xxv. On or about July 14, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to timely submit a Change of Pharmacist-in-Charge application to the Colorado Board of Pharmacy in case number 2010-003719.

xxvi. On or about April 9, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-002889 with a fine in the amount of five thousand ($5,000.00) dollars.

xxvii. On or about July 14, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-003719 with a fine in the amount of one thousand ($1,000.00)

dollars.

xxviii. On or about April 6, 2016, Respondent Pharmacy #15438 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xxix. Subsequently, Respondent Pharmacy #15438 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-91-L.

xxx. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15438.

xxxi. On or about September 5, 2013, Respondent Pharmacy #15438 submitted a Change of Address application to the Department.

xxxii. The 2013 application did not disclose that Respondent Pharmacy #15438 was disciplined in 2010.

xxxiii. Respondent Pharmacy #15438 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Walgreens Specialty Pharmacy LLC is in violation of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (3), (8), and (13).
4. Respondent Walgreens Specialty Pharmacy LLC's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), (3), (8), and (13).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of

Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of WALGREENS SPECIALTY PHARMACY LLC, License Nos. 054.017539, 054.017548, and 054.017538 be FINED Two Thousand Dollars ($2,000.00) for each license for a total amount of Six Thousand Dollars ($6,000.00).

DATED THIS 14 DAY OF May, 2019.

recuse
Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2016-04570
License Nos. 054.017539, 054.017548, 054.017538

Carter recuse
Pietrandoni recuse

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Alexandra Blasi, Executive Secretary

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Laura Kelly, Governor

December 19, 2022

OJAS SAMPAT
[redacted]

RE: *In the Matter of Ojas Sampat*
Case No. 22-341

Dear Ojas Sampat:

The Kansas State Board of Pharmacy has concluded its audit of continuing education for your recent renewal and determined that you are noncompliant. Please read the enclosed Summary Order in its entirety, which includes assessment of a fine and mandatory additional continuing education. This discipline will be reported to the National Association of Boards of Pharmacy and all future license verifications will reflect this discipline.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have questions, please email pharmacy.compliance@ks.gov and reference your case number.

Sincerely,

Kansas State Board of Pharmacy

enc: Summary Order

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of the Renewal Application of Ojas Sampat License No. 1-14844	)	Case No. 22-341

SUMMARY ORDER

NOW on December 19, 2022, comes before the Kansas State Board of Pharmacy through its Executive Secretary (hereinafter referred to as the "Board") the matter of the pharmacist license renewal application of Ojas Sampat (hereinafter referred to as "Respondent") to engage in the practice of pharmacy in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the renewal materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On or around 6/19/2022, Respondent submitted a pharmacist license renewal application to engage in the practice of pharmacy in the State of Kansas.

2. In the renewal application, Respondent requested to renew the license on active status.

3. At the end of the renewal application, Respondent agreed to the following statement prior to submitting the completed renewal application: "I hereby attest that I have completed all continuing education hours required by law to renew my license."

4. Respondent's renewal application was selected for an audit to provide proof of Respondent's continuing education certificates or a transcript of completion of required hours.

5. Respondent provided proof of 27.75 hours of continuing education to renew Respondent's pharmacist license.

CONCLUSIONS OF LAW

6. Pursuant to K.S.A. 65-1627(a)(9), the Board may deny, revoke, suspend, or place on probation any pharmacist license upon a finding that Respondent failed to comply with the continuing education requirements of the Board for license renewal.

7. Pursuant to K.A.R. 68-1-1b, 30 hours of continuing education shall be required for renewal of a pharmacist license during each licensure period, which must be obtained in the two-year licensure period ending on the June 30 expiration date of each license.

8. Pursuant to K.S.A. 65-1627(a)(1), the Board may deny, revoke, suspend, or place on probation any pharmacist license upon a finding that Respondent renewed or attempted to renew a license by false means, including misrepresentation.

9. Pursuant to K.S.A. 65-1658, in addition to any other penalty imposed by the Pharmacy Practice Act, the Board may assess a civil fine for a violation of K.S.A. 65-1627(a), in an amount not to exceed $5,000 for each violation.

10. Respondent was required to provide proof of completion of 30 hours of continuing education earned between July 1, 2020 and June 30, 2022.

11. By only providing proof of completion of 27.75 hours of continuing education, Respondent failed to complete the required 30 hours of continuing education for renewal of Respondent's license, in violation of K.S.A. 65-1627(a)(9).

12. Respondent falsely attested on the renewal application that Respondent had completed all continuing education hours required by law to renew Respondent's license, in violation

of K.S.A. 65-1627(a)(1). Though material, the Board makes no finding about whether Respondent's misrepresentation was intentional.

13. The role of the Board is to protect the citizens of Kansas. The Board regards the failure to comply with the continuing education requirements for licensure as a serious issue. Given the number of home-study, web-based, and live programs available, achieving the 30 hours required each biennial renewal period cannot be viewed as a burden. Without continued investment in pharmacy education, the vision of quality pharmacy providers in Kansas will not be met. In order to provide safe, effective, and high quality healthcare for Kansas patients, the practice of pharmacy requires lifelong improvement and education.

ORDER

Based on the foregoing findings of fact and conclusions of law, the Board orders the following:

For Respondent's violation of K.S.A. 65-1627(a)(1) and (9), a fine is assessed in the amount of $100 for each hour of missing or falsified continuing education, with a minimum of $500. **Respondent is ordered to pay the $500 fine by check or money order within 30 days of the date of this Order.**

Furthermore, an additional four hours of continuing education will be required for each hour of missing or falsified continuing education. **Respondent shall complete 9 hours of additional ACPE-approved continuing education and provide proof of completion to the Board within 30 days of the date of this Order**. If Respondent is not already signed up for the NABP CPE monitor (free version), Respondent shall create an NABP CPE monitor profile and shall ensure that proof of completion of these penalty hours and all future required continuing education appears in the CPE monitor. Completion of penalty hours shall not count toward Respondent's next continuing education renewal requirement.

NOTICES

Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

December 19, 2022
Date

Executive Secretary

CERTIFICATE OF SERVICE

I hereby certify that I did, on December 19, 2022, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

OJAS SAMPAT
[redacted]

Kansas Board of Pharmacy Staff

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
15 South 15th Ave,, SDG/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

2018 JUN 13 AM 11:10

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **JITEN SIDHU, PharmD,** Holder of License No. S020833 As a Pharmacist In the State of Arizona.	Board Case No. 17-0114 **CONSENT AGREEMENT AND ORDER FOR PROBATION AND CIVIL PENALTIES**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Jiten Sidhu ("Respondent"), holder of Pharmacist License No. S020833 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0114 involving allegations of unprofessional conduct against Respondent.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke his acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

2018 JUN 13 AM 11:10

Dated: 6/10/2018

Jiten Sidhu
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S020833 which allows him to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist by Banner Family Pharmacy, University Medical Center—Phoenix, 1111 E. McDowell Rd. Phoenix, AZ 85006.

5. On or about August 4, 2017, Banner Health notified the Board that Respondent resigned from Banner Health on July 27, 2017.

6. Banner Health further explained that a recent investigation revealed the Respondent was fraudulently filling prescriptions under this girlfriend's name, also a Banner Health Pharmacist, and was using the medication for his own use.

7. Respondent admitted to writing a prescription not authorized by a medical prescriber, using his girlfriend's insurance to fill the medication as his insurance would not cover the early refills and consuming the medication from the bottle while on duty.

8. The prescribing physician on the medication bottle was contacted and she denied calling in any prescription and/or any acknowledgement of the pharmacist's

actions.

9. The Board's investigation revealed that following prescriptions were written by Respondent but not authorized:

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under the girlfriend's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under girlfriend's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17 under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that he had a medical condition that caused him pain and for which he was prescribed Gabapentin and Nabumetone. Additionally, he asserted that he often forgot his medications at home and that is when he would make the unauthorized refills. Further, he stated that he wrote them under his girlfriend's name and paid cash because he was aware that his insurance provider would not authorize the early fill the prescriptions.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(10), (11) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020833, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director.

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 14th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 14th day of June, 2018, to:

Jiten Sidhu
[redacted]

EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

Nicholas Meza
Quarles & Brady, LLP
2 N Central Ave, Suite 3
Phoenix, AZ 85004
Respondent's Attorney

EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board

Doc # 6824957

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
15 South 15th Ave,, SDG/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

2018 JUN 13 AM 11:10

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **LINDA TRINH, PharmD,** Holder of License No. S020176 As a Pharmacist In the State of Arizona.	Board Case No. 17-0115 **CONSENT AGREEMENT AND ORDER FOR PROBATION AND CIVIL PENALTIES**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Linda Trinh ("Respondent"), holder of Pharmacist License No. S020176 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that she has a right to a public administrative hearing concerning this matter at which hearing she could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against her.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0115 involving allegations of unprofessional conduct against Respondent.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, she may not revoke her acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

2018 JUN 13 AM 11:10

Dated: June 10, 2018

Linda Trinh
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S020176 which allows her to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist by Banner Heart Hospital located at 6750 E. Baywood Ave, Mesa, AZ 85206.

5. On or about August 4, 2017, Banner Health notified the Board that Respondent was terminated by Banner Health on July 31, 2017.

6. Banner Health further explained that a recent investigation revealed the Respondent's boyfriend, Jiten Sidhu, also a pharmacist employed by Banner Health was fraudulently filling prescriptions under Respondent's name, and was using the medication for his own use. Respondent admits being aware of her Mr. Sidhu's actions.

7. Mr. Sidhu admits to writing prescriptions not authorized by a medical prescriber, using Respondent's insurance to fill the medication as his insurance would not cover the early refills and consuming the medication from the bottle while on duty.

8. The prescribing physician on the medication bottle was contacted and she denied calling in any prescription and/or any acknowledgement of Mr. Sidhu's actions.

9. The Board's investigation revealed that following prescriptions were written by Mr. Sidhu but not authorized:

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under Respondent's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under Respondent's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17 filled under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that Mr. Sidhu suffered from a condition that caused pain and that on certain days he forgot his medications at home. Respondent further explained that on those days Mr. Sidhu forget his medications at home, he would text her and ask if he could fill prescriptions under her name as he was unable to leave work and get his medications from home. Respondent approved him doing so. Respondent also approved Mr. Sidhu to bill the prescriptions under her insurance as she was aware the prescriptions would be denied under Mr. Sidhu's insurance because of an early refill. Finally, Respondent states she regrets her involvement in this matter.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq*.

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(13) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020176, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 13th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 13th day of June, 2018, to:

Linda Trinh
[redacted]

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of June, 2018, to:

Nicholas Meza
Quarles & Brady, LLP
2 N Central Ave, Suite 3
Phoenix, AZ 85004

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of June, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board

Doc # 6828131

11C

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 PH04353	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Mail-Order	☐ 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: XeCare LLC

Physical Address: 9750 Innovation Campus Way

City: New Albany State: OH Zip: 43054

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 855-918-4467 Toll Free # (NAC 639.708, NRS 639.23286): 855-918-4467

Fax: 833-302-1460 Contact Email: pharmacy@xecare.com

Website: www.xecare.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Andrew Bruggeman

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23705

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 Bruggeman	NV Pharmacist Registration #: 23705
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): H&H Pharmacy Holdings, Inc.

Corporation/Organization Name: XeCare LLC

Mailing Address: 9750 Innovation Campus Way

City: New Albany State: OH Zip: 43054

Telephone: 855-918-4467 Email: pharmacy@xecare.com

Contact Person Name: Kristen Hundt

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 XeCare 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).

Nader Kabbani

Print Name of Authorized Person

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

09/24/2025

Date

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

Affidavit for Pharmacy License

I, Nader Kabbani 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 XeCare 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

State of Washington
County of King

SUBSCRIBED AND SWORN TO
Before me, a notary public this 24th day of September, 2025

Nancy E Hood
Notary Public

Commission Expiration: 06/01/2029

NANCY E HOOD
APPOINTMENT EXPIRES June 01, 2029
NOTARY PUBLIC
COMM # 193002
STATE OF WASHINGTON

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.

Nader Kabbani

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)

09/24/2025

Date

Board Use Only	Date Received: 9/29/25	Amount: $500-qh 95/2662

XeCare LLC

Discipline Explanation

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?

In November 2024, the Iowa Board of Pharmacy initiated a review related to XeCare LLC, specifically concerning the number of refills provided to an individual patient for a prescription medication. In June 2025, the Board voted to move forward with opening an administrative case. The matter remains pending and is currently under review by the Board.

Nader Kabbani, President

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XECARE 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 ELEVENTH DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XECARE LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3070776 8300

SR# 20253338991

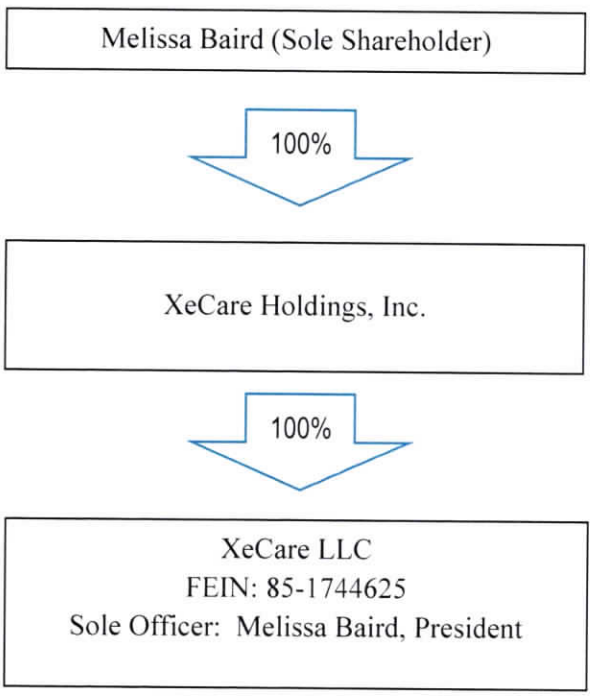
Authentication: 204175104

Date: 07-11-25

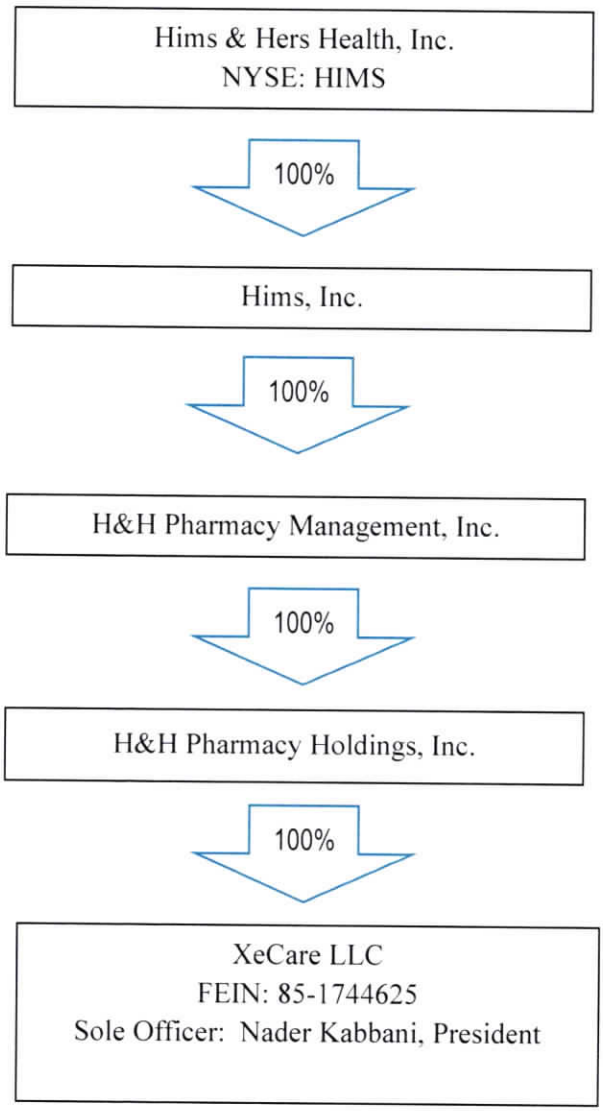
You may verify this certificate online at corp.delaware.gov/authver.shtml

XeCare LLC
Pre and Post Organizational Chart

Prior to October 13, 2025



Effective October 13, 2025



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 XeCare LLC

Pharmacy/Wholesaler License # (if applicable) PH04353

Physical Address 9750 Innovation Campus Way

City New Albany State OH Zip 43054

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 855-918-4467 Website www.xecare.com

Licensing Company Email pharmacy@xecare.com

Section 2: Personal Information

First Andrew Middle Thomas Last Bruggeman

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

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

Mailing Addre[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?		

XeCare LLC

Designated Representative Application – Andrew Bruggeman

Section 5: List your high school and college experience beginning with the most current.

- **University of Toledo** (2009-2015)
  2801 Bancroft Street, Toledo, OH 43606
  Degree – Bachelor of Science in Pharmaceutical Sciences (BSPS)
  3000 Arlington Avenue, Toledo, OH 43614
  Degree – Doctor of Pharmacy (PharmD)

- **Coldwater High School** (2005-2009)
  Address: 310 N. Second Street, Coldwater, OH 45828
  Diploma - High School Diploma

XeCare LLC

Designated Representative Application – Andrew Bruggeman

Section 6: List all residences you have had for the last 10 years beginning with the most current.

[redacted]

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)	
See attached.				
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				
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
See attached.				
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)	
XeCare LLC			11/2021 - Current	
Business Address		**City**	**State**	**Zip**
9750 Innovation Campus Way		New Albany	OH	43054
Phone	**Title**		**Number of Employed Hours**	
855-918-4467	Pharmacy Manager / Pharmacist-in-charge		40 hours/week	

Description of Duties
Oversee the operations of the pharmacy, perform pharmacist reponsibilities, fulfill requirements of the pharmacist-in-charge position.

Business Name			From - To (MM/YY – MM/YY)	
XeCare LLC			2/2021 - 11/2021	
Business Address		**City**	**State**	**Zip**
9750 Innovation Campus Way		New Albany	OH	43054
Phone	**Title**		**Number of Employed Hours**	
855-918-4467	Staff Pharmacist		40 hours/week	

Description of Duties
dispense and verify prescription medications while ensuring accuracy and safety in all aspects of the medication use process. I counsel patients on proper medication use, provide guidance on over-the-counter therapies, and monitor for drug interactions

Business Name			From - To (MM/YY – MM/YY)	
CVS #03481			9/18 - 2/21	
Business Address		**City**	**State**	**Zip**
969 W 5th Street		Marysville	OH	43040
Phone	**Title**		**Number of Employed Hours**	
937-644-3615	Pharmacy Manager/Pharmacist in Charge		40 hours/week	

Description of Duties
Oversee the operations of the pharmacy, perform pharmacist reponsibilities, fulfill requirements of the pharmacist-in-charge position.

Business Name			From - To (MM/YY – MM/YY)	
CVS#06178			8/15 - 9/18	
Business Address		**City**	**State**	**Zip**
143 E Sandusky Ave.		Bellefontaine	OH	43311
Phone	**Title**		**Number of Employed Hours**	
937-593-1040	Staff Pharmacist		40 hours/week	

Description of Duties
dispense and verify prescription medications while ensuring accuracy and safety in all aspects of the medication use process. I counsel patients on proper medication use, provide guidance on over-the-counter therapies, and monitor for drug interactions

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, Andrew Bruggeman, **certify that as the designated representative for**

XeCare LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AB I am at least 21 years of age;
3. AB 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. AB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AB 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. AB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andrew Bruggeman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/22/2025
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.

Andrew Bruggeman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/22/2025

Date

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

State of Ohio, ss. County of Franklin

I, Andrew Bruggeman, 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

9/23/2025

Date

Subscribed and Sworn to before me this 23rd day of September, 2025

Notary Public Signature

NOTARY PUBLIC STATE OF OHIO

SHEILA M SNIDER
Notary Public
State of Ohio
My Comm. Expires
June 26, 2028

(Seal)

ANDREW BRUGGEMAN

PHARMACY MANAGER/PIC



OVERVIEW

Diligent multi-state licensed professional with 13+ years of pharmacy experience and a proven knowledge of workflow planning, labor coordination and pharmacy compliance. A life-long learner working to improve patients' access to care through pharmacy innovation.

EXPERIENCE

PHARMACY MANAGER / PHARMACIST IN CHARGE

XeCare, LLC, New Albany, OH / Nov 2021 – Present

- Manage mail order pharmacy operations
- Oversee hiring initiatives and labor planning coordination
- Develop policies and standard operating procedures
- Cross functional communication across partnering teams
- Supervise 30 direct reporting employees
- Direct pharmacy compliance and regulatory agendas

STAFF PHARMACIST

XeCare, LLC, New Albany, OH / Feb 2021 – Nov 2021

- Built pharmacy workflows to scale pharmacy operations
- Develop employer based pharmacy technician training program

PHARMACY MANAGER / PHARMACIST IN CHARGE

CVS Pharmacy #03481, Marysville, OH / Sep 2018 – Feb 2021

STAFF PHARMACIST

CVS Pharmacy #06178, Bellefontaine, OH / Aug 2015 - Sep 2018

PHARMACY INTERN

Kaup Pharmacy, Fort Recovery, OH / Jan 2010 - Jan 2015

PHARMACEUTICS LAB GRADUATE TEACHING ASSISTANT

University of Toledo, Toledo, OH / Aug 2013 - May 2014

LICENSES

ALABAMA	ACTIVE – 22584	OHIO	ACTIVE - 03334808
KANSAS	ACTIVE – 1 -117941	OKLAHOMA	ACTIVE – 19852

EDUCATION

THE UNIVERSITY OF TOLEDO
Toledo, OH

Doctor of Pharmacy (Pharm.D.) Pharmacy and Pharmaceutical Sciences (May 2015)

Awards & Honors

- Summa Cum Laude

Extracurricular Activities

- Rho Chi Honors Society Vice President

THE UNIVERSITY OF TOLEDO
Toledo, OH

BSPS Pharmacy and Pharmaceutical Sciences (Mar 2013)

Awards & Honors

- Magna Cum Laude

ADDITIONAL SKILLS

Team leadership and development

Critical thinking and problem solving

Data analytics and performance

Non-sterile compounding

CERTIFICIATIONS

Immunization Certified

KENTUCKY	ACTIVE – 022689	OREGON	ACTIVE – 0018876
MARYLAND	ACTIVE - 28917	TENNESSEE	ACTIVE – 45769
MICHIGAN	ACTIVE – 5302414217	TEXAS	ACTIVE - 72281
NEBRASKA	ACTIVE - 17453	VIRGINIA	ACTIVE – 0202220470
NEVADA	ACTIVE - 23705	WEST VIRGINIA	ACTIVE – RP0013409

MTM Outcomes Certification

HIPAA compliance

Employer based technician training program director

XeCare LLC

Officer and Ownership Information

Name	Title	Date of Birth	Address
Nader Kabbani	President	[redacted]	

The Pharmacy is wholly owned by:
XeCare LLC
FEIN: 85-1744625
9750 Innovation Campus Way,
New Albany, OH 43054

The sole member of XeCare LLC is:
H&H Pharmacy Holdings, Inc.
FEIN: 99-3654912
2269 Chestnut St., #523
San Francisco, CA 94123

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 0230000010

Xecare Llc

9750 Innovation Campus Way
New Albany, OH 43054
Franklin County

Terminal - Pharmacy - Category 2

Outpatient Pharmacy Guide (Updated 8/4/25)

August 19, 2025

License 0230000010 - Xecare 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 Paul Schad, R.Ph.
Start 8/19/2025 9:00 AM
End 8/19/2025 10:30 AM

Organization

Name
Xecare Llc

License Type
Terminal - Pharmacy - Category 2

Category

License Number
0230000010

Business Type
MO - Mail Order Pharmacy

DEA Number

Responsible Person
Andrew Thomas Bruggeman, RPH

Hours of Operation

Contact

Address
9750 Innovation Campus Way
New Albany, OH 43054
Franklin County

Primary Number
(855) 918-4467

Fax Number
(833) 302-1460

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Andrew Thomas Bruggeman, RPH		Pharmacist	[redacted]	[redacted]	[redacted]

26) Requested Records

1) The following records are requested:

Observation
Please provide a report indicating date compounded, batch record ID, total quantity compounded for each batch covering the months of February, March, April 2025 for the following compounds: Finasteride 0.3% Minoxidil 6% Topical Solution; Fluoxetine 22.4mg Tadalafil 8.5mg Tablet; and Tadalafil 8.5 mg Chewable tablet
Please provide an example of a batch compounding record for each of the 3 compounds (Finasteride 0.3% Minoxidil 6% Topical Solution, Fluoxetine 22.4mg Tadalafil 8.5mg Tablet, and Tadalafil 8.5 mg Chewable tablet for each month (February, March, April 2025)
Please provide a copy of the following prescriptions:
- Rx#0003386045 issued 2/1/25 for Finasteride 0.3% Minoxidil 6% Topical Solution
- Rx#0003764729 issued 3/1/25 for Finasteride 0.3% Minoxidil 6% Topical Solution
- Rx#0004075997 issued 4/1/25 for Finasteride 0.3% Minoxidil 6% Topical Solution
- Rx#0003388077 issued 2/1/25 for Fluoxetine 22.4 mg Tadalafil 8.5mg tablets
- Rx#0003763050 issued 3/1/25 for Fluoxetine 22.4 mg Tadalafil 8.5mg tablets
- Rx#0004081017 issued 4/1/25 for Fluoxetine 22.4 mg Tadalafil 8.5mg tablets
- Rx#0003381644 issued 2/1/25 for Tadalafil 8.5 mg chewable tablets
- Rx#0003766455 issued 3/1/25 for Tadalafil 8.5 mg chewable tablets

Rx#0004079793 issued 4/1/25 for Tadalafil 8.5 mg chewable tablets

27) Records Received

1) The following records were received:

Observation
- Copy of Environmental Quality Management Policy and Procedure
- Copy of Draft Environmental and Engineering Controls Policy and Procedure
- Copy of Patient Profile and Fill History for patient SW
- Copy of Rx# 0004507677 issued 5/20/25
- Copy of Rx# 0005272008 issued 8/7/25

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

No Issue Found

Reviewed by Andrew Thomas Bruggeman, RPH

(signature)

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.

XeCare LLC

9750 Innovation Campus Way

New Albany, OH 43054

License Number: 0230000010

License Type: Terminal - Pharmacy - Category 2

Sub-Category: MO – Mail Order Pharmacy

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
Andrew Bruggeman	

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

eLicense Ohio
Professional Licensure

License Look Up

9/2/2025 4:30 PM

XeCare LLC

License Number	0230000010
Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - Category 2
License Issue Date	10/23/20
License Expiration Date	3/31/27
License Effective Date	4/1/25
Street Address	9750 Innovation Campus Way
City	New Albany
State	OH
Zipcode	43054
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
ANDREW BRUGGEMAN	03334808	Active	Tue Aug 29 00:00:00 GMT 2023	

Current date & time: **9/2/2025 4:30 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

12

12A

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 03919		☐ 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: Hillcrest Pharmacy, LLC

Physical Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-499-2556

Fax: 385-900-1990 Contact Email: hillcrestpharmacy17@gmail.com

Website: hillcrestpharmacysaves.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Jeffrey Ryan Abeyta

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21856

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: Jeffrey Ryan Abeyta	NV Pharmacist Registration #: 21856
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: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	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: Hillcrest Pharmacy, LLC

Mailing Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Telephone: 385-900-1400 Email: hillcrestpharmacy17@gmail.com

Contact Person Name: Justin Meier

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 Devin Meier (title) for Hillcrest Pharmacy, 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).

Devin Meier

Print Name of Authorized Person

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

7/17/25

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.

Devin Meier

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)

07/17/2025

Date

Board Use Only	Date Received: 7/21/25	Amount: $500cc

Owners of Hillcrest Pharmacy, LLC:

EIN: 823679890

Devin Meier – 50% Owner

[redacted]

Justin Meier – 50% Owner

[redacted]

*There are no other partners, members, stockholders, officers or board members. Please see attached certificate of organization provided.

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

ADAM WATSON
Division Director

June 09, 2025

CERTIFICATE OF EXISTENCE

Registration Number:	10631208-0160
Business Name:	HILLCREST PHARMACY, LLC
Principal Office Address:	2875 OLD COLONY CIRCLE, HOLLADAY, UT 84117
Registered Date:	12/12/2017
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Current Status:	ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.

Adam Watson

Adam Watson
Director
Division of Corporations and Commercial Code

Certificate Number: 202506090950750
Enter the certificate number at https://businessregistration.utah.gov/ to verify this certification.

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: Hillcrest Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable): PH03919

Physical Address: 781 E FOrt Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Website: hillcrestpharmacysaves.com

Licensing Company Email: hillcrestpharmacy17@gmail.com

Section 2: Personal Information

First: Jeffrey Middle: Ryan Last: Abeyta

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?		N/A

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 Hawaii College of Pharmacy		08/09-05/13	
Address	**City**	**State**	**Zip**
60 Nowelo St	Hilo	HI	96720
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
Salt Lake Community College		01/03-05/09	
Address	**City**	**State**	**Zip**
4600 S Redwood Rd	Salt Lake City	UT	84123
Diploma/Degree obtained, if any			
Associate Degree			

School Name		From - To (MM/YY – MM/YY)	
Murray High School		08/96-06/99	
Address	**City**	**State**	**Zip**
5440 S State St	Murray	UT	84107
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
06/20-Present	[redacted]			
01/19-06/20				
02/18-01/19				
03/14-02/18				
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)	
Hillcrest Pharmacy, LLC			12/19-Present	
Business Address		**City**	**State**	**Zip**
781 E Fort Union Blvd		Midvale	UT	84047
Phone	**Title**		**Number of Employed Hours**	
385-900-1400	Pharmacist In Charge (PIC)		13,638	
Description of Duties				
Rx data entry, prescription verification, counseling patients, managing drug inventories, ordering drug inventory, non-sterile compounding, compound formulation, technician oversight, etc.				

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, Jeffrey Ryan Abeyta, **certify that as the designated representative for**

Hillcrest Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RA I am at least 21 years of age;
3. RA 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. RA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RA 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. RA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jeffrey Ryan Abeyta

Print Name (First, Last)

Jeffrey Ryan Abeyta

Original Signature (electronic, copies or stamps not accepted)

07/17/25

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.

Jeffrey Ryan Abeyta

Print Name (First, Last)

Jeffrey Ryan Abeyta

Original Signature (electronic, copies or stamps not accepted)

07/17/25

Date

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

State of Utah, ss. County of Salt Lake

I, Jeffrey Ryan Abeyta, 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.

Jeffrey Ryan Abeyta

Original Signature

7/18/25

Date

Subscribed and Sworn to before me this 18 day of July 2025.

Notary Public Signature

BRANDEN TRUONG
Notary Public - State of Utah
Comm. No. 726373
My Commission Expires on
Aug 30, 2026

(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: Hillcrest Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03919

Physical Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Website: hillcrestpharmacy17@gmail.com

Licensing Company Email: hillcrestpharmacy17@gmail.com

Section 2: Personal Information

First: Justin Middle: Ronald Last: Meier

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)	
Brigham Young University		08/06-05/10	
Address	City	State	Zip
212 Hinckley Center	Provo	UT	84602
Diploma/Degree obtained, if any			
Bachelors Degree			

School Name		From - To (MM/YY – MM/YY)	
Skyline High School		09/00-06/04	
Address	City	State	Zip
3251 E 3760 S	Salt Lake City	UT	84109
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			

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
05/23-Present	[redacted]			
07/21-05/23				
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			From - To (MM/YY – MM/YY)
Hillcrest Pharmacy, LLC			02/18-Present
Business Address	**City**	**State**	**Zip**
781 E Fort Union Blvd	Midvale	UT	84047
Phone	**Title**		
385-900-1400	Owner/Technician		
Description of Duties			
Manage employees, Regular technician duties			

Business Name			From - To (MM/YY – MM/YY)
Meier's Pharmacy			02/12-Present
Business Address	**City**	**State**	**Zip**
4698 S Holladay Blvd	Holladay	UT	84117
Phone	**Title**		
801-679-3278	Owner/Technician		
Description of Duties			
Manage employees, Regular technician 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			

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.

Justin Meier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/18/2025

Date

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

State of Utah, ss. County of Salt Lake

I, Justin Meier, 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

7/18/2025

Date

Subscribed and Sworn to before me this 07 day of July 2025

Evelin H. Basten

Notary Public Signature

EVELIN H BASTEN
NOTARY PUBLIC • STATE OF UTAH
COMMISSION NO. 67143365N
COMM. EXP. 7-26-2028

(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: Hillcrest Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03919

Physical Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Website: hillcrestpharmacy17@gmail.com

Licensing Company Email: hillcrestpharmacy17@gmail.com

Section 2: Personal Information

First: Devin Middle: James Last: Meier

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

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

Mailing Addres[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 Southern Nevada		08/07-05/10	
Address	**City**	**State**	**Zip**
10894 S River Front Pkwy	South Jordan	UT	84095
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
Brigham Young University			
Address	**City**	**State**	**Zip**
212 Hinckley Center	Provo	UT	84602
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Skyline High School			
Address	**City**	**State**	**Zip**
3251 E 3760 S	Salt Lake City	UT	84109
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
08/18-Present	[redacted]			
01/10-08/18				
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
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			From - To (MM/YY – MM/YY)
Hillcrest Pharmacy, LLC			02/18-Present
Business Address	**City**	**State**	**Zip**
781 E Fort Union Blvd	Midvale	UT	84047
Phone	**Title**		
385-900-1400	Owner/Pharmacist		
Description of Duties			
Manage employees, Regular pharmacist duties			

Business Name			From - To (MM/YY – MM/YY)
Meier's Pharmacy			02/12-Present
Business Address	**City**	**State**	**Zip**
4698 S Holladay Blvd	Holladay	UT	84117
Phone	**Title**		
801-679-3278	Owner/Pharmacist		
Description of Duties			
Manage employees, Regular pharmacist 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			

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.

Devin Meier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/18/2025

Date

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

State of Utah, ss. County of Salt Lake

I, Devin Meier, 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.

Devin Meier

Evelin Basten notary public

Original Signature

07/18/25

Date

Subscribed and Sworn to before me this 07 day of July 2025

Evelin Basten

Notary Public Signature

EVELIN H BASTEN
NOTARY PUBLIC • STATE OF UTAH
COMMISSION NO. 67143365N
COMM. EXP. 7-26-2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Hillcrest Pharmacy, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH03919

Physical Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-499-2556

Fax: 385-900-1990 Contact Email: hillcrestpharmacy17@gmail.com

Website: hillcrestpharmacysaves.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Jeffrey Ryan Abeyta

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21856

Name of Designated Person(s) as defined by revised USP-797 guidelines: Michael Stucki

Email of Designated Person(s): michaelj@hillcrestpharmacyutah.com

Telephone of Designated Person(s): 801-494-3627

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 6/10/2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months at minimum

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly, not to exceed 30 day intervals

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
- GLP-1s (Semaglutide, Tirzepatide) with 5mg/mL glycine
- Amino Acids (Glycine, Carnitine, N-AC, Glutathione, etc.)
- Vitamins (Primarily B-complex vitamins)
- NAD+

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical

Address: 11111 S. Wilcrest Dr.

City: Houston State: TX Zip: 77099

Telephone: 800-745-8916

13. What is your procedure for visual inspection of compounded sterile products?
SOP: HC-STRL-P4.2.1.0 Process-Performing-Visual Inspections-v2.2.0
-6 pages outlining what to look for and document for visual inspections of CSPs
- Includes: Particulate, precipitates, transparency, color, container components and integrity, labeling, and many more descriptions of expected or unexpected CSP attributes throughout all steps of compounding, CR log and CSP release to fill, and repetitive visuals by 2 or more trained personnel throughout post-compounding Rx fill process for final dispensing.
- UV blacklight, white/black contrast backgrounds, and magnifiers available and utilized if needed, and photos typically rendered.

14. How often do you perform glove fingertip and medial fill testing?
Every 6 months at a minimum

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
SOP: HC--STRL-P1.1.2.0 Personnel-Managing-Professional Development-v2.2.0
-Outlines thorough "theoretical and practical" competencies required prior to compounding
-Utilizing TRC Healthcare Critical Point, FDA's center for compounding excellence, etc. the frequencies and checklists for personnel training are tracked using Google Workspace's tasks and calendars
- Internal standards, especially in math and cleaning/microbiology are more rigorous than USP 797 standards, and aside from continual training with every SOP, training frequencies are planned on yearly, every 6 months, and monthly schedules to ensure training is proactive and a priority

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
PEC: Daily Preparation: Remove all items from the PEC surface. Clean/disinfect with sterile PeridoxRTU (at minimum weekly) or sterile TB1-3300 using sterile, low-lint wipes with unidirectional, overlapping strokes to ensure complete coverage. Finish with sterile 70% isopropyl alcohol (IPA) ensuring dwell times are reached for each agent. Sterile 70% IPA also used every 30 minutes, at the end of each batch, etc.
Secondary engineering controls: Daily use of TB1-3300 on all work surfaces, high contact items and areas, carts, floors, and sink. PreEmpt RTU sometimes substituted for daily use on floors. IPA 70% frequently used to aid removal of residue of sporicidal agents.
Monthly deep clean using sterile Periodox RTU on all surfaces, then also sterile IPA 70%
-Synexis continuous aerosolized dry hydrogen peroxide systems also used in both buffer and ante rooms.
- Peridox RTU required for all items staged into cleanroom, followed by IPA 70% prior to placement in any by-pass or staging cart

17. Who performs the sterile compounding process at your facility?

Currently, only Michael Stucki, PharmD

18. Who is responsible and accountable for the sterile compounding process at your facility?
Michael Stucki, PharmD and Designated Person (Sterile)

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Using only Fedex (vetted times and temperature conditions), CSPs are packaged with 2+ packaging systems to ensure all components remain intact, in controlled temperatures (studies performed to southern AZ, etc with temperature trackers), and communication/tracking numbers ensure patients are promptly notified and instructed on storage

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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 Stucki

Name of Person who Completed the Form

Pharmacist, Designated Person

Title

Signature (copies or stamps not accepted)

7-17-25

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741

Phone: *(801) 530-6628*
Toll Free: *(866) 275-3675*
Online: *DOPL.utah.gov*
Email: *DOPLInvestigations@utah.gov*

CLASS A
RETAIL
PHARMACY

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Hillcrest Pharmacy LLC Date: 6/30/25

License Number: 10633340-1703 Exp Date: 9/30/25

C.S. License Number: 10633340-8913 Exp Date: 9/30/25

DEA Registration: FH 7380188 Exp Date: 10/31/26

Pharmacy FEIN Number (Tax ID): 82-3679890

Pharmacy Email: hillcrestpharmacy17@gmail.com

Pharmacy Phone Number: 385-900-1400 Fax: 385-900-1990

Pharmacy Toll Free Number: 855-499-2556

Affiliated Websites: hillcrestpharmacysaves.com

Pharmacy Hours: Monday-Friday: 8:30AM-5:30PM Saturday: Closed Sunday: Closed

Pharmacy Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Pharmacist In Charge (PIC): Jeffrey Ryan Abeyta

PIC License Number: 374023-1701 Expiration Date: 9/30/25

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License #	Title:	Exp:
See Attached			

Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:

INSPECTION

	YES	NO	
1	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of the pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)(a)(i-vi)(b)]
2	☑	☐	Notification has been provided to the Division in regards to the unique email address used for self audits or pharmacy alerts. The pharmacy will use a single email address and notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603 (2) and (3) (t) (i-ii)]
3	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
4	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
5	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist or two pharmacy technician trainees to one pharmacist, if a licensed pharmacy technician or intern is working during the same shift. [UAC R156-17b-601(4)(a)(i-ii)]
6	☑	☐	A licensed pharmacy technician shall practice under the general supervision of a licensed pharmacist. [UCA 58-17b-102 (57)]
7	☐	☐	A pharmacy technician may administer vaccines and emergency medications pursuant to delegation by a pharmacist... And is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); [UAC R156-17b-601 (3)(b)] ☑ N/A
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(2)(a)(3)(a)]
9	☑	☐	In accordance with Subsection 58-17b-102(72)(b), supportive personnel shall be supervised by a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the services being performed expect for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)] ☐ N/A
10	☑	☐	In accordance with Subsection 58-17b-102(72)(a), supportive personnel may assist in any tasks not related to drug preparation or processing, including: [UAC R156-17b-607 (1)(a-g)] ☐ N/A

- ☐ stock ordering and restocking;
- ☑ cashiering;
- ☐ billing;

☐ filing;
☐ receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee;
☐ housekeeping;
☑ delivering a pre-filled prescription to a patient.

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for ensuring that no pharmacy operates with a ratio of pharmacist or DMP to other pharmacy personnel in circumstances that result in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare; [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☐ ☑ The facility conducts a pharmacy self-audit on a form provided by the Division, in accordance with the the following time frames: within 30 days of a change of consulting pharmacist, PIC, DMPIC, or RDPIC; within 30 days of the opening of a new facility; and at least 90 days before the end of each license renewal cycle. The facility maintains each pharmacy self-audit form for two years from the date of the self-audit. [UCA R156-17b-603 (3)(u)(i-iv)]

Date of last self inspection:_____

14 ☑ ☐ The facility or parent company shall maintain a record for at least five years of the initials or identification codes that identify each dispensing pharmacist or DMP by name. The initials or identification code shall be unique to ensure that each pharmacist or DMP can be identified; therefore identical initials or identification codes may not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable by facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b (Pharmacy Practice Act Rules)
- ☑ UAC R156-37 (Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product (Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)] ☐ N/A

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (d)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (e)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605(1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public safety. [UAC R156-17b-614a (1) (f)]

22 ☐ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock where drugs are stored and be securely locked when the pharmacy department is closed. [UAC R156-17b-614a (1)(g)(i-ii)(h)(i-ii)]
N/A ☑

23 ☑ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)]
N/A ☐

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156- 17b-614a (6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (3)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log for three years. [UAC R156-17b-614a (3)]
N/A ☐

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Drug-disease contraindications
- ☑ Incorrect drug dosage
- ☑ Drug-allergy interactions
- ☑ Therapeutic duplications
- ☑ Drug-drug interactions
- ☑ Incorrect duration of drug treatment
- ☑ Clinical abuse or misuse

29 ☑ ☐ Facility does have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (1)(i)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient or patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescribed drugs to the patient by means other than personal delivery shall provide the patient with a telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling regarding the prescribed drug. [UCA 58-17b-613(2)]
N/A ☐

32 ☑ ☐ if a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)]
N/A ☐

- ☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing.

☑ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information.

33 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

34 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or returned to the pharmacy. [UCA 58-17b-602(9)(a)(b)(i-ii)]

N/A ☐

35 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription to a patient shall: [UAC R156-17b-608(1)(a-e)(2)(a-c)]

N/A ☐

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☑ have policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements, including when drugs do not arrive on time or there is evidence that the integrity of a drug was compromised and providing for the replacement of those drugs.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient in accordance with sections 58-17b-613 and R156-17b-610; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

36 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

37 ☑ ☐ Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. [16 CFR 1700.15]

38 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.22]

39 ☐ ☐ N/A ☑ The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & 21 CFR 1311]

40 ☑ ☐ Prescription files, including refill information, is maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

41 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

42 ☐ ☐ N/A ☑ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

43 ☐ ☐ N/A ☑ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

44 ☑ ☐ N/A ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

45 ☐ ☐ N/A ☑ Requirements for taking the initial controlled substances inventory shall include the following: pharmacies having stock of controlled substances shall take an inventory, including out-of-date drugs and drugs in automated pharmacy systems, on the opening day of business; if a pharmacy commences business with no Schedule I or II controlled substances, the pharmacy shall record this fact as the initial inventory and shall document Schedule I and II controlled substance inventory separately from an inventory reporting no Schedule III, IV, and V controlled substances; the initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)]

46 ☑ ☐ N/A ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(f)(g)(h)(k)(l)]

- ☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☑ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☑ the inventory records shall be filed separately from all other records
- ☑ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

47 ☐ ☐ N/A ☑ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances that shall be reconciled according to facility policy. [UAC R156-17b-605(6)]

48 ☐ ☐ N/A ☑ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (j) & R156-37-502(4)]

49 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

50 ☐ ☐ N/A ☑ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

51 ☐ ☐ N/A ☑ The facility shall maintain a record of suppliers' credit memos for controlled substances [UAC R156-17b-614a (12)]

52 ☐ ☐ N/A ☑ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a(9)]

53 ☐ ☐ N/A ☑ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour daily or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

54 ☐ ☐ N/A ☑ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, identification number used and first and last name of individual picking up dispensed drug. [UCA R156-37f-203 (4) (bb-ff)]

55 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

56 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

57 ☑ ☐ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

58 ☑ ☐ The facility is engaged in hazardous drug compounding as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

59 ☑ ☐ The facility is engaged in compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (2)]

60 ☑ ☐ The facility is engaged in *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (2)]

COMMENTS

Assisted by Pharmacist/Part Owner Devin Meier and Pharmacy Technician/Owner Justin Meier.

A current list of licensed employees was available for inspection.

The pharmacy does not administer vaccinations.

Personnel ratios were compliant on the day of inspection.

The pharmacy utilizes support personnel for cashiering and delivery services.

Personnel having contact with the public are wearing identification.

The pharmacy did not conduct a self-inspection 90 days prior to the 2023 renewal cycle. This was not noted during the last inspection conducted 5/2024. The pharmacy plans to conduct the self-inspection for the 2025 renewal cycle in the next couple of days.

Temperature logs are kept digitally. Temperature monitoring is done using Mocreo. PIC and Pharmacist Michael Stucki are notified of temperature excursions.

Four unidentifiable medications were found in the pharmacy stock. No out-of-date medications were found in the pharmacy stock.

The pharmacy mails and delivers prescription medications. Requirements for mailing and delivery are compliant.

The pharmacy holds a controlled substance license but does not carry/dispense controlled substances.

Prescription labels are compliant.

Zero inventories of CII and CIII-CV were conducted. 2020-2025 inventories were inspected and compliant.

The pharmacy has an automated pharmacy system and engages in non-sterile and sterile compounding. An automated pharmacy system, non-sterile and sterile compounding inspections were conducted.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Date: 6/30/25

Name of Responsible Party (Print): Devin Meier

Signature of Division Investigator: Date: 6/30/25

Name of Division Investigator (Print): Kaila Silcox

Revised 3/2025

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

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NON-STERILE COMPOUNDING

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Hillcrest Pharmacy LLC Date: 6/30/25

Pharmacy License Number: 10633340-1703 Expiration Date: 9/30/25

Controlled Substance License Number: 1063340-8913 Expiration Date: 9/30/25

DEA Registration Number: FH7380188 Expiration Date: 10/31/26

Pharmacist-in-Charge (PIC): Jeffrey Abeyta

Pharmacist-in-Charge License Number: 374023-1701 Expiration Date: 9/30/25

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

GENERAL OPERATIONS AND INFORMATION

	Yes	No	
1	☑	☐	Compounders shall acquire and maintain knowledge and skills in all areas (e.g., dosage form, patient population, and medical specialty) for which they compound. [USP-NF Chapter 795—*Categories of Compounding*]

Which categories of compounding does the facility perform?

2	☑	☐	**Simple**- Making a preparation that has a *United States Pharmacopeia (USP)* compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability date for that formulation with appropriate BUDs; or reconstitution or manipulation commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Captopril Oral Solution,* and *Indomethacin Topical Gel,* and *Potassium Bromide Oral Solution, Veterinary.* [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☑	☐	**Moderate**- Making a preparation that requires special calculations or procedure (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. Examples include *Morphine Sulfate Suppositories,* diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☐	☑	**Complex**- Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
3	☑	☐	The preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug-delivery device, or device is in accordance with a licensed practitioner's prescription, medication order, or initiative based upon the practitioner/patient/pharmacist/compounder relationship in the normal course of professional practice[USP-NF Chapter 795—*Definitions—Compounding]*
4	☐	☑	Does the facility compound nonsterile prescriptions which are then delivered to a practitioner for administration to the patient in the office, clinic or facility?

	Yes	No	
5	☐	☑	A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]
6	☐	☑	Does the facility distribute non-sterile compounded preparations to hospitals, clinics, or surgery centers?
7	☐	☑	Does the facility have a sales force that distributes samples containing active ingredients? List on separate sheet.
8	☐	☑	Does the facility provide non-sterile compounded preparations to other pharmacies for dispensing?
9	☑	☐	What does the facility compound?

☐ Tablets	☑ Liquids	☐ Troches	☑ Ointments
☑ Capsules	☐ Lozenges	☑ Creams	☐ Suppositories
☐ Patches	☐ Sprays	☐ Powders	☐ Oral Pastes
☐ Transdermals	☐ _____	☐ _____	☐ _____

10	☐	☑	Does the facility compound vitamins or nutritional supplements? If so, list on separate sheet.
11	☐	☑	Does the facility compound investigational drugs? If so, list on separate sheet.
12	☐	☑	The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UCA 58-17b-502 (13)]
13	☑	☐	Does the facility perform compounding with hazardous drugs?
14	☑	☐	Does the facility segregate hazardous drugs from normal compounding stock?
15	☑	☐	MSDSs shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facilities premises. Employees should be instructed on how to retrieve and interpret needed information. [USP-NF Chapter 795—*Compounding Documentation—Material Safety Data Sheets File*]
16	☑	☐	Does the facility make non-sterile compounded preparations using bulk powder active pharmaceutical ingredients?
17	☑	☐	All significant procedures performed in the compounding area should be covered by written standard operating procedure (SOPs). Implementing SOPs establishes procedural consistency and also provides a reference for orientation and training of personnel. To ensure accountability, accuracy, quality, safety and uniformity in compounding procedures should be developed for the following: [USP-NF Chapter 795—*Compounding Documentation—Standard Operating Procedures*]

☑ Facility	☑ Equipment	☑ Personnel
☑ Packaging	☑ Storage	☑ Preparation

18	☑	☐	A *United States Pharmacopeia (USP), National Formulary (NF), or Food Chemical Codex (FCC)* substance is the recommended source of all ingredients for compounding all preparations. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(1)*]
19	☑	☐	Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [R156-17b-614a (3)(c)(i)(ii)]

20 ☑ ☐ Bulk containers are labeled with appropriate Occupational Safety and Health Administration (OSHA) hazard communication labels (see OSHA.gov), and Material Safety Data Sheets (MSDSs) are available to compounding personnel for all drugs and chemicals used in compounding. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (3)*]

BEYOND USE DATING

21 ☑ ☐ All components used in the compounding of preparations must be store as directed by the manufacturer or according to *USP*, *NF*, or *FCC* monograph requirements, in a clean area, and under appropriation temperatures and humidity conditions (controlled room temperature, refrigerator, or freezer). [USP-NF Chapter 795—*Component Selection, Handling, and Storage (11)*]

22 ☑ ☐ For components that do not have expiration dates assigned by the manufacture or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, to the component (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date)* based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage conditions. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(6)*]

23 ☑ ☐ If the component has been transferred to a different container, that container shall be identified with the component name, lot or control number, transfer date, and expiration date and shall provide integrity that is equivalent to or better than that of the original container. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(5)*]

24 ☑ ☐ The compounder shall ensure that the container and container closures used in packaging compounded preparations meet *USP* requirements (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Containers; Containers—Glass* <660>; *Containers—Plastics*<661>; *Containers—Performance Testing* <671>; Chapter <681>; Chapter <1136>; *Packaging Practice—Repackaging a Single Solid Oral Drug Product into a Unit-Dose Container*<1146>); and when available, compounding monographs. Compounders are not expected to perform the tests described in these chapters but should be knowledgeable about the stands described in them. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

25 ☑ ☐ The containers and closures shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the older stock is used first. The containers and container closures shall be stored in such a way as to permit inspection and cleaning of the storage area. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

26 ☑ ☐ The BUD is the date after which a compounded preparation shall not be used and is determined from the date when the preparation is compounded. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating*]

27 ☑ ☐ The beyond use date assigned shall be based on currently available drug stability information and sterility considerations or appropriate in-house or contract service stability testing. [R156-17b-614a (3)(g)]

28 ☑ ☐ Sources of drug stability information shall include the following: [R156-17b-614a (3)(g)(i)(A)(B)(C)]
☑ References can be found in "Trissel's Handbook on Injectable Drugs", 17th Edition, October 31, 2012 ☑ Manufacturer recommendations ☐ Reliable, published research

29 These maximum BUDs (shown below) are recommended for non-sterile compounded drug preparations in the absence of stability information that is applicable to a specific drug or preparation. They are packaged in tight, light resistant containers and stored at controlled room temperature. The BUD shall not be later than the expiration date on the container of any component. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]

☑ ☐ BUDs for Nonaqueous Formulations—The BUD is not later that the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier.

☑ ☐ BUDs for Water-Containing Oral Formulations—The BUD is not later than 14 days when stored at controlled cold temperatures.

☑ ☐ BUDs for Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations—The BUD is not later than 30 days.

ENVIRONMENT

30 ☑ ☐ Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide the orderly placement of equipment and materials to prevent mixups among ingredients, containers, labels, in-process materials and finished preparations and is designed, arranged and used to prevent adventitious cross-contamination. [USP-NF Chapter 795—*Compounding Facilities*]

31 ☑ ☐ Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Chapter <797>, *Environmental Quality and Control*). [USP-NF Chapter 795—*Compounding Facilities*]

32 ☑ ☐ Compounding is done in an appropriately clean and sanitized area dedicated to this activity (see section *Compounding Facilities*). [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (4)*]

33 ☑ ☐ Only one preparation is compounded at one time in a specific workspace. [USP-NF Chapter 795—Compounding Process—*Criteria When Compounding Each Drug Preparation (5)*]

34 ☑ ☐ The entire compounding and storage area should be well lighted. [USP-NF Chapter 795—*Compounding Facilities*]

35 ☑ ☐ Heating, ventilation, and air conditioning systems shall be controlled to avoid decomposition and contamination of chemicals (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Storage Temperature and Humidity;* and the manufacturers' labeled storage conditions). [USP-NF Chapter 795—*Compounding Facilities*]

36 ☑ ☐ Potable water shall be supplied for hand washing and equipment washing. *Purified Water* (see *Purified Water* monograph) shall be used for compounding nonsterile preparations when formulations indicate the inclusion of water. *Purified Water* should be used for rinsing equipment and utensils. [USP-NF Chapter 795—*Compounding Facilities*]

37 ☑ ☐ Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. [USP-NF Chapter 795—*Compounding Facilities*]

38 ☑ ☐ Disposal of all hazardous drugs wastes shall comply with all applicable federal and state regulations. All personnel who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs shall be trained in appropriate procedure to protect themselves and prevent contamination. [USP-NF Chapter 795—*Compounding Facilities*]

TRAINING

39 ☑ ☐ Personnel are appropriately trained and are capable of performing and qualified to perform their assigned duties. Such training should be documented. Compounding personnel should be evaluated annually. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (1), Training*]

40 ☑ ☐ All employees involved in pharmaceutical compounding shall read and become familiar with the chapter (USP-NF Chapter 795). They should also become familiar with the contents of the *USP Pharmacists' Pharmacopoeia* and other relevant publications, including how to read and interpret MSDS. [USP-NF Chapter 795—*Training*]

41 ☑ ☐ All employees shall read and become familiar with each of the procedures related to compounding, including those involving the facility, equipment, personnel, actual compounding, evaluation, packaging, storage, and dispensing. [USP-NF Chapter 795—Training]

COMPOUNDING EQUIPMENT

42 ☑ ☐ All equipment used in compounding is clean, properly maintained, and used appropriately. [USP-NF Chapter 795—Responsibilities of the Compounder—General Principles of Compounding (4)]

43 ☑ ☐ Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance and cleaning. Automated, mechanical, electronic, and other types of equipment used in compounding or testing of compounded preparations shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. Immediately before compounding operations, the equipment shall be inspected by the compounder to determine its suitability for use. After use, the equipment shall be appropriately cleaned. [USP-NF Chapter 795—Compounding Equipment]

DOCUMENTATION

44 ☑ ☐ A master worksheet shall be developed and approved by a pharmacist for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master worksheet shall be used as the preparation worksheet from which each batch is prepared an on which all document for that batch occurs. The master worksheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a (3)(d)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(A-D)(ix)(A-D)(x)(xi)(xii)(xiii)]

- ☑ Official or assigned name
- ☑ Calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients
- ☑ Equipment needed to prepare the preparation
- ☑ Container used in dispensing
- ☑ Quality control procedures and expected results
- ☑ Description of final preparation
- ☑ Strength
- ☑ Description of all ingredients and their quantities
- ☑ Mixing instructions, which shall include: order of mixing, mixing temperature or other environmental controls, duration of mixing, and other factors pertinent to the replication of the preparation as compounded
- ☑ Packaging and storage requirements
- ☑ Dosage form of the preparation
- ☑ Compatibility and stability information, including references when available
- ☑ Sample labeling information, which shall contain, in addition to legally required information: generic name and quantity or concentration of each active ingredient, assigned beyond use date, storage conditions, and prescription or control number, whichever is applicable

45 ☑ ☐ A preparation worksheet for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a (3)(e)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)(x)(xi)(xii)(A-D)(xiii)(A,B,C,D)(I-III)(xiv)(xv)(xvi)]

- ☑ Official or assigned name
- ☑ Names and quantities of all components
- ☑ Name of the person who prepared the preparation
- ☑ Date of the preparation
- ☑ Proof of duplicate labeling information, which shall: be kept at the pharmacy, be immediately retrievable; include an audit trail for any altered form, and be reproduced in: the original format that was dispensed, and electronic version, or a scanned electronic version
- ☑ Strength and dosage of the preparation
- ☑ Sources, lot numbers, and expiration dates of components
- ☑ Name of the compounder who approved the preparation
- ☑ Assigned control number, if for anticipation of use or prescription number, if patient specific, whichever is applicable
- ☑ Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver
- ☑ Description of final preparation
- ☑ Master Formulation Record reference for the preparation
- ☑ Total quantity compounded
- ☑ Name of the person who performed the quality control procedures
- ☑ Duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: active ingredients, beyond-use-date, storage conditions, and lot number
- ☑ Results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)

46 ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and prescription files, including refill information shall be maintained for a minimum of five years and be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

47 ☑ ☐ There shall a documented, ongoing quality control program that monitors and evaluates personnel performance, equipment and facilities that follow USP-NF Chapters 795 and 797 standards. [R156-17b-614a (3)(h)]

COMPOUNDING PROCEDURES

48 ☑ ☐ Only authorized personnel are allowed in the immediate vicinity of the compounding operations. [USP-NF Chapter 795—Responsibilities of the Compounder—General Principles of Compounding(6)]

49 ☑ ☐ Personnel engaged in compounding maintain good hand hygiene and wear clean clothing appropriate to the type of compounding performed (e.g., hair bonnets, coats, gowns, gloves, face masks, shoes, aprons, or other items) as needed for protection of personnel from chemical exposures and for preventions of drug contamination. [USP-NF Chapter 795—Compounding Process—Criteria When Compounding Each Drug Preparation (8)]

50 ☑ ☐ Critical processes (including but not limited to weighing, measuring, and mixing) are verified by the compounder to ensure that procedures, when used, will consistently result in the expected qualities in the finished preparation. [USP-NF 795—Compounding Process—Criteria When Compounding Each Drug Preparation]

PRESCRIPTION LABELING

51 ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or Agent shall bear at a minimum in addition what is required in Section 58-17b-602 the following: [UAC R156-17b-614a (3)(h)(i)(ii)(iii)]

- ☑ generic name and quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
- ☑ assigned compounding record or lot number;
- ☑ "This is a compounded preparation" or similar language.

PATIENT COUNSELING AND COMMUNICATION

52 ☑ ☐ At the time of dispensing the prescription, the patient or the patient's agent shall be counseled about proper use, storage, handling, and disposal of the compounded preparation. The patient or the patient's agent shall also be instructed to report any adverse event and to observe and report to the compounder any changes in the physical characteristics of the compounded preparation (see Chapter <1191>, *Responsibility of the Pharmacist*). The compounder shall investigate and document any reported problem with a compounded preparation and shall take corrective action. [USP-NF Chapter 795—*Patient Counseling*]

VETERINARY COMPOUNDING

53 ☐ ☑ Does the facility compound for veterinary use?

54 ☐ ☐ If compounding for both humans and animals, are the API's or other components that are labeled for veterinary use only are segregated or marked in such way to prevent them from being used for human compounding?

55 ☐ ☐ The pharmacist shall be knowledgeable about the individual species' limitation in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used in compounded preparations. For this reason, compounders making preparations for animals should use, when possible, formulations specifically developed for animal patients. If such formulations are not available, the compounder shall conduct a literature review to determine whether a specific component of the formula is toxic to the target species. [USP-NF Chapter 795—Compounding For Animal Patients]

COMMENTS (Use an additional sheet if necessary)

Assisted by Justin Meier, Technician/Owner and Devin Meier Pharmacist/Owner.

The facility does compound simple and moderate risk compounding.

Stability assignment is based on Trissel's and manufacturer recommendations.

SOPs were reviewed, present and compliant for nonsterile compounding.

Training for Hazardous compounding was present and compliant.

Cleaning logs were reviewed and compliant.

Manufacturing Records were reviewed and compliant.

Compounding Records were reviewed and compliant. Note the attached duplicate labels are viewed through Pioneer's software.

Prescription labels were reviewed and compliant.

The facility does not currently compound for veterinary patients, but plans on it in the future.

☐ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 6/30/25

Signature of Division Investigator: _____ Date of Signature: 6/30/25

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

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STERILE COMPOUNDING

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Hillcrest Pharmacy LLC Date: 6/30/25

Pharmacy License Number: 10633340-1703 Expiration Date: 9/30/25

Controlled Substance License Number: 10633340-8913 Expiration Date: 9/30/25

DEA Registration Number: FH7380188 Expiration Date: 10/31/26

Pharmacist-in-Charge (PIC): Jeffrey Ryan Abeyta

Pharmacist-in-Charge License Number: 374023-1701 Expiration Date: 9/30/25

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

	Yes	No	GENERAL OPERATIONS AND INFORMATION **Which categories of compounding does the facility perform?**
1.	☐	☑	The pharmacy does perform compounding identified as **low-risk** [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- Low-Risk Level CSPs]* ☐ The CSPs are compounded with aseptic manipulations entirely within ISO Class 5 or better air quality using only sterile ingredients, products, components, and devices. ☐ The compounding involves only transfer, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile products and not more than two entries into any one sterile container or package (e.g., bag, vial) of sterile product or administration container/ device to prepare the CSP. ☐ Manipulations are limited to aseptically opening ampules, penetrating disinfected stoppers on vials with sterile needles and syringes, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile products, and containers for storage and dispensing. ☐ For a low-risk level preparation, in the absence of passing a sterility teste (see Sterility Tests <71>) the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 48 hours at controlled room temperature (see General Notices and Requirements), and for 45 days in solid frozen state between -25°and -10°.
	☐	☑	The pharmacy does perform compounding identified as **medium-risk.** When CSPs are compounded aseptically under Low-Risk Conditions and one or more of the following conditions exist, such CSPs are at a medium risk of contamination. [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- Medium-Risk Levels CSPs]* ☐ Multiple individual or small doses of sterile products are combined or pooled to prepare a CSP that will be administered to either multiple patients or to one patient on multiple occasions. ☐ The compounding process includes complex aseptic manipulations other than the single-volume transfer. ☐ The compounding process requires unusually long duration, such as that required to compete dissolution or homogenous mixing. ☐ For a medium-risk preparation, in the absence of passing a sterility test (see Sterility Tests <71>0, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 30 hours at controlled room temperature (see Generals Notices and Requirements), and for 45 days in solid frozen state between 25°and -10°.

☑ ☐ The pharmacy does perform compounding identified as **high-risk** [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- High-Risk Levels CSPs]*

☑ Non sterile ingredients, including manufactured products not intended for sterile routes of administration (e.g. oral), are incorporated or a non-sterile device is employed before terminal sterilization.

☐ Any of the following are exposed to air quality worse than ISO 5 for more than 1 hour (see *Immediate-Use CSPs*):

- ☐ Sterile contents of commercially manufactured products,
- ☐ CSPs that lack effective antimicrobial preservative, and
- ☐ Sterile surfaces of devices and containers for the preparation, transfer, sterilization, and packaging of CSPs

☐ Compounding personnel are improperly garbed and gloved (see *Personnel Cleansing and Use of Barrier Protective Equipment).*

☐ Nonsterile water-containing preparations are stored for more than 6 hours before being sterilized.

☐ It is assumed, and not verified by examination of labeling and documentation from suppliers or by direct determination, that the chemical purity and content strength of ingredients meet their original or compendia specifications in unopened or in opened packages of bulk ingredients (see *Ingredient Selection under Pharmaceutical Compounding- Non-Sterile Preparations <795>).*

☐ In the absence of passing a sterility test, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 24 hours at controlled room temperature (see *General Notices and Requirements),* for not more than 3 days at a cold temperature (*see General Notices and Requirements),* and for 45 days in a solid frozen state between 25°and -10°.

☐ ☑ **Immediate-use provision in intended only for those situation where there is a need for emergency or immediate patient administration of a CSP.** Such situations may include cardiopulmonary resuscitation, emergency room treatment, preparation of diagnostic agents, or critical therapy where the preparation of the CSP under conditions described for Low-Risk Level CSPs subjects the patient to additional risk due to delays in therapy. Immediate-use CSPs are not intended for storage for anticipated needs or batch compounding. Preparations that are medium-risk level and high-risk level CSPs shall not be prepared as immediate-use CSPs. [USP-NF Chapter 797- *Immediate-use CSPs*]

☐ ☑ **Immediate-use CSPs** are exempt from the requirements described for Low-Risk Label CSPs only when all of the following are met: [USP-NF Chapter 797- *Immediate-use CSPs]*

☐ The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturer's' original containers and not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device. For example, anti-neoplastics shall not be prepared as immediate-use CSPs because they are hazardous drugs.

☐ Unless required for the preparation, the compounding procedure is a continuous process not to exceed 1 hour.

☐ During preparation, aseptic technique is followed and, if not immediately administered, the finished CSP is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mixups with other CSPs, and direct contact of outside surfaces.

☐ Administration begins not later than 1 hour following the start of the preparation of the CSP.

☐ Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact 1-hour BUD and time.

☐ If administration has not begun within 1 hour following the start of preparing the CSP, the CSP shall be promptly, properly, and safely discarded.

2. ☑ ☐ Does the facility dispense sterile compounded preparations pursuant to a prescription?

3. ☐ ☑ Does the facility make sterile compounded preparations that are delivered to a practitioner for administration to a patient in an office, clinic, or facility?

4. ☐ ☑ A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical

Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]

5. ☐ ☑ Does the facility distribute sterile compounded preparations to hospitals, clinics, or surgery centers?

6. ☐ ☑ Does the facility have a sales force that distributes samples containing active ingredients? If so, list samples on separate sheet.

7. ☐ ☑ Does the facility compound sterile preparations for veterinary use?

8. ☐ ☑ Is the facility registered with the FDA as an "Outsourcing Facility"?

9. ☑ ☐ The facility does compound:

☐ allergen extracts	☐ baths and soaks for live organs and tissues
☑ parental solutions	oral or nasal inhalation preparations
☐ parenteral suspensions	irrigations for wounds and body cavities
☐ preservative-free parenterals	ophthalmic preparations

10. ☐ ☑ Does the facility compound investigational drugs? If so, list on separate sheet.

11. ☑ ☐ The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UAC 58-17b-102(18)(b)(ii)]

12. ☑ ☐ The facility does not prepare a prescription drug for sale to another pharmacist or pharmaceutical facility. [UAC 58-17b-102 (18)(b)(i)]

13. ☑ ☐ The facility does not prepare a prescription drug, sterile product, or device which has been withdrawn from the market for safety reasons. [UAC 58-17b-102 (18)(b)(iii)]

14. ☑ ☐ Does the pharmacy makes sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients?

15. ☑ ☐ Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [UAC R156-17b-614a (3)(c)(i)(ii)]

16. ☐ ☑ Does the facility have a lyophilizer?

17. ☑ ☐ **The compounding facility shall have written, properly approved SOPs** designed to ensure the quality of the environment in which a CSP is prepared. [USP-NF Chapter 797-*Responsibility of Compounding Personnel-Suggested Standard Operating Procedures (SOPs)]*

a. ☑ Procedures for **measuring, mixing, dilution, purification, sterilization, packaging, and labeling** conform to the correct sequence and quality established for the specified CSP. [USP-NF Chapter 797- *Responsibility of Compounding Personnel*]

b. ☑ All **cleaning and disinfecting** practices and policies for the compounding of CSPs shall be included in written SOPs and shall be followed by all compounding personnel. [USP-NF Chapter 797- *Environmental Quality and Control and Disinfecting the Compounding Area*]

- ☑ ISO Class 5 PEC (e.g. LAFW, BSC, CAI, CACI)
- ☑ Counters and easily cleanable work surfaces
- ☑ Floors
- ☑ Walls
- ☑ Ceiling
- ☑ Storage Shelving

c. ☑ It is necessary that **equipment, apparatus, and devices** used to compound a CSP be consistently capable of operating properly and within acceptable tolerance limits. [USP-NF Chapter 797- *Element of Quality Control, Equipment]*

- ☑ Equipment calibration
- ☑ Annual maintenance
- ☑ Monitoring for proper function and controlled procedures for use of the equipment and specified time frames for these activities
- ☑ Routine maintenance and frequencies

d. ☑ The principles of HEPA-filtered unidirectional airflow in the work environment shall be understood and practiced in the compounding process in order to achieve the desired environmental conditions. Policies and procedures for **maintaining and working within the PEC** area shall be written and followed. The policies and procedure will be determined by the scope and risk levels of the aseptic compounding activities utilized during the preparation of the CSPs. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Control]*

e. n/a ☐ When compounding activities require **the manipulation of a patient's blood-derived or other biological material (e.g., radiolabeling a patient's or donor's white blood cells), the manipulations shall be clearly separated from routine material-handling** procedures and equipment used in CSP preparation activities, and they shall be controlled by specific SOPs in order to avoid any cross contamination. [USP-NF Chapter 797- *Environmental Quality and Control- Additional Personnel Requirements*]

f. ☑ **Double-checking compounding** accuracy shall be followed for every CSP during preparation and immediately prior to release. [USP-NF Chapter 797- *Preparation Release Checks and Tests, Compounding Accuracy Checks*]

g. ☑ When **high-risk level CSPs are dispensed before receiving the results of their sterility tests,** there shall be a written procedure requiring daily observations of the incubating test specimens and immediate recall of the dispensed CSPs when there is any evidence of microbial growth in the test specimens. [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests, Sterility Testing*]

h. ☑ **Verifying the correct identity and quality** of CSPs before they are dispensed and administered: [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests, Identify and Strength Verification of Ingredients*]

- ☑ Labels of CSPs bear correct names and amounts or concentrations of ingredients, the total volume, the BUD, the appropriate route(s) of administration, the storage conditions, and other information for safe use.
- ☑ That there are correct identities, purities, and amounts of ingredients by comparing the original written order with the written compounding record for the CSP.
- ☑ That correct fill volumes in CSPs and correct quantities of filled units of the CSPs were obtained. When the strength of finished CSPs cannot be confirmed to be accurate, based on the above three inspections, the CSPs shall be assayed by methods that are specific for the active ingredients.

i. ☑ To ensure consistent practices in determining and assigning BUDs, the compounding facility should have written policies and procedures governing the **determination of the BUDs** for all compounded products. The SOP manual of the compounding facility and each specific CSP formula record shall describe the general basis used to assign the BUD and storage conditions. [USP-NF Chapter 797- *Storage and Beyond-Use Dating*]

j. ☑ The **compounding procedures and sterilization methods** for CSPs correspond to correctly designed and verified written documentation in the compounding facility. Verification requires planned testing, monitoring, and documentation to demonstrate adherence to environmental quality requirements, personnel practices, and procedures critical to achieving and maintaining sterility, accuracy, and purity of finished CSPs. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Stability*]

k. ☑ Commercially available sterile drug products, sterile ready-to-use containers, and devices are examples of sterile components. A written procedure for **unit-by-unit physical inspection preparatory to use** is followed to ensure that these components are sterile, free from defects, and otherwise suitable for their intended use. [USP-NF Chapter 797- *Elements of Quality Control- Ingredients and Devices- Sterile Ingredients and Devices*]

l. ☑ Compounding personnel shall ensure proper storage and security of CSPs prepared by or dispensed from the compounding facility until either their BUDs are reached or they are administered to patients. In fulfilling this general responsibility, the compounding facility is responsible for the proper **packaging, handling, transport, and storage of CSPs prepared by or dispensed from it, including the appropriate education, training, and supervision of compounding personnel assigned to these functions.** The compounding facility should assist in the education and training of noncompounding personnel responsible for carrying out any aspect of these functions. Establishing, maintaining, and ensuring compliance with comprehensive written policies and procedures encompassing these responsibilities is a further responsibility of the compounding facility. Where noncompounding personnel are assigned tasks involving any of these responsibilities, the policies and procedures encompassing those tasks should be developed by compounding supervisors. [USP-NF Chapter 797- Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs]

m. ☑ Inappropriate processes or techniques involved with packaging, handling, and transport can adversely affect quality and package integrity of CSPs. Although compounding personnel routinely perform many of the tasks associated with these functions, some tasks, such as **transport, handling, and placement into storage, may be fulfilled by noncompounding personnel** who are not under the direct administrative control of the compounding facility. Under these circumstances, appropriate SOPs shall be established by the compounding facility with the involvement of other departments or services whose personnel are responsible for carrying out those CSP-related functions for which the compounding facility has a direct interest. The performance of the noncompounding personnel is monitored for compliance to established policies and procedures. [USP- NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packaging, Handling, and Transport*]

n. ☑ **When CSPs are distributed to locations outside the premises** in which they are compounded, compounding personnel select packing containers and materials that are **expected to maintain physical integrity, sterility, and stability of CSPs during transit**. Packing is selected that simultaneously protects CSPs from damage, leakage, contamination, and degradation, and protects personnel who transport packed CSPs from harm. The SOP manual of the compounding facility specifically describes appropriate packing containers and insulating and stuffing materials, based on information from product specifications, vendors, and experience of compounding personnel. Written instructions that clearly explain how to safely open containers of packed CSPs are provided to patients and other recipients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Packing CSPs for Transit*]

o. n/a ☐ SOPs must exist to ensure that **storage conditions in the patient-care setting** are suitable for the CSP-specific storage requirements. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs, Use and Storage*]

☐ Procedures include daily monitoring and documentation of drug storage refrigerators to ensure temperatures between 2° and 8°

☐ and the monthly inspection of all drug storage locations by compounding personnel.

p. ☑ The SOP manuals of compounding facilities shall describe **specific instructions for receiving, acknowledging, and dating receipts, and for recording, or filing, and evaluating reports of adverse events and of the quality of preparation** claimed to be associated with CSPs. Reports of adverse events with CSPs shall be reviewed promptly and thoroughly by compounding supervisors to correct and prevent future occurrences. Compounding personnel are encouraged to participate in adverse event reporting and product defects programs of the FDA and USP. [USP-NF Chapter 797- *Patient Monitoring and Adverse Events Reporting*]

Personnel Training and Requirements

18. ☑ ☐ A written description of specific training and performance evaluation program for individuals involved in the use of aseptic techniques for the preparation of sterile products shall be developed for each site. This program equips personnel with the appropriate knowledge and trains them in the required skills necessary to perform the assigned tasks. **Each person assigned to the aseptic area in the preparation of sterile products shall successfully complete specialized training in aseptic techniques and aseptic area practices prior to preparing CSPs** (see Personnel Training and Evaluation in Aseptic Manipulation Skills and Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures). [USP-NF Chapter 797 - *Elements of Quality Control*]

19. ☑ ☐ **Personnel who prepare CSPs shall be trained** conscientiously and skillfully **by expert personnel, multi-media instructional sources, and professional publications** in the theoretical principles and practical skills of **garbing procedures, aseptic work practices, achieving and maintaining ISO Class 5 environmental conditions, and cleaning and disinfection procedures.** [USP-NF Chapter 797- *Appendix I-Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures*]

20. ☐ ☑ Compounding personnel shall complete: [USP-NF Chapter 797- *Appendices- Appendix I-Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures*]

☑ didactic training,
☑ undergo skill assessment using observational audit tools,
☑ pass written competence assessments,
☐ and media-fill testing.

21. ☑ ☐ **Compounding personnel shall be visually observed during the process of performing hand hygiene and garbing procedures** (see *Personnel Cleansing* and *Garbing* under *Personnel Training and Evaluation in Aseptic Manipulation Skills* above). **The visual observation shall be documented** on a form such as the Sample Form for Assessing Hand Hygiene and Garbing Related Practices of Compounding Personnel (see Appendix III) and maintained to provide a permanent record and long-term assessment of personnel competency. [USP-NF Chapter

797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

22. ☑ ☐ **Sampling of compounding personnel glove fingertips shall be performed for all CSP risk level compounding** because direct touch contamination is the most likely source of introducing microorganisms into CSPs prepared by humans. Glove fingertip sampling **shall be used to evaluate the competency of personnel in performing hand hygiene and garbing procedures in addition to educating compounding personnel on proper work practices, which include frequent and repeated glove disinfection using sterile 70% IPA during actual compounding of CSPs.** All personnel shall demonstrate competency in proper hand hygiene and garbing procedures and in aseptic work practices (e.g., disinfection of component surfaces, routine disinfection of gloved hands). [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

23. ☑ ☐ **Sterile contact agar plates shall be used to sample the gloved fingertips** of compounding personnel **after garbing** in order to assess garbing competency and **after completing the media-fill preparation** (without applying sterile 70% IPA) in order to assess the adequacy of aseptic work practices prior to being initially allowed to prepare CSPs for human use and for more experienced personnel to maintain their qualifications to prepare CSPs for human use. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

24. ☑ ☐ **All compounding personnel shall successfully complete an initial competency evaluation and gloved fingertip/thumb sampling procedure (zero cfu) no less than three times before initially being allowed to compound CSPs for human use.** Immediately after the compounding employee completes the hand hygiene and garbing procedure (e.g., donning of sterile gloves prior to any disinfection with sterile 70% IPA), the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounding employee onto appropriate agar plates by lightly pressing each fingertip into the agar. The plates will be incubated for the appropriate incubation period and at the appropriate temperature (see Incubation Period). **After completing the initial gowning and gloving competency evaluation, re-evaluation of all compounding personnel for this competency shall occur at least annually for personnel who compound low- and medium-risk level CSPs and semi-annually for personnel who compound high-risk level CSPs** using one or more sample collections during any media-fill test procedure before they are allowed to continue compounding CSPs for human use. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

25. ☑ ☐ **After successful completion of an initial Hand Hygiene and Garbing Competency Evaluation, all compounding personnel shall have their aseptic technique and related practice competency evaluated initially during the Media-Fill Test Procedure and subsequent annual or semi-annual Media-Fill Test Procedures.** Records of these evaluations will be maintained using a form such as the Sample Form for Assessing Aseptic Technique and Related Practices of Compounding Personnel (see Appendix IV) and maintained to provide a permanent record of and long-term assessment of personnel competency. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

26. ☑ ☐ **Compounding personnel shall perform didactic review and pass written and media-fill testing of aseptic manipulative skills initially, at least annually thereafter for low- and medium-risk level compounding, and semiannually for high-risk level compounding.** Compounding personnel who fail written tests or whose media-fill test vials result in gross microbial colonization shall be immediately re-instructed and re-evaluated by expert compounding personnel to ensure correction of all aseptic practice deficiencies. [USP-NF Chapter 797- *Personnel Training and Evaluation in Aseptic Manipulation Skills*]

27. ☑ ☐ **Compounding personnel and other personnel responsible for cleaning shall be visually observed during** the process of performing **cleaning and disinfecting procedures**, during **initial personnel training** on cleaning procedures, during **changes in cleaning staff**, and at the **completion of any media-fill test procedure** (see Cleaning and Disinfecting of Compounding Areas). [USP-NF Chapter 797- Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/ Disinfection-Procedures, Surface Cleaning and Disinfection Sampling and Assessment]

28. ☐ ☐ **In the event that cleaning and disinfecting procedures are also performed by other support personnel** (e.g., institutional environmental services, housekeeping), thorough training of proper hand hygiene, garbing, and cleaning and disinfection procedures shall be done by a qualified aseptic compounding expert. After completion of training, support **personnel shall routinely undergo performance evaluation of proper hand hygiene, garbing, and all applicable cleaning and disinfecting procedures conducted by a qualified aseptic compounding expert.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures*]

N/a

29. ☐ ☐ **Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs.** The **training shall include** at least the following: [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]

n/a

- ☐ safe aseptic manipulation practices;
- ☐ negative pressure techniques when utilizing a BSC or CACI;
- ☐ correct use of CSTD devices;
- ☐ containment, cleanup, and disposal procedures for breakages and spills; and
- ☐ treatment of personnel contact and inhalation exposure.

Handwashing and Garbing

30. ☑ ☐ **When individuals are experiencing rashes, sunburn, weeping sores, conjunctivitis, active respiratory infection, as well as when they wear cosmetics, they shed these particles at even higher rates.** Particles shed from compounding personnel pose an increased risk of microbial contamination of critical sites of CSPs. **Therefore, compounding personnel with such conditions as mentioned above shall be excluded from working in ISO Class 5 (see Table 1) and ISO Class 7 (see Table 1) compounding areas until their conditions are remedied.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

31. ☑ ☐ **Before entering the buffer area or segregated compounding area** (see Low-Risk Level CSPs with 12-Hour or Less BUD), **compounding personnel shall remove personal outer garments** (e.g., bandannas, coats, hats, jackets, scarves, sweaters, vests); **all cosmetics, because they shed flakes and particles; and all hand, wrist, and other visible jewelry or piercings** (e.g., earrings, lip or eyebrow piercings) that can interfere with the effectiveness of PPE (e.g., fit of gloves and cuffs of sleeves). **The wearing of artificial nails or extenders is prohibited** while working in the sterile compounding environment. **Natural nails shall be kept neat and trimmed.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

32. ☑ ☐ **Personnel shall don the following PPE in an order that proceeds from those activities considered the dirtiest to those considered the cleanest.** Garbing activities considered the dirtiest include donning of ☑ dedicated shoes or shoe covers, ☑ head and facial hair covers (e.g., beard covers in addition to face masks), and ☑ face masks/eye shields. Eye shields are optional unless working with irritants such as germicidal disinfecting agents or when preparing hazardous drugs. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

33. ☑ ☐ **After donning dedicated shoes or shoe covers, head and facial hair covers, and face masks, a hand cleansing procedure shall be performed by removing debris from underneath fingernails using a nail cleaner under running warm water followed by vigorous hand washing. Hands and forearms shall be washed to the elbows for at least 30 seconds with soap (either nonantimicrobial or antimicrobial) and water while in the ante-area.** The use of antimicrobial scrub brushes is not recommended because they can cause skin irritation and skin damage. Hands and forearms to the elbows will be completely dried using either lintfree disposable towels or an electronic hand dryer. ☑ **After completion of hand washing, a nonshedding gown with sleeves that fit snugly around the wrists and enclosed at the neck is donned.** Gowns designated for buffer area use shall be worn, and **preferably they should be disposable. If reusable gowns are worn, they should be laundered appropriately for buffer area use.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

34. ☑ ☐ **Once inside the buffer area or segregated compounding area** (see Low-Risk Level CSPs with 12-Hour or Less BUD), and **prior to donning sterile powder-free gloves, antiseptic hand cleansing shall be performed using a waterless alcohol-based surgical hand scrub with persistent activity following manufacturers' recommendations. Hands are allowed to dry thoroughly before donning sterile gloves. [USP-NF Chapter 797- Environmental Quality and Control - Personnel Cleansing and Garbing]**

35. ☑ ☐ **Sterile gloves shall be the last item donned before compounding begins.** Gloves become contaminated when they contact nonsterile surfaces during compounding activities. Disinfection of contaminated gloved hands may be accomplished by wiping or rubbing sterile 70% IPA to all contact surface areas of the gloves and letting the gloved hands dry thoroughly. Only use gloves that have been tested for compatibility with alcohol disinfection by the manufacturer. **Routine application of sterile 70% IPA shall occur throughout the compounding process** and whenever nonsterile surfaces (e.g. vials, counter tops, chairs, carts) are touched. **Gloves on hands shall also be routinely inspected for holes, punctures, or tears and replaced immediately if such are detected.** Antiseptic hand cleansing shall be performed as indicated above. Compounding personnel. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

36. ☑ ☐ **When compounding personnel exit the compounding area** during a work shift, the exterior gown may be removed and retained in the compounding area if not visibly soiled, to be re-donned during that same work shift only. However, **shoe covers, hair and facial hair covers, face masks/eye shields, and gloves shall be replaced with new ones before re-entering the compounding area, and proper hand hygiene shall be performed.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

37. ☑ ☐ **During high-risk compounding activities that precede terminal sterilization, such as weighing and mixing of nonsterile ingredients, compounding personnel shall be garbed and gloved the same as when performing compounding in an ISO Class 5** (see Table 1) environment. Properly garbed and gloved **compounding personnel who are exposed to air quality that is either known or suspected to be worse than ISO Class 7 (see Table 1) shall re-garb PPE along with washing their hands properly, performing antiseptic hand cleansing with a waterless alcohol-based surgical hand scrub, and donning sterile gloves upon reentering the ISO Class 7 (see Table 1) buffer area. When CAIs and CACIs are the source of the ISO Class 5 (see Table 1) environment, the garbing and gloving requirements for compounding personnel should be as described above, unless the isolator manufacturer can provide written documentation based on validated environmental testing that any component(s) of PPE or personnel cleansing are not required.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

38. ☑ ☐ **Cleaning and disinfecting shall occur before compounding is performed.** Items shall be removed from all areas to be cleaned, and surfaces shall be cleaned by removing loose material and residue from spills; for example, water soluble solid residues are removed with sterile water (for injection or irrigation) and lowshedding wipes. This shall be followed by wiping with a residue-free disinfecting agent such as sterile 70% IPA, which is allowed to dry before compounding begins. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

39. ☑ ☐ **Cleaning Requirements**

Cleaning and disinfecting surfaces in the **LAFWs, BSCs, CAIs, and CACIs** are the most critical practices before the preparation of CSPs. Consequently, such **surfaces shall be cleaned and disinfected frequently, including at the beginning of each work shift, before each batch preparation is started, every 30 minutes during continuous compounding periods of individual CSPs, when there are spills, and when surface contamination is known or suspected from procedural breaches.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

40. ☐ ☐ **Work surfaces in the ISO Class 7 (see Table 1) buffer areas and ISO Class 8 (see Table 1) ante-areas as well as segregated compounding areas shall be cleaned and disinfected at least daily,** and dust and debris shall be removed when necessary from storage sites for compounding ingredients and supplies using a method that does not degrade the ISO Class 7 or 8 (see Table 1) air quality (see Disinfectants and Antiseptics <1072>).

41. ☐ ☐ [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

Floors in the buffer or clean area, ante-area, and segregated compounding area are cleaned by mopping with a cleaning and disinfecting agent once daily at a time when no aseptic operations are in progress. Mopping shall be performed by trained personnel using approved agents and procedures described in the

written SOPs. It is incumbent on compounding personnel to ensure that such cleaning is performed properly. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

42. ☐ ☐ In the buffer or clean area, ante-area, and segregated compounding area, walls, ceilings, and shelving shall be cleaned and disinfected monthly. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

43. ☑ ☐ **Cleaning and disinfecting agents** are to be used with careful consideration of compatibilities, effectiveness, and inappropriate or toxic residues (see Appendix II). Their **schedules of use and methods of application shall be in accordance with written SOPs and followed by custodial or compounding personnel.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

44. ☑ ☐ All **cleaning materials, such as wipers, sponges, and mops, shall be nonshedding**, preferably composed of synthetic micro fibers, and **dedicated to use in the buffer or clean area, ante-area, and segregated compounding areas and shall not be removed from these areas except for disposal.** Floor mops may be used in both the buffer or clean area and ante-area, but only in that order. Ideally, all cleaning tools are discarded after one use by collection in suitable plastic bags and removed with minimal agitation. If cleaning materials (e.g., mops) are reused, procedures shall be developed (based on manufacturers' recommendations) that ensure that the effectiveness of the cleaning device is maintained and that repeated use does not add to the bioburden of the area being cleaned. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

45. ☑ ☐ **Supplies and equipment removed from shipping cartons shall be wiped with a suitable disinfecting agent** (e.g., sterile 70% IPA) delivered from a spray bottle or other suitable delivery method. After the disinfectant is sprayed or wiped on a surface to be disinfected, the disinfectant **shall be allowed to dry, during which time the item shall not be used for compounding purposes.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

Facilities and Environmental Monitoring

46. ☑ ☐ Surface sampling is an important component of the maintenance of a suitable microbially controlled environment for compounding CSPs, especially since transfer of microbial contamination from improperly disinfected work surfaces via inadvertent touch contact by compounding personnel can be a potential source of contamination into CSPs. It is useful for evaluating facility and work surface cleaning and disinfecting procedures and employee competency in work practices such as disinfection of component/vial surface cleaning. **Surface sampling shall be performed in all ISO classified areas on a periodic basis.** Sampling can be accomplished using contact plates or swabs, and it **shall be done at the conclusion of compounding. Locations to be sampled shall be defined in a sample plan or on a form.** The size of the plate to be used for each sampled location usually ranges from 24 to 30 cm2. Contact plates are filled with general solid agar growth medium and neutralizing agents above the rim of the plate, and they are used for sampling regular or flat surfaces. Swabs may be used for sampling irregular surfaces, especially for equipment (see Microbiological Control and Monitoring of Aseptic Processing Environments <1116>). [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Surface Cleaning and Disinfection Sampling and Assessment*]

47. ☑ ☐ The value of viable microbial monitoring of gloved fingertips and surfaces of components and the compounding environment are realized when the data are used to identify and correct an unacceptable work practice. **Sampling data shall be collected and reviewed on a routine basis as a means of evaluating the overall control of the compounding environment. If an activity consistently shows elevated levels of microbial growth, competent microbiology personnel shall be consulted.** [USP-NF Chapter 797- *Environmental Quality and Control - Action Levels, Documentation, and Data Evaluation*]

48. ☑ ☐ Food, drinks, and materials exposed in patient care and treatment areas shall not enter ante-areas, buffer areas, or segregated compounding areas where components and ingredients of CSPs are present. [USP-NF Chapter 797- Environmental Quality and Control- Additional Personnel Requirements]

49. ☑ ☐ **Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide for the orderly placement of equipment and materials to prevent mixups** among ingredients, containers, labels, in-process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Pharmaceutical Compounding—Sterile Preparations <797>, Environmental Quality and Control). [USP-NF Chapter 795- Compounding Facilities]

50. ☑ ☐ The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area shall be smooth, impervious, free from cracks and crevices, and nonshedding, thereby promoting cleanability, and minimizing spaces in which microorganisms and other contaminants may accumulate. The surfaces shall be resistant to damage by disinfectant agents. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls]*

51. ☑ ☐ Junctures of ceilings to walls shall be coved or caulked to avoid cracks and crevices where dirt can accumulate. If ceilings consist of inlaid panels, the panels shall be impregnated with a polymer to render them impervious and hydrophobic, and they shall be caulked around each perimeter to seal them to the support frame. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

52. ☑ ☐ Any other penetrations through the ceiling or walls shall be sealed. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

53. ☑ ☐ The buffer area shall not contain sources of water (sinks) or floor drains. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

54. ☑ ☐ Work surfaces shall be constructed of smooth, impervious materials, such as stainless steel or molded plastic, so that they are easily cleaned and disinfected. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

55. ☑ ☐ Storage shelving, counters, and cabinets shall be smooth, impervious, free from cracks and crevices, nonshedding, cleanable, and disinfectable; their number, design, and manner of installation shall promote effective cleaning and disinfection. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

56. ☑ ☐ There shall be some demarcation designation that separates the ante-area from the buffer area. [USP-NF Chapter 797-Environmental Quality and Control- Additional Personnel Requirements]

57. ☑ ☐ **To ensure that product potency is retained through the manufacturer's labeled expiration date, compounding personnel shall monitor the drug storage areas within the compounding facility.** Controlled temperature areas in compounding facilities include controlled room temperature, 20° to 25° with mean kinetic temperature 25°; controlled cold temperature, 2° to 8° with mean kinetic temperature 8°; cold temperature, 2° to 8°; freezing temperature, −25° and −10° (see General Notices and Requirements) if needed to achieve freezing, and the media-specific temperature range for microbial culture media. **A controlled temperature area shall be monitored at least once daily and the results documented on a temperature log. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberrations.** Suitable temperature recording devices may include a calibrated continuous recording device or a National Institute of Standards and Technology (NIST) calibrated thermometer that has adequate accuracy and sensitivity for the intended purpose, and it shall be properly calibrated at suitable intervals. **If the compounding facility uses a continuous temperature recording device, compounding personnel shall verify at least once daily that the recording device itself is functioning properly.** [USP-NF Chapter 797- *Storage and Beyond Use Dating- Monitoring Controlled Storage Areas*]

58. ☑ ☐ **Certification that each ISO classified area, for example, ISO Class 5, 7, and 8 (see Table 1), is within established guidelines shall be performed no less than every 6 months and whenever the LAFW, BSC, CAI, or CACI is relocated or the physical structure of the buffer area or ante-area has been altered.** Testing shall be performed by qualified operators using current, state-of-the-art electronic equipment with results of the following: [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Total Particle Counts*]

☑ ISO Class 5: not more than 3520 particles 0.5 mm and larger size per cubic meter of air for any LAFW, BSC, CAI, and CACI;

☑ ISO Class 7: not more than 352,000 particles of 0.5 mm size and larger per cubic meter of air for any buffer area;

☑ ISO Class 8: not more than 3,520,000 particles or 0.5 mm size and larger per cubic meter of air for any ante-area.

59. ☑ ☐ **All certification records shall be maintained and reviewed by supervising personnel or other designated employees** to ensure that the controlled environments comply with the proper air cleanliness, room pressures, and ACPHs. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Total Particle Counts*]

60. ☑ ☐ **A pressure gauge or velocity meter shall be installed to monitor the pressure** differential or airflow between the buffer area and the ante-area and between the ante-area and the general environment outside the compounding area. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

61. ☑ ☐ **The results shall be reviewed and documented on a log at least every work shift** (minimum frequency shall be at least daily) or by a continuous recording device. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

62. ☑ ☐ **The pressure between the ISO Class 7 (see Table 1) and the general pharmacy area shall not be less than 5 Pa (0.02 inch water column). In facilities where low- and medium-risk level CSPs are prepared, differential airflow shall maintain a minimum velocity of 0.2 meters per second (40 feet per minute) between buffer area and ante-area.** [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

63. ☑ ☐ **The buffer area shall maintain at least ISO Class 7 (see Table 1) conditions for 0.5-mm and larger particles under dynamic operating conditions.** The room shall be segregated from surrounding, unclassified spaces to reduce the risk of contaminants being blown, dragged, or otherwise introduced into the filtered unidirectional airflow environment, and this segregation shall be continuously monitored. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

64. ☑ ☐ For rooms providing a physical separation through the use of walls, doors, and pass-throughs, a minimum differential positive pressure of 0.02- to 0.05- inch water column is required. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

65. ☑ ☐ For buffer areas not physically separated from the ante-areas, the principle of displacement airflow shall be employed. This concept utilizes a low pressure differential, high airflow principle. Using displacement airflow typically requires an air velocity of 40 ft per minute or more from the buffer area across the line of demarcation into the ante-area. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

66. ☑ ☐ **An ISO Class 7 (see Table 1) buffer area and ante-area supplied with HEPA-filtered air shall receive an ACPH of not less than 30.** The PEC is a good augmentation to generating air changes in the air supply of an area but cannot be the sole source of HEPA-filtered air. If the area has an ISO Class 5 (see Table 1) recirculating device, a minimum of 15 ACPHs through the area supply HEPA filters is adequate, providing the combined ACPH is not less than 30. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

67. ☑ ☐ **HEPA-filtered supply air shall be introduced at the ceiling, and returns should be mounted low on the wall,** creating a general top-down dilution of area air with HEPA-filtered make-up air. Ceiling-mounted returns are not recommended. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

68. ☑ ☐ **Activities and tasks carried out within the buffer area shall be limited to only those necessary when working within a controlled environment.** Only the **furniture, equipment, supplies, and other material required for the compounding activities to be performed shall be brought into the area, and they shall be nonpermeable, nonshedding, cleanable, and resistant to disinfectants.** Whenever such items are **brought into the area, they shall first be cleaned and disinfected.** Whenever possible, **equipment and other items used in the buffer area shall not be taken out of the area except for calibration, servicing, or other activities associated with the proper maintenance of the item.** [USP-NF Chapter 797- Environmental Quality and Control- Facility Design and Environmental Controls]

69. ☑ ☐ Secondary engineering controls such as buffer areas and ante-areas generally serve as a core for the location of the PEC. **Buffer areas are designed to maintain at least ISO Class 7 (see Table 1) conditions for 0.5-mm particles under dynamic conditions and ISO Class 8 (see Table 1) conditions for 0.5-mm and larger particles under dynamic conditions for the ante-areas.** [USP-NF Chapter 797 *Environmental Quality and Control, Facility Design and Environmental Controls*]

70. ☑ ☐ **PECs (LAFWs, BSCs, CAIs, and CACIs) and secondary engineering controls (buffer and ante-areas)** are essential components of the overall contamination control strategy for aseptic compounding. As such, it is imperative that they perform as designed and that the resulting levels of contamination be within acceptable limits. **Certification procedures such as those outlined in Certification Guide for Sterile Compounding Facilities (CAG-003-2006) shall be performed by a qualified individual no less than every 6 months and whenever the device or room is relocated or altered or major service to the facility is performed.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Nonviable Particle Testing Program*]

71. ☑ ☐ PECs typically include, but are not limited to, LAFWs, BSCs, CAIs, and CACIs, which provide an ISO Class 5 (see Table 1) environment for the exposure of critical sites. **PECs shall maintain ISO Class 5 (see Table 1) or better conditions for 0.5-mm particles (dynamic operating conditions) while compounding CSPs.** [USP-NF Chapter 797 -*Environmental Quality and Control, Facility Design and Environmental Controls*]

72. ☑ ☐ **The PEC shall be placed within a buffer area in such a manner as to avoid conditions that could adversely affect their operation.** For example, strong air currents from opened doors, personnel traffic, or air streams from the HVAC systems can disrupt the unidirectional airflow in open-faced workbenches. [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]

73. ☑ ☐ **PECs (LAFWs, BSCs, CAIs, and CACIs) shall be located within a restricted access ISO Class 7 (see Table 1) buffer area (see Figure 1),** with the following CAI/CACI exceptions below: [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]
☑ Only authorized personnel and materials required for compounding and cleaning shall be permitted in the buffer area.
☑ Presterilization procedures for high-risk level CSPs, such as weighing and mixing, shall be completed in no worse than an ISO Class 8 (see Table 1) environment.
☑ PECs shall be located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns.

74. ☐ ☐ N/a **CAIs and CACIs shall be placed in an ISO Class 7 (see Table 1) buffer area unless they meet all of the following conditions:** [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]
☐ The isolator shall provide isolation from the room and maintain ISO Class 5 (see Table 1) during dynamic operating conditions, including transferring ingredients, components, and devices into and out of the isolator and during preparation of CSPs.
☐ Particle counts sampled approximately 6 to 12 inches upstream of the critical exposure site shall maintain ISO Class 5 (see Table 1) levels during compounding operations.
☐ Not more than 3520 particles (0.5 mm and larger) per m3 shall be counted during material transfer, with the particle counter probe located as near to the transfer door as possible without obstructing the transfer.

75. ☑ ☐ **If the PEC is a CAI or CACI that does not meet the requirements above or is a LAFW or BSC that cannot be located within an ISO Class 7 (see Table 1) buffer area,** then only low-risk level nonhazardous and radiopharmaceutical CSPs pursuant to a physician order for a specific patient may be prepared, and administration of the CSP shall commence within 12 hours of preparation or as recommended in the manufacturer's package insert, whichever is less. [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]

76. ☐ ☐ N/A When isolators are used for sterile compounding, the recovery time to achieve ISO Class 5 (see Table 1) air quality shall be documented and internal procedures developed to ensure that adequate recovery time is allowed after material transfer before and during compounding operations. [USP-NF Chapter 797 - Environmental Quality and Control, Facility Design and Environmental Controls]

77. ☑ ☐ Airborne contamination control is achieved in the PEC through the use of HEPA filters. **The airflow in the PEC shall be unidirectional (laminar flow),** and because of the particle collection efficiency of the filter, the "first air" at the face of the filter is, for the purposes of aseptic compounding, **free from airborne particulate contamination. HEPA-filtered air shall be supplied in critical areas (ISO Class 5, see Table 1) at a velocity sufficient to sweep particles away from the compounding area and maintain unidirectional airflow during operations.** Proper design and control prevents turbulence and stagnant air in the critical area. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Controls*]

78. ☑ ☐ **In situ air pattern analysis via smoke studies shall be conducted** at the critical area to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Controls*]

79. ☑ ☐ **Environmental sampling shall occur as part a comprehensive quality management program** and shall occur minimally under any of the following conditions: [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing*]

☑ as part of the commissioning and certification of new facilities and equipment;
☑ following any servicing of facilities and equipment;
☑ as part of the re-certification of facilities and equipment (i.e., every 6 months);
☑ in response to identified problems with end products or staff technique; or
☑ in response to issues with CSPs, observed compounding personnel work practices, or patient-related infections (where the CSP is being considered as a potential source of the infection).

80. ☑ ☐ Sampling Plan—**An appropriate environmental sampling plan shall be developed for airborne viable particles based on a risk assessment of compounding activities performed. Selected sampling sites shall include locations within each ISO Class 5 (see Table 1) environment and in the ISO Class 7 and 8 (see Table 1) areas and in the segregated compounding areas at greatest risk of contamination** (e.g., work areas near the ISO Class 5 [see Table 1] environment, counters near doors, pass-through boxes). **The plan shall include sample location, method of collection, frequency of sampling, volume of air sampled, and time of day as related to activity in the compounding area and action levels.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program, Sampling Plan*]

81. ☑ ☐ Growth Medium—**A general microbiological growth medium such as Soybean–Casein Digest Medium shall be used to support the growth of bacteria. Malt extract agar or some other media that supports the growth of fungi shall be used in highrisk level compounding environments.** Media used for surface sampling must be supplemented with additives to neutralize the effects of disinfecting agents (e.g., TSA with lecithin and polysorbate 80). [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program, Sampling Plan*]

82. ☑ ☐ Viable Air Sampling—**Evaluation of airborne microorganisms using volumetric collection methods in the controlled air environments** (LAFWs, CAIs, clean room or buffer areas, and ante-areas) **shall be performed by properly trained individuals for all compounding risk levels. Impaction shall be the preferred method of volumetric air sampling.** Use of settling plates for qualitative air sampling may not be able to determine adequately the quality of air in the controlled environment. [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

83. ☑ ☐ **For low-, medium-, and high-risk level compounding, air sampling shall be performed at locations that are prone to contamination during compounding activities and during other activities such as staging, labeling, gowning, and cleaning.** Locations shall include zones of air backwash turbulence within LAFW and other areas where air backwash turbulence may enter the compounding area (doorways, in and around ISO Class 5 [see Table 1] PEC and environments). [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

84. ☑ ☐ **For low-risk level CSPs with 12-hour or less BUD prepared in a PEC** (LAFWs, BSCs, CAIs) **that maintains an**

ISO Class 5 (see Table 1), **air sampling shall be performed at locations inside the ISO Class 5** (see Table 1) **environment and other areas that are in close proximity to the ISO Class 5** (see Table 1) **environment during the certification of the PEC.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

85. ☑ ☐ Air Sampling Devices—There are a number of manufacturers of electronic air sampling equipment. It is important that personnel refer to the manufacturer's recommended procedures when using the equipment to perform volumetric air sampling procedures. The instructions in the manufacturer's user's manual for verification and use of electric air samplers that actively collect volumes of air for evaluation must be followed. **A sufficient volume of air (400 to 1000 liters) shall be tested at each location in order to maximize sensitivity. The volumetric air sampling devices need to be serviced and calibrated as recommended by the manufacturer.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

86. ☑ ☐ Air Sampling Frequency and Process—**Air sampling shall be performed at least semiannually (i.e., every 6 months) as part of the re-certification of facilities and equipment**. If compounding occurs in multiple locations within an institution (e.g., main pharmacy, satellites), environmental sampling is required for each individual compounding area. A sufficient volume of air shall be sampled and the manufacturer's guidelines for use of the electronic air sampling equipment followed. Any facility construction or equipment servicing may require that air sampling be performed during these events. [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

87. ☑ ☐ Action Levels, Documentation, and Data Evaluation—The value of viable microbial sampling of the air in the compounding environment is realized when the data are used to identify and correct an unacceptable situation. **Sampling data shall be collected and reviewed on a periodic basis as a means of evaluating the overall control of the compounding environment. If an activity consistently shows elevated levels of microbial growth, competent microbiology personnel shall be consulted.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

88. ☑ ☐ **Any cfu count that exceeds its respective action level (see Table 2) should prompt a re-evaluation of the adequacy of personnel work practices, cleaning procedures, operational procedures, and air filtration efficiency within the aseptic compounding location. An investigation into the source of the contamination shall be conducted.** Sources could include HVAC systems, damaged HEPA filters, and changes in personnel garbing or work practices. **The source of the problem shall be eliminated, the affected area cleaned, and resampling performed.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

89. ☐ ☐ n/a The intermediate precision of the **ACD** can be determined on the basis of the day-to-day variations in performance of the accuracy measures. Thus, **compounding personnel shall keep a daily record of the above-described accuracy assessments and review the results over time. This review shall occur at least at weekly intervals to avoid potentially clinically significant cumulative errors over time.** [USP-NF Chapter 797 - *Elements of Quality Control- Verification of Automated Compounding Devices (ACDs) for Parenteral Nutrition Compounding- Precision*]

90. ☑ ☐ **Compounding personnel shall ensure proper storage and security of CSPs prepared by or dispensed from the compounding facility until either their BUDs are reached or they are administered to patients.** In fulfilling this general responsibility, the compounding facility is responsible for the proper packaging, handling, transport, and storage of CSPs prepared by or dispensed from it, including the appropriate education, training, and supervision of compounding personnel assigned to these functions. The compounding facility should assist in the education and training of noncompounding personnel responsible for carrying out any aspect of these functions. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs*]

91. ☑ ☐ CSPs, as well as all other drug products, shall be stored in the patient-care area in such a way as to secure them from unauthorized personnel, visitors, and patients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Use and Storage*]

Documentation

All facilities that dispense prescriptions must comply with the record keeping requirements of their State Boards of Pharmacy. When a facility compounds a preparation according to the manufacturer's labeling instructions, then further documentation is not required. All other compounded preparations require further documentation as described in this section. [UAC R 156-17b-614a (3)(d)]

92. ☐ ☐ A master formulation record shall be approved by a pharmacist or DMP for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master formulation record shall be used as the compounding record from which each batch is prepared and on which all documentation for that batch occurs. The master worksheet sheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a(3)(e)(i-xiii)]

☑ official or assigned name
☑ strength
☑ dosage form of the preparation
☑ calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients dosage form of the preparation
☑ description of ingredients and their quantities
☑ compatibility and stability information, including references when available
☑ equipment needed to prepare the preparation
☑ container used in dispensing
☑ packaging and storage requirements
☑ description of final preparation
☑ quality control procedures and expected results;
☑ mixing instructions, which shall include: ☑ order of mixing ☑ mixing temperatures or other environmental controls ☑ duration of mixing ☑ other factors pertinent to the replication of the preparation as compounded
☑ sample labeling information, which shall contain, in addition to legally required information: ☑ generic name and quantity or concentration of each active ingredient ☑ assigned beyond use date ☑ storage conditions ☑ prescription or control number, whichever is applicable

93. ☑ ☐ A compounding record for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a(3)(f) (i-xix)]

☑ official or assigned name;
☑ strength and dosage of the preparation;
☑ Master Formulation Record reference for the preparation;
☑ names and quantities of all components
☑ sources, lot numbers, and expiration dates of components;
☑ total quantity compounded;
☑ name of the person who prepared the preparation
☑ name of the compounder who approved the preparation
☑ name of the person who performed the quality control procedures
☑ date of preparation
☑ assigned control, if for anticipation of use or prescription number, if patient specific, whichever is applicable
☑ duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: ☑ active ingredients ☑ beyond use date ☑ storage conditions and ☑ lot number;
☑ proof of the duplicate labeling information, which proof shall: ☑ be kept at the pharmacy ☑ be immediately retrievable ☑ include an audit trail for any altered form; and ☑ be reproduced in: the original format that was dispensed, an electronic format, or a scanned electronic version
☑ description of final preparation
☑ results of quality control procedures (e.g. weight range of filled capsules, pH of aqueous liquids); and
☑ documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver.

94. ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and MSDS files shall be kept for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

95. ☑ ☐ The facility maintains documentation regarding an ongoing quality control program that monitors and evaluates personnel performance, equipment and facility's compliance with following the USP-NF Chapters 795 and 797 standards. [UAC R156-17b-614a(3)(h)]

96. ☑ ☐ Results from the equipment calibration, annual maintenance reports, and routine maintenance are kept on file for the lifetime of the equipment. [USP-NF Chapter 797- *Elements of Quality Control- Equipment*]

Compounding Procedures

97. ☑ ☐ **Opened or needle-punctured single-dose containers**, such as bags, bottles, syringes, and vials of sterile products and CSPs **shall be used within 1 hour if opened in worse than ISO Class 5** (see Table 1) air quality (see Immediate-Use CSPs), **and any remaining contents must be discarded.** [USP-NF Chapter 797- *Single-Dose and Multiple-Dose Containers]*

98. ☑ ☐ ☐**Single-dose vials exposed to ISO Class 5** (see Table 1) **or cleaner air may be used up to 6 hours after initial needle puncture.** ☐**Opened single-dose ampuls shall not be stored for any time period.** ☑**Multiple-dose containers** (e.g., vials) **are formulated for removal of portions on multiple occasions because they usually contain antimicrobial preservatives.** The ☐**BUD after initially entering or opening (e.g., needle-punctured) multiple-dose containers is 28 days** (see Antimicrobial Effectiveness Testing <51>) unless otherwise specified by the manufacturer. [USP-NF Chapter 797- *Single-Dose and Multiple-Dose Containers]*

99. ☑ ☐ Wiping with small sterile 70% IPA swabs that are commercially available in individual foil-sealed packages (or a comparable method) is preferred for disinfecting entry points on bags and vials, allowing the IPA to dry before piercing stoppers with sterile needles and breaking necks of ampuls. **The surface of the sterile 70% IPA swabs used for disinfecting entry points of sterile packages and devices shall not contact any other object before contacting the surface of the entry point. Sterile 70% IPA wetted gauze pads or other particle-generating material shall not be used to disinfect the sterile entry points of packages and devices.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

100. ☐ ☐ n/a Pharmacy Bulk Package (see Containers for Injections under Injections <1>)—A container of a sterile preparation for parenteral use that contains many single doses. The contents are intended for use in a pharmacy admixture program and are restricted to the preparation of admixtures for infusion or, through a sterile transfer device, for the filling of empty sterile syringes. **The closure shall be penetrated only one time after constitution with a suitable sterile transfer device or dispensing set, which allows measured dispensing of the contents.** The pharmacy bulk package is to be used only in a suitable work area such as a laminar flow hood (or an equivalent clean air compounding area). **Where a container is offered as a pharmacy bulk package, the label shall (a) state prominently "Pharmacy Bulk Package—Not for Direct Infusion," (b) contain or refer to information on proper techniques to help ensure safe use of the product, and (c) bear a statement limiting the time frame in which the container may be used once it has been entered, provided it is held under the labeled storage conditions.** [USP-NF Chapter 797- *Definitions*]

101. ☑ ☐ **The licensed healthcare professionals who supervise compounding shall be responsible for determining that the selected sterilization method** (see Methods of Sterilization under Sterilization and Sterility Assurance of Compendial Articles <1211>) both sterilizes and maintains the strength, purity, quality, and packaging integrity of CSPs. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility, Sterilization Methods*]

102. ☑ ☐ Critical sites are locations that include any component or fluid pathway surfaces (e.g., vial septa, injection ports, beakers) or openings (e.g., opened ampuls, needle hubs) exposed and at risk of direct contact with air (e.g., ambient room or HEPA filtered), moisture (e.g., oral and mucosal secretions), or touch contamination. Protection of critical sites by precluding physical contact and airborne contamination shall be given the highest priority in sterile compounding practice. [USP-NF Chapter 797 - Exposure of Critical Sites]

103. ☑ ☐ **All high-risk level CSPs that are prepared in groups of more than 25 identical individual single-dose packages** (e.g., ampuls, bags, syringes, vials) **or in multiple-dose vials (MDVs) for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall meet the sterility test** (see Sterility Tests <71>) **before they are dispensed or administered.** [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests- Sterility Testing*]

104. ☐ ☐ n/a **All high-risk level CSPs, except those for inhalation and ophthalmic administration, that are prepared in groups of more than 25 identical individual single-dose packages (e.g., ampuls, bags, syringes, vials) or in MDVs for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall be tested to ensure that they do not contain excessive bacterial endotoxins** (see Bacterial Endotoxins Test <85> and Pyrogen Test <151>). In the absence of a bacterial endotoxins limit in the official monograph or other CSP formula source, the CSP shall not exceed the amount of USP Endotoxin Units (per hour per kilogram of body weight or square meters of body surface area) specified in Bacterial Endotoxins Test <85> referenced above for the appropriate route of administration. [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests- Bacterial Endotoxin (Pyrogen) Testing*]

105. ☐ ☑ **Does the facility participate in the following** (check all applicable):
☐ Hazardous Drugs ☐ Radiopharmaceuticals ☐ Allergen Extracts as CSPs

Hazardous Drugs

106. ☐ ☐ **All personnel who compound hazardous drugs shall be fully trained** in the **storage, handling, and disposal** of these drugs. This training **shall occur prior to preparing or handling hazardous CSPs**, and **its effectiveness shall be verified by testing specific hazardous drugs preparation techniques.** Such verification **shall be documented for each person at least annually.** This **training shall include didactic overview** of hazardous drugs, including mutagenic, teratogenic, and carcinogenic properties, and it **shall include ongoing training for each new hazardous drug that enters the marketplace.** [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]

107. ☐ ☐ **Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs.** The training **shall include** at least the following: [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]
- ☐ safe aseptic manipulation practices;
- ☐ negative pressure techniques when utilizing a BSC or CACI;
- ☐ correct use of CSTD devices;
- ☐ containment, cleanup, and disposal procedures for breakages and spills; and
- ☐ treatment of personnel contact and inhalation exposure.

108. ☐ ☐ Hazardous drugs shall be prepared for administration only under conditions that protect the healthcare workers and other personnel in the preparation and storage areas. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

109. ☐ ☐ Hazardous drugs shall be stored separately from other inventory in a manner to prevent contamination and personnel exposure. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

110. ☐ ☐ Hazardous drugs shall be handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparation for administration, and disposal. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

111. ☐ ☐ Hazardous drugs shall be prepared in an ISO Class 5 (see Table 1) environment with protective engineering controls in place and following aseptic practices specified for the appropriate contamination risk levels defined in this chapter. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

112. ☐ ☐ Access shall be limited to areas where drugs are stored and prepared to protect persons not involved in drug preparation. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

113. ☐ ☐ **All hazardous drugs shall be prepared in a BSC or a CACI that meets or exceeds the standards for CACI in this chapter. The ISO Class 5** (see Table 1) **BSC or CACI shall be placed in an ISO Class 7** (see Table 1) **area that is physically separated** (i.e., a different area from other preparation areas) **and optimally has not less than 0.01-inch water column negative pressure to adjacent positive pressure ISO Class 7** (see Table 1) **or better ante-areas, thus providing inward airflow to contain any airborne drug. A pressure indicator shall be installed that can be readily monitored for correct room pressurization.** [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

114. ☐ ☐ If a CACI that meets the requirements of this chapter is used outside of a buffer area, the compounding area shall maintain a minimum negative pressure of 0.01-inch water column and have a minimum of 12 ACPHs. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

115. ☐ ☐ **When closed-system vial-transfer devices** (CSTDs) (i.e., vial-transfer systems that allow no venting or exposure of hazardous substance to the environment) **are used, they shall be used within the ISO Class 5 (see Table 1) environment of a BSC or CACI.** The use of a CSTD is preferred because of their inherent closed system process. In facilities that prepare a low volume of hazardous drugs, the use of two tiers of containment (e.g., CSTD within a BSC or CACI that is located in a non-negative pressure room) is acceptable. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

116. ☐ ☐ **Appropriate personnel protective equipment (PPE) shall be worn when compounding in a BSC or CACI and when using CSTD devices.** PPE should include gowns, face masks, eye protection, hair covers, shoe covers or dedicated shoes, double gloving with sterile chemo-type gloves, and compliance with manufacturers' recommendations when using a CACI. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

117. ☐ ☐ Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

118. ☐ ☐ All personnel who compound hazardous drugs shall be fully trained in the storage, handling, and disposal of these drugs. This training shall occur prior to preparing or handling hazardous CSPs, and its effectiveness shall be verified by testing specific hazardous drugs preparation techniques. Such verification shall be documented for each person at least annually. This training shall include didactic overview of hazardous drugs, including mutagenic, teratogenic, and carcinogenic properties, and it shall include ongoing training for each new hazardous drug that enters the marketplace. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

119. ☐ ☐ **Disposal of all hazardous drug wastes shall comply with all applicable federal and state regulations.** All **personnel** who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs **shall be trained** in appropriate procedures to protect themselves and prevent contamination. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

Radiopharmaceuticals

120. ☐ ☐ For the purposes of this chapter, **radiopharmaceuticals compounded from sterile components in closed sterile containers and with a volume of 100 mL or less for a single-dose injection or not more than 30 mL taken from a multiple-dose container (see Injections <1>) shall be designated as, and conform to, the standards for Low-Risk Level CSPs.** These radiopharmaceuticals **shall be compounded using appropriately shielded vials and syringes in a properly functioning and certified ISO Class 5 (see Table 1) PEC located in an ISO Class 8 (see Table 1) or cleaner air environment to permit compliance with special handling, shielding, and negative air flow requirements.** [USP-NF Chapter 797- *Radiopharmaceuticals as CSPs*]

121. ☐ ☐ **Radiopharmaceuticals prepared as Low-Risk Level CSPs with 12-Hour or Less BUD shall be prepared in a segregated compounding area.** A line of demarcation defining the segregated compounding area shall be established. Materials and garb exposed in a patient care and treatment area shall not cross a line of demarcation into the segregated compounding area. [USP-NF Chapter 797- *Radiopharmaceuticals as CSPs*]

Allergen Extracts as CSPs

122. ☐ ☐ Allergen extracts as CSPs are single-dose and multiple-dose intradermal or subcutaneous injections that are prepared by specially trained physicians and personnel under their direct supervision. **Allergen extracts as CSPs are not subject to the personnel, environmental, and storage requirements for all CSP Microbial Contamination Risk Levels in this chapter only when all of the following criteria are met:** [USP-NF Chapter 797- Allergen Extracts as CSPs]

☐ The compounding process involves simple transfer via sterile needles and syringes of commercial sterile allergen products and appropriate sterile added substances (e.g., glycerin, phenol in sodium chloride injection).
☐ All allergen extracts as CSPs shall contain appropriate substances in effective concentrations to prevent the growth of microorganisms. Nonpreserved allergen extracts shall comply with the appropriate CSP risk level requirements in the chapter.
☐ Before beginning compounding activities, personnel perform a thorough hand-cleansing procedure by removing debris from under fingernails using a nail cleaner under running warm water followed by vigorous hand and arm washing to the elbows for at least 30 seconds with either nonantimicrobial or antimicrobial soap and water.
☐ Compounding personnel don hair covers, facial hair covers, gowns, and face masks.
☐ Compounding personnel perform antiseptic hand cleansing with an alcohol-based surgical hand scrub with persistent activity.
☐ Compounding personnel don powder-free sterile gloves that are compatible with sterile 70% isopropyl alcohol (IPA) before beginning compounding manipulations.
☐ Compounding personnel disinfect their gloves intermittently with sterile 70% IPA when preparing multiple allergen extracts as CSPs.
☐ Ampul necks and vial stoppers on packages of manufactured sterile ingredients are disinfected by careful wiping with sterile 70% IPA swabs to ensure that the critical sites are wet for at least 10 seconds and allowed to dry before they are used to compound allergen extracts as CSPs.
☐ The aseptic compounding manipulations minimize direct contact contamination (e.g., from glove fingertips, blood, nasal and oral secretions, shed skin and cosmetics, other nonsterile materials) of critical sites (e.g., needles, opened ampuls, vial stoppers).
☐ The label of each multiple-dose vial (MDV) of allergen extracts as CSPs lists the name of one specific patient and a BUD and storage temperature range that is assigned based on manufacturers' recommendations or peer-reviewed publications.
☐ Single-dose allergen extracts as CSPs shall not be stored for subsequent additional use.

Sterilization

123. ☑ ☐ Does the facility participate in the following (check all applicable):
☑ Filter Sterilization in an ISO class 5 ☐ Steam Sterilization ☐ Dry Heat Sterilization

124. ☑ ☐ **(Filter Sterilization in an ISO class 5)**
Commercially available sterile filters shall be approved for human-use applications in sterilizing pharmaceutical fluids. **Sterile filters used to sterilize CSPs shall be pyrogen free and have a nominal pore size of 0.2 or 0.22 mm.** They shall be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas (Pseudomonas) diminuta on each square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be sterilized (see High-Risk Conditions in High-Risk Level CSPs). [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

125. ☑ ☐ **The compounding supervisor shall ensure**, directly or from appropriate documentation, that **the filters** are chemically and physically stable at the pressure and temperature conditions to be used, that they have enough capacity to filter the required volumes, and that they will achieve sterility and maintain prefiltration pharmaceutical quality, including strength of ingredients of the specific CSP. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

126. ☑ ☐ The filter dimensions and liquid material to be sterile-filtered shall permit the sterilization process to be completed rapidly, without the replacement of the filter during the process. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

127. ☑ ☐ Filter units used to sterilize CSPs shall also be subjected to manufacturers' recommended integrity test, such as the bubble point test. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

128. ☑ ☐ Compounding personnel shall ascertain that selected filters will achieve sterilization of the particular CSPs being sterilized. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

129. ☐ ☐ **(Steam Sterilization)**
The process of thermal sterilization employing saturated steam under pressure, or autoclaving, is the preferred method to terminally sterilize aqueous preparations that have been verified to maintain their full chemical and physical stability under the conditions employed (see Steam Sterilization under Sterilization and Sterility Assurance of Compendial Articles <1211>).**To achieve sterility, all materials are to be exposed to steam at 121° under a pressure of about 1 atmosphere or 15 psi for the duration verified by testing to achieve sterility of the items, which is usually 20 to 60 minutes for CSPs.** An allowance shall be made for the time required for the material to reach 121° before the sterilization exposure duration is timed. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

130. ☐ ☐ Not directly exposing items to pressurized steam may result in survival of microbial organisms and spores. Before their sterilization, plastic, glass, and metal devices are tightly wrapped in low-particle-shedding paper or fabrics or sealed in envelopes that prevent poststerilization microbial penetration. **Immediately before filling ampuls and vials that will be steam sterilized, solutions are passed through a filter having a nominal pore size not larger than 1.2 mm for removal of particulate matter. Sealed containers shall be able to generate steam internally; thus, stoppered and crimped empty vials shall contain a small amount of moisture to generate steam.** [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

131. ☐ ☐ The description of steam sterilization conditions and duration for specific CSPs shall be included in written documentation in the compounding facility. The effectiveness of steam sterilization shall be verified using appropriate BIs of Bacillus stearothermophilus (see Biological Indicators <1035>) and other confirmation methods such as temperature-sensing devices (see Sterilization and Sterility Assurance of Compendial Articles <1211> and Sterility Tests <71>). [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

132. ☐ ☐ **(Dry Heat Sterilization)**
Dry heat sterilization is usually done as a batch process in an oven designed for sterilization. **Heated filtered air shall be evenly distributed throughout the chamber by a blower device.** [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

133. ☐ ☐ **Dry heat shall be used only for those materials that cannot be sterilized by steam,** when either the moisture would damage the material or the material is impermeable. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility-, Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

134. ☐ ☐ During sterilization, sufficient space shall be left between materials to allow for good circulation of the hot air. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

135. ☐ ☐ The description of dry heat sterilization conditions and duration for specific CSPs shall be included in written documentation in the compounding facility. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

136. ☐ ☐ The effectiveness of dry heat sterilization shall be verified using appropriate BIs of Bacillus subtilis (see Biological Indicators <1035>) and other confirmation methods such as temperature- sensing devices (see Sterilization and Sterility Assurance of Compendial Articles <1211> and Sterility Tests <71>). [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

Finished Preparation Release Checks and Tests

137. ☑ ☐ **All CSPs that are intended to be solutions shall be visually examined for the presence of particulate matter and not administered or dispensed when such matter is observed.** The prescription orders, written compounding procedure, preparation records, and expended materials used to make CSPs at all contamination risk levels are inspected for accuracy of correct identities and amounts of ingredients, aseptic mixing and sterilization, packaging, labeling, and expected physical appearance before they are administered or dispensed. [USP- NF Chapter 797- Finished Preparation Release Checks and Tests- Inspection of Solution Dosage Forms and Review of Compounding Procedures

138. ☑ ☐ **The accuracy of identities, concentrations, amounts, and purities of ingredients in CSPs shall be confirmed by reviewing labels on packages, observing and documenting correct measurements with approved and correctly standardized devices, and reviewing information in labeling and certificates of analysis provided by suppliers.** When the correct identity, purity, strength, and sterility of ingredients and components of CSPs cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampuls, punctured stoppers of vials and bags, containers of ingredients with incomplete labeling), such ingredients and components shall be discarded immediately. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility*]

139. ☑ ☐ The label of each batch prepared of sterile or non-sterile pharmaceuticals shall bear at a minimum: [UAC R156-17b-614a (3)(g)(i-vi)

☑ the unique lot number assigned to the batch;
☑ all active solution and ingredient names, amounts strengths and concentrations, where applicable
☑ quantity
☑ beyond use date and time, when applicable
☑ appropriate ancillary instructions, such as storage instructions or cautionary statements, including cytotoxic warning labels where appropriate; and
☑ device-specific instructions, where appropriate.

140. ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or agent shall bear at a minimum in addition to what is required in Section 58-17b-602 the following: [R156-17b-614a (3)(h)(i)(ii)(iii)

☑ generic name a quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
☑ assigned compounding record or lot number; and
☑ "this is a compounded preparation" or similar language

Packaging and Storage

141. ☑ ☐ Compounding facilities that ship CSPs to locations outside their own premises shall select modes of transport that are expected to deliver properly packed CSPs in undamaged, sterile, and stable condition to recipients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Transit of CSPs*]

142. ☑ ☐ Compounding personnel should ascertain that temperatures of CSPs during transit by the selected mode will not exceed the warmest temperature specified on the storage temperature range on CSP labels. It is recommended that compounding personnel communicate directly with the couriers to learn shipping durations and exposure conditions that CSPs may encounter. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Transit of CSPs*]

143. ☑ ☐ Compounding facilities that ship CSPs to patients and other recipients outside their own premises shall ascertain or provide, whichever is appropriate, the following assurances: [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSP- Storage in Locations Outside Compounding Facilities*]

☑ Labels and accessory labeling for CSPs include clearly readable BUDs, storage instructions, and disposal instructions for out-of-date units.
☑ Each patient or other recipient is able to store the CSPs properly, including the use of a properly functioning refrigerator and freezer if CSPs are labeled for such storage.

144. ☑ ☐ **Inspections shall confirm compliance with appropriate storage conditions, separation of drugs and food, proper use of MDVs, and the avoidance of using single-dose products as MDVs.** CSPs, as well as all other drug products, shall be stored in the patient-care area in such a way as to secure them from unauthorized personnel, visitors, and patients. [USP- NF Chapter 797- *Finished Preparation Release Checks and Tests- Monitoring Controlled Storage Areas*]

145. ☑ ☐ Personnel who prepare, dispense, and administer CSPs shall store them strictly in accordance with the conditions stated on the label of ingredient products and finished CSPs. [USP-NF Chapter 797- Storage and Beyond-use Dating]

Quality Assurance Program

146. ☑ ☐ The assurance of CSPs' quality and packaging integrity is highly dependent on the proper adherence of all personnel to the pertinent SOPs. **Compounding personnel shall design, implement, and maintain a formal education, training, and competency assessment program that encompasses all the functions and tasks addressed in the foregoing sections and all personnel to whom such functions and tasks are assigned.** This program includes the assessment and documentation of procedural breaches, administration mishaps, side effects, allergic reactions, and complications associated with dosage or administration, such as extravasation. This program should be coordinated with the institution's adverse-events and incident reporting programs. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Education and Training*]

147. ☑ ☐ **A provider of CSPs shall have in place a formal QA program intended to provide a mechanism for monitoring, evaluating, correcting, and improving the activities and processes described in this chapter.** Emphasis in the QA program is placed on maintaining and improving the quality of systems and the provision of patient care. In addition, the QA program ensures that any plan aimed at correcting identified problems also includes appropriate follow-up to make certain that effective corrective actions were performed. Characteristics of a QA program include the following: [USP-NF Chapter 797- *Quality Assurance (QA) Program*]

☑ Formalization in writing;
☑ Consideration of all aspects of the preparations and dispensing of products as described in this chapter, including environmental testing and verification results;
☑ Description of specific monitoring and evaluation activities;
☑ Specification of how results are to be reported and evaluated;
☑ Identification of appropriate follow-up mechanisms when action limits or thresholds are exceeded; and
☑ Delineation of the individuals responsible for each aspect of the QA program.

148. ☑ ☐ A written quality assurance procedure includes the following in-process checks that are applied, as appropriate, to specific CSPs: [USP-NF Chapter 797- *Responsibilities of Compounding Personnel*]

☑ accuracy and precision of measuring and weighing;
☑ the requirement for sterility;
☑ methods of sterilization and purification;
☑ safe limits and ranges for strength of ingredients, bacterial endotoxins, and particulate matter;
☑ pH;
☑ labeling accuracy and completeness;
☑ BUD assignment;
☑ and packaging and storage requirements.

149. ☑ ☐ Compounding facilities shall clinically monitor patients treated with CSPs according to the regulations and guidelines of their respective state healthcare practitioner licensure boards or of accepted standards of practice. **Compounding facilities shall provide patients and other recipients of CSPs with a way to address their questions and report any concerns that they may have with CSPs and their administration devices.** [USP-NF Chapter 797- *Patient Monitoring and Adverse Events Reporting*]

COMMENTS
(Use an additional sheet if necessary.)

Assisted by Justin Meier, CPhT/Owner, Devin Meier Pharmacist/Owner, and Michael Stucki Staff Pharmacist.

Michael Stucki is the only individual who does sterile compounding.

SOPs were reviewed and compliant.

Media fill for Michael Stucki was not present at the beginning of the inspection. Requested to receive these by end of day 6/30/2025 and send to zackchristensen@utah.gov.

Last hood certification was conducted on 3/28/2025 by Heninger Enterprises LLC.

The facility compounds tirzepatide and semaglutide with glycine additives. A review of two prescriptions each was conducted and found compliant.

The facility does perform terminal filter sterilization. The facility attaches the information onto each CR.

The facility does perform internal endotoxin test.

A review of the MFR was conducted and compliant.

A review of a CR was conducted and compliant.

The facility informs patients and writes on the receipts how to report adverse reactions.

The facility has a compliant QA program.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 6/30/25

Signature of Division Investigator: _____ Date of Signature: 6/30/25

Revised 8/2022

Division of
Professional Licensing
UTAH DEPARTMENT OF COMMERCE
160 E 300 S
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

Automated Pharmacy System

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Hillcrest Pharmacy LLC Date: 6/30/25

Pharmacy License Number: 10633340-1703 Expiration Date: 9/30/25

Controlled Substance License Number: 10633340-8913 Expiration Date: 9/30/25

DEA Registration Number: FH7380188 Expiration Date: 10/31/26

Pharmacist-in-Charge (PIC): Jeffrey Ryan Abeyta

Pharmacist-in-Charge License Number: 374023-1701 Expiration Date: 9/30/25

58-17b-621. Automated pharmacy systems

Automated pharmacy systems can be utilized in licensed pharmacies, remote locations under the jurisdiction of the Utah State Board of Pharmacy, and licensed health care facilities where legally permissible, as approved by the division in collaboration with the board, and described in rule.

	Yes	No	
1.	☑	☐	Documentation as to type of equipment, serial numbers, content, policies and procedures, and location shall be maintained on site in the pharmacy for review upon request of the Division. Such documentation shall include: [UAC R156-17b-620(1)] ✔ Name and address of the pharmacy or licensed health care facility where the automated pharmacy system is being used ✔ Manufacturer's name and model ✔ Description of how the device is used ✔ Quality assurance procedures to determine continued appropriate use of the automated device ✔ Policies and procedures for system operation, safety, security, accuracy, patient confidentiality, access and malfunction
2.	☑	☐	Automated pharmacy systems should be used only in settings where there is an established program of pharmaceutical care that ensures that before dispensing, or removal from an automated storage and distribution device, a pharmacist reviews all prescription or medication orders unless a licensed independent practitioner controls the ordering, preparation and administration of the medication; or in urgent situations when the resulting delay would harm the patient including situations in which the patient experiences a sudden change in clinical status. [UAC R156-17b-620(2)]
3.	☑	☐	All policies and procedures must be maintained in the pharmacy responsible for the system and, if the system is not located within the facility where the pharmacy is located, at the location where the system is being used. [UAC R156-17b-620(3)]
4.	☑	☐	Automated pharmacy systems shall have: [UAC R156-17b-620(4)] ✔ Adequate security systems and procedures to, prevent unauthorized access, comply with federal and state regulations, and prevent illegal use or disclosure of protected health information. ✔ Written policies and procedures in place prior to installation to ensure safety, accuracy, security, training of personnel, and patient confidentiality, and to define access and limits to equipment and medications.
5.	☑	☐	Records and electronic data kept by automated pharmacy systems shall meet the following requirements: [UAC R156-17b-620(5)] ✔ All events involving the contents of the automated pharmacy system must be recorded electronically ✔ Records must be maintained by the pharmacy for a period of five years and must be readily available to the Division. Such records shall include:

- ☑ Identity of system accessed
- ☑ Identity of the individual accessing the system
- ☑ Type of transaction
- ☑ Name, strength, dosage form and quantity of the drug accessed
- ☑ Name of the patient for whom the drug was ordered
- ☑ Any additional information the PIC may deem necessary

6. ☑ ☐ Access to and limits on access to the automated pharmacy system must be defined by policy and procedures and must comply with state and federal regulations. [UAC R156-17b-620(6)]

7. ☑ ☐ The PIC or pharmacist designee shall have the sole responsibility to: [UAC R156-17b-620(7)]
   - ☑ Assign, discontinue or change access to the system
   - ☑ Ensure that access to the medications comply with state and federal regulations
   - ☑ Ensure that the automated pharmacy system is filled and stocked accurately and in accordance with established written policies and procedures.

8. ☑ ☐ The filling and stocking of all medications in the automated pharmacy system shall be accomplished by qualified licensed healthcare personnel under the supervision of a licensed pharmacist. [UAC R156-17b-620(8)]

9. ☑ ☐ A record of medications filled and stocked into an automated pharmacy system shall be maintained for a period of five years and shall include the identification of the persons filling, stocking, and checking for accuracy. [UAC R156-17b-620(9)]

10. ☑ ☐ All containers of medications stored in the automated pharmacy system shall be packaged and labeled in accordance with federal and state laws and regulations. [UAC R156-17b-620(10)]

11. ☐ ☐ All aspects of handling controlled substances shall meet the requirements of all state and federal laws and regulations. [UAC R156-17b-620(11)]
    N/A ☑

12. ☑ ☐ The automated pharmacy system shall provide a mechanism for securing and accounting for medications removed from and subsequently returned to the automated pharmacy system, all in accordance with existing state and federal law. Written policies and procedures shall address situations in which medications removed from the system remain unused and must be secured and accounted for. [UAC R156-17b-620(12)]

13. ☑ ☐ The automated pharmacy system shall provide a mechanism for securing and accounting for wasted medications or discarded medications in accordance with existing state and federal law. Written policies and procedures shall address situations in which medications removed from the system are wasted or discarded and must be secured. [UAC R156-17b-620(13)]

COMMENTS

(Use an additional sheet if necessary)

Assisted by Pharmacist Devin Meier and Pharmacy Technician Justin Meier.

The pharmacy utilizes a Parata Max 2

Serial Number 18-3623-11157 Model Number 907-0215

Policies and procedures are available and compliant.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Date: 6/30/25

Name of Responsible Party (Print): Devin Meier

Signature of Division Investigator: Date: 6/30/25

Name of Division Investigator (Print): Kaila Silcox

Revised 3/2025

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Hillcrest Pharmacy LLC

EFFECTIVE
01/04/2018

EXPIRATION
09/30/2027

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

10633340-1703 Pharmacy - Class A
10633340-8913 Dispensing Controlled Substance License

DBA:

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

HILLCREST PHARMACY LLC
781 E FORT UNION BLVD
MIDVALE UT 84047

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: **01/04/2018**

EXPIRATION DATE: **09/30/2027**

ISSUED TO: **Hillcrest Pharmacy LLC**
781 E FORT UNION BLVD
MIDVALE UT 84047

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
10633340-1703 Pharmacy - Class A
10633340-8913 Dispensing Controlled Substance License
DBA:

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 07/17/2025

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Hillcrest Pharmacy LLC

Classification of License Issued: Pharmacy - Class A

License Number: 10633340-1703

Obtained By: Application

Current Status: Active

Original Date of Licensure: 01/04/2018

Expiration Date: 09/30/2027

Agency and Disciplinary Action: NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107**

Docket and Citation Number(s):

E-Prescriber:

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

12B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Tailstorm Health INC DBA Medivant Healthcare

Physical Address: 24416 N 19Th Ave suite 200

City: Phoenix State: AZ Zip Code: 85085

Telephone: 4806055200 Fax: 480-666-0316

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: licensing@medivanthealth.com Website: medivanthealth.com

Supervising Pharmacist: Sidra Pervez Nevada License #: 24473

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☒ ☐ Sterile Compounding
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 5/6/25 Amount: $500-ch 0401

FEI Number (From FDA application): 3022483154

Please provide the name of the facility as registered with the FDA and the registration number:
Tailstorm Health INC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Medivant Healthcare

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Sidra Pervez Nevada License Number: 24473

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Mitesh Gandhi
Print Name of Authorized Person

May 02, 2025
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Tailstorm Health INC

Address: 24416 N 19Th Ave suite 200

City: Phoenix State: AZ Zip: 85085

Telephone: 4806055200 Fax: 480-666-0316

Contact Person: Maria Narvaez

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Paul Hench Lemaistre
Name

b) Dan Thiessen
Name

c) Timothy S Callan
Name

d) James T Leathem
Name

[redacted]

2) Provide the number of shares issued by the corporation. 1,048,880

3) What was the price paid per share? $76.52

4) What date did the corporation actually receive the cash assets? October 2024

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 4/15/2025

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: tailstorm health

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]
Tailstorm Health Inc., Chandler, AZ	Mitexh Gandhi 480-274-8617	10/23/2019	12/10/2024	7/21/2021	Yes (/media/155218/download)	No	FMD-145 Letter Issued 10/23/2023
Tailstorm Health Inc., Phoenix, AZ	Mitexh Gandhi 480-274-8617	10/23/2019	12/18/2024	10/10/2024	Yes (https://www.fda.gov/media/184179/download)	No	Warning Letter Issued 4/8/2025

Showing 1 to 2 of 2 entries (filtered from 91 total entries)

Previous 1 Next

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/drugs/human-drug-compounding/compounding-inspections-recalls-and-other-actions) may contain information about compounding facilities under the same

ownership as the listed registered outsourcing facility.

Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.
4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/drugs/human-drug-compounding/compounding-inspections-recalls-and-other-actions).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

NEVADA STATE BOARD OF PHARMACY

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

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Tailstorm Health INC DBA Medivant Healthcare

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 24416 N 19Th Ave suite 200

City: Phoenix State: AZ Zip: 85085

Mailing Address (if different from physical address): 158 S Kyrene rd

City: Chandler State: AZ Zip: 85226

Telephone: 4806055200 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: Contact Email: licensing@medivanthealth.com

Website: medivanthealth.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Sidra Pervez

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24473

Name of Designated Person(s) as defined by revised USP-797 guidelines:

Email of Designated Person(s): licensing@medivanthealth.com

Telephone of Designated Person(s): 4806055200

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   Category 1 Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? N/A Yes No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? N/A Aseptic Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes No

5. When was the most recent certification for the ISO classified areas? December 2024

6. What is the frequency of the recertification for the ISO classified areas? Every six months

7. Were there any follow-up items required from the most recent certification report? Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Every Batch surface sampling is performed Batches when pass-through chambers are use

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Only FDA approved drugs for 503B Outsourcing facilities

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical performs our sterility testing, but we do endotoxin testing in-house

Address: 11111 S Wilcrest Dr S100

City: Houston State: TX Zip: 77099

Telephone: (800) 745-8916

13. What is your procedure for visual inspection of compounded sterile products?

SOP.CQA.0050 Attached

14. How often do you perform glove fingertip and medial fill testing?

Glove fingertip we do initial gowning qualifications, and re-qualifications every 6 months(which include glove fingertip), along with during every batch, every mfg tech involved in mfg process will - media fill every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

The Manufacturing Manager or designee is responsible for the proper training and thorough understanding of the process outlined in this SOP.
The Pharmacy technician or pharmacist/ Manufacturing Supervisor or designee shall sign off on the process during dispensing and compounding process.
Manufacturing technicians are responsible to follow the instruction/steps for product filter integrity, filtration, manual filling, sealing and Terminal sterilization process as per batch manufacturing record

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Cleaning Crew are responsible for preparation and usage of disinfectants followed by cleaning and sanitization of controlled non-classified and non-classified areas.
Manufacturing personnel are responsible for providing the cleaning material and ensure the Cleaning & Sanitization of corridors & Unclassified areas.
Manufacturing Manager / HR Admin department is responsible to ensure the activity is being followed as per procedure.
Head- Manufacturing / Designee is accountable for overall compliance of the SOP.

Controlled not classified (CNC) areas: Areas where HVAC systems are specifically designed to reduce airborne contaminants below the level of the ambient environment and temperature are controlled more tightly than in the ambient environment
Non-classified (NC)areas: non-classified areas have uncontrolled airborne particle amounts, but temperature and humidity are still maintained. is called non- classified/ unclassified area. Non- classifies area design as the non-process area or area in which the product does not comes in direct contact with air.
Daily Cleaning: In this type of cleaning, except False Ceiling, HEPA filter grills, tube, light fixture, walls

17. Who performs the sterile compounding process at your facility?

Manufacturing

18. Who is responsible and accountable for the sterile compounding process at your facility?

Manunfacturing

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

validation shipping study to ensure any cold chain products are shipped in a pre tested pack out that ensures the product stays in the temperature range required to keep the product safe and product efficacy is valid. With our room temperature products we inspect to ensure none are damaged prior to shipping and ensure all glass vial trays are in bubble wrap to e

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

N/A

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Only FDA approved drugs for 503B outsourcing facilities

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3 times for initial gowning qualification, then personal monitoring for every batch. and media fill testing every 6 months.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ✓ Yes No

4. What is the frequency for completing volumetric active air sampling?

During every batch and during monthly enviromental monitoring

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

N/A

5. What is the frequency for completing surface sampling? During every Batch		
6. What is the frequency for using sporicidal agents? Sporicidal wipes are used during each batch, then cleaning of clean room with Sporicidal agents is every other week.		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	(Yes)	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	(Yes)	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form 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 the form 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.

Austin Rodrigues
Name of Person who Completed the Form

Associate Director of Quality Control
Title

Signature (copies or stamps not accepted)

27 MAY 2025
Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# : M002033

AZ Permit Exp.Date : 10/31/2025

Business Name : Tailstorm Health Inc dBA Medivant Healthcare

Address : 24416 North 19th Avenue, #200

Zip : 85085

City : Phoenix

State : AZ

Phone : (480) 605-5207

Email : P.beougher@medivanthealth.com

Inspection Date : 12/05/2024

Designated Representative : Paula Beougher

FDA Registration# : 3022483154

Inspection Reviewed With : Paula Beougher Director of Pharmacy

Reviewers License# : S017717

Inspection type : Routine

Inspection Conducted By : Dennis Waggoner , Steve Haiber , Ram Karlapudi

ACTIVITIES

1	Controlled Substances	☐ YES	☑ NO
2	Prescription Drugs	☑ YES	☐ NO
3	Nonprescription Drugs	☐ YES	☑ NO
4	Rx Devices	☐ YES	☑ NO
5	Precursor/Regulated Chemicals	☐ YES	☑ NO
6	Veterinary Drugs	☐ YES	☑ NO

PERMITS

1	Arizona	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1929(B); 32-1933(A); R4-23-604(A)

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2	DEA	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2522(A); 21 CFR 1301.35(c)
3	FDA 3022483154 (Manufacturer/Repackager)	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(B)(9)

QUALITY CONTROL

1	Operational responsibilities	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.22; 211.180
2	Adequate laboratory facilities Conducting on-site environmental microbiological testing (viable air, surface sampling)	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.22
3	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.22
4	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.22; 211.180

PERSONNEL

1	Qualifications	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(B)(8); 21 CFR 211.25(a)(b)
2	Training	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.25(a)
3	Adequate Number	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.25(c)

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4	Clothing/protective apparel	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.28(a)(b)
5	Limited access areas Badge access based on job function.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.28(c)
6	Health conditions	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.28(d)
7	Consultants	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.34
8	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.34; 211.180
9	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K)

FACILITY

1	Size and space 24,500 SFT with 102 employees.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604; 21 CFR 211.42(a)(b)
2	Separate or defined areas-Receipt/identification	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(1)
3	Separate or defined areas-Rejected materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(2)
4	Separate or defined areas-Released materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(3)

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5	Separate or defined areas-In-process materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(4)
6	Separate or defined areas-Manufacturing and processing operations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(5)
7	Separate or defined areas-Packaging and labeling	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(6)
8	Separate or defined areas-Quarantine of drug products before release	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.420(c)(7)
9	Separate or defined areas-Storage of drug products after release	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(8)
10	Separate or defined areas-Laboratory operations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(9)
11	Separate or defined areas-Aseptic processing	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(10)
12	Penicillin processing	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.42(d); 211.46(d)
13	Lighting	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.44
14	Ventilation/environmental control systems The facility has a lighthouse monitoring system with out-of-range alerts in place.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.46
15	Plumbing	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.48

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16	Sewage and refuse	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.50; 211.56
17	Washing/bathroom facilities	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.52
18	Physical plant	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1966(3); 21 CFR 211.56; 211.58
19	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.56

EQUIPMENT AND UTENSILS

1	Appropriate design	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.63
2	Construction	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.65
3	Cleaning and maintenance	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.67(a)
4	Automated equipment/computer	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.68(b)
5	Filters Processes involve sterilization by filtration.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.72
6	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.67(c); 211.68(a); 211.182

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7	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A R4-23-604(K); 21 CFR 211.67(b); 211.160	

COMPONENTS, DRUG PRODUCT CONTAINERS, CLOSURES

1	Storage	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.80(b)(c)	
2	Lot identification	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.80(d)	
3	Container examination	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.82(a)	
4	Quarantine	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.82(b); 211.89	
5	Representative sample	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.84(b)	
6	Sample containers identified	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.84(c)(5)	
7	Sample collection process	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.84(c)	
8	Sample testing Each component lot ID is tested upon receipt and review of the COA. If the COA doesn't have microbiology tests, they are performed. Al l tests are conducted annually to verify the supplier's COA.	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.84(d)(e)	
9	Stock rotation	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.86	

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10	Retesting The facility is ordering limiting quantities of components based on production needs.	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.87
11	Container and closure qualities	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.94
12	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); 21 CFR 211.184; 1304.22
13	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.80(a); 211.94(d); 211.160

PRODUCTION AND PROCESS CONTROLS

1	Active ingredients	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.101(a)
2	Component weighing operations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.101(c)
3	Components removed from original container	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.101(b)
4	Component addition to batch	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.101(d)
5	Calculation of yield	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.103
6	Equipment identification	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.105

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7	Testing of in-process materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.110
8	Time limit on production	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.111
9	Control of microbiological contamination	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.113
10	Batch testing Some tests are conducted in the Chandler facility; some tests are performed at the contract lab.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.165
11	Reprocessing	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.115, 211.165(f)
12	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.100; 211.101; 211.103; 211.110; 211.165
13	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.100; 211.160; 211.165

PACKAGING AND LABELING CONTROL

1	Examination on receipt	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122(a)(b); 211.184
2	Storage Labels are not stored and are printed on demand. Packaging material (outer cartons) is stored in a secure area with badge access.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122(d)
3	Label and package destruction	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122(e); 211.125(d)

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4	Label type and inspection	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122(f)(g)(h)
5	Label issuance	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.125
6	Packaging and labeling operations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.130
7	Tamper-evident packaging	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.132
8	Drug product inspection	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.134
9	Expiration dating Lot number and expiration date are printed during production/packaging operation.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.137
10	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122; 211.184
11	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.122(a); 211.125(f); 211.130; 211.160

HOLDING AND DISTRIBUTION

1	Quarantine of drug products	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.142(a)
2	Drug product storage	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.142(b)

3	Distribution records	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); R4-23-1003(A); 21 CFR 211.196
4	Stock distribution	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(H); 21 CFR 211.150(a)
5	Lot recall	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 111.150(b)
6	Written Procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.142; 211.150

LABORATORY CONTROLS

1	Quality control review of processes	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.160
2	Established controls	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.160
3	Stability testing drug products	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.166
4	Special testing requirements	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.167
5	Penicillin contamination	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.176
6	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.194
7	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.160; 211.166; 211.167

REPRESENTATIVE SAMPLES

1	Components, drug containers, closures	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.184(b); 211 160
2	In-process materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.160
3	Batches	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.165
4	Drug products	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.160

RESERVE SAMPLES

1	Active ingredient Not maintaining active ingredient reserves.	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.170(a)
2	Quantity held active ingredient	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.170(a)
3	Retention period active ingredient	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.170(a)
4	Lot or batch of drug product	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)
5	Container/closure system drug product	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)
6	Quantity held drug product	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)

7	Examination of drug product for deterioration	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)
8	Retention period drug product	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)

MASTER PRODUCTION AND CONTROL RECORDS

1	Each drug product/batch size	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(a)
2	Documentation-Name/strength	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
3	Documentation-Active ingredient	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
4	Documentation-Component list	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
5	Documentation-Statement of weight	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
6	Documentation-Calculated excess	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.186(b)
7	Documentation-Theoretical weight	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
8	Documentation-Theoretical yield	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
9	Documentation-Packaging description/label	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)

10	Documentation-Written instructions	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
11	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211 186(a)

BATCH RECORDS

1	Preparation	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(a)
2	Content	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(a)
3	Follows master production record	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(a)
4	Documentation-Dates	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
5	Documentation-Equipment/processing lines	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
6	Documentation-Identification of components/in-process material	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
7	Documentation-Components	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
8	Documentation-Control results	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
9	Documentation-Packaging/label inspections	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

10	Documentation-Yield	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
11	Documentation-Labeling control records	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
12	Documentation-Containers/closures	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
13	Documentation-Sampling	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
14	Documentation-Personnel	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
15	Documentation-Investigations OOS investigation policy exists - no deviations noted in the batch records observed.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.192; 211.188(b)
16	Documentation-Examinations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.134; 211.188(b)
17	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 1304.22
18	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K)

COMPLAINT FILES

1	Review	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.198(a)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	Investigation	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.198(a); 211.180(f)
3	Written complaint documentation	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.198(b)
4	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.198(b)
5	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.198(a)

RETURNS

1	Identify/quarantine	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.204
2	Disposal	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.204
3	Reprocessing The returned product is not reprocessed; it is destroyed.	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.204
4	Investigation	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.204; 211.180(f)
5	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.204
6	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.204

CONTROLLED SUBSTANCES

6400

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Security Not handling controlled substances at this facility.	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1301.71(a); 1301.72
2	In-process substance security	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1301.73
3	Limited-access area	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1301.73; 211.28(c)
4	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523; 36-2524; R4-23-601(D); R4-23-1003; 21 CFR 1301.74; 1304.21
5	Inventory	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523; R4-23-1003(A)(6); 21 CFR 1304.04; 1304.11

NOTES

Hours of operation: Mon - Fri: 9 am - 5 pm (Mon - Fri).

Reviewed batch records, including associated EM/PM data for Bevacizumab PFS 1.25 mg/0.05 ml Batch D24062 repackaging date 11/04/24 Exp: 11/04/25 and Semaglutide PFS 1 mg/0.2 ml inj Batch D24064, Mfr date 10/31/24 and Exp 07/30/25.
Cleanroom suite certification testing was conducted in May 2024—repeat tests are planned in the next few weeks.
Media fill for the Avastin process simulation was completed on 10/15/24.
Media fill for the Semaglutide process simulation was completed in Nov 2024
The response to FDA observations was reviewed; the modifications made during personal interventions/workflow did not result in negative outcomes as of the current inspection date. In the next few weeks, a new smoke study will be completed to simulate airflow in the Class -5 equipment area to demons trate the state of control.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	9/24/2024-10/10/2024* FEI NUMBER 3022483154

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Viraj Gandhi, CEO	
FIRM NAME	**STREET ADDRESS**
Tailstorm Health INC	24416 N 19th Ave Ste 200
CITY, STATE, ZIP CODE, COUNTRY	**TYPE ESTABLISHMENT INSPECTED**
Phoenix, AZ 85085-1400	Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

A. Your firm released sterile drug product, Bevacizumab (Avastin) Lot# D24006, BUD: 21 Feb 2025, Batch size: 5335 Pre-Filled Syringes, after a positive microbial growth was detected during the personnel monitoring of aseptic personnel that performed a non-routine intervention on the filling line where RABS (Equipment ID: PE001) doors were opened to adjust the filling needles and 2P Punches. 1cfu was observed from the right forearm on 04 Mar 2024, however investigation into the excursion was not initiated until 15 Mar 2024. Your Quality Unit did not expand the investigation to include a retrospective evaluation. Additionally, there is no evidence that the open Pre-Filled Syringes that were exposed during the intervention were investigated or discarded. Your investigation stated that the root cause is due to "the ISO-7 environment the operator occupies prior to entering the ISO-5 environment".

B. Your firm released sterile drug product Bevacizumab (Avastin) lots D24005 and D24008 without thoroughly investigating out-of-specification results of particulate matter. No lab error was found at the conclusion of the investigation opened by your contract testing lab. Your firm opened an investigation into these results, but the investigation failed to determine what these particles were. Your firm re-tested these lots and released them into the U.S market without identifying

AMENDMENT 1

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Dogbeda F Mackenzie, Investigator	X Dogbeda F Mackenzie Investigator Signed By: Dogbeda F Mackenzie -S Date Signed: 10-10-2024 11:40:51	10/10/2024

the source of the particles found in your drug product.

C. Your firm's Quality Unit failed to thoroughly investigate, determine root causes, and implement appropriate corrective and preventative actions in response to personnel monitoring excursions. For example, your firm opened investigation into OOS.DMC.24.003 and stated the following "The contamination observed on the left forearm of the manufacturing technician is most likely attributable to sampling the gowning material which is subject to the ISO7 environment preceding entry into ISO5 environment". Out-of-Specification results in microbiological excursions were observed on four different aseptic operating personnel over the course of 04 Mar 2024 to 01 Jul 2024. The investigations you conducted did not determine why contamination in the ISO-7 would have occurred nor did it include corrective actions to mitigate it from reoccurring. The following investigations were opened into these excursions:

Investigation	Product	Lot number
OOS.DMC.24.001	Bevacizumab (Avastin) (1.25mg/0.05mL)	D24006
OOS.DMC.24.003	Bevacizumab (Avastin) (1.25mg/0.05mL)	D24008
OOS.DMC.24.005	Bevacizumab (Avastin) (1.25mg/0.05mL)	D24009
OOS.DMC.24.008	Bevacizumab (Avastin) (1.25mg/0.05mL)	D24012
OOS.DMC.24.012	Semaglutide (5mg/mL)	D24019

OBSERVATION 2
Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.

Specifically,

A. Your firm failed to adequately simulate your aseptic filling process of your drug product

AMENDMENT 1

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6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	9/24/2024-10/10/2024* FEI NUMBER 3022483154

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Viraj Gandhi, CEO	
FIRM NAME Tailstorm Health INC	STREET ADDRESS 24416 N 19th Ave Ste 200
CITY, STATE, ZIP CODE, COUNTRY Phoenix, AZ 85085-1400	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

Bevacizumab (Avastin) in the media fill you conducted. The media fill your firm conducted to validate the aseptic filling process of drug product Bevacizumab included an additional filtration step that occurred inside of the filling machine (Equipment ID: PE001). However, the current process used to perform aseptic filling of Bevacizumab (Avastin) vials does not include a filtration step inside the filling machine (Equipment ID: PE001).

B. Sterilized filling components are routinely moved from ISO-7 filling room (room # PR 003) and introduced into the ISO-5 RABS (Equipment ID: PE001) without being disinfected. On 09/27/2024, during the assembly of the filling machine for Semaglutide (8mg/mL) Lot# D24044, your Aseptic Operators were observed placing wrapped autoclaved filling components into ISO-5 classified RABS. Your Head of Quality stated that employees are not required nor trained to disinfect filling components before introducing them into the ISO-5 classified RABS.

OBSERVATION 3

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

A. Your smoke studies are inadequate. The smoke studies your firm conducted to simulate aseptic processes did not demonstrate the impact of the airflow during line interventions, equipment manipulations, and machine assembly. The videos did not show the airflow reaching all work surfaces and exiting your RABS filling equipment.

B. Your firm does not adequately capture the environmental conditions in which aseptic processes are conducted. Your procedure SOP.DQC.007, Environmental Monitoring, Effective date: 11 Mar 2024, Revision: 03 instructs personnel performing filling machine assembly to be sampled after set-up. Your firm failed to immediately sample personnel conducting filling machine setup

AMENDMENT 1

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Dogbeda F Mackenzie, Investigator	X	DATE ISSUED 10/10/2024

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	9/24/2024-10/10/2024* FEI NUMBER 3022483154

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for about 34 lots that have been released from your facility. For example:

i. On 19 Mar 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Bevacizumab (Avastin) Lot# D24008 at 07:07am, however environmental monitoring of the employee who performed setup was performed at 07:50am on 19 Mar 2024.

ii. On 26 Apr 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Bevacizumab (Avastin) Lot# D24012 at 08:01 am, however environmental monitoring of the employee who performed setup was performed at 08:34 am on 26 Apr 2024.

iii. On 01 Jul 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Semaglutide Lot# D24019 at 08:51 am, however environmental monitoring of the employee who performed setup was performed at 09:35 am on 01 Jul 2024.

C. On 27 Sep 2024, during aseptic filling of Semaglutide (8mg/mL) Lot# D24044, your employee was seen rubbing excess Sterile 70% IPA on gloved hands prior to being sampled.

D. Your firm performs aseptic filling of drug products using RABS. On 24 Sep 2024, aseptic personnel's head to mid trunk of body exposed to ISO-5 classified RABS during machine assembly for Bevacizumab (Avastin) Lot# D24042. Your Head of Quality was unable to provide scientific justification to why personnel monitoring of aseptic personnel forehead and chest are not sampled.

OBSERVATION 4

Written procedures are not established for the cleaning and maintenance of equipment, including utensils, used in the manufacture, processing, packing or holding of a drug product.

AMENDMENT 1

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Dogbeda F Mackenzie, Investigator	X Dogbeda F Mackenzie Investigator Signed By: Dogbeda F. Mackenzie -S Date Signed: 10-10-2024 11:46 ET	10/10/2024

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	9/24/2024-10/10/2024*
	FEI NUMBER 3022483154

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Viraj Gandhi, CEO	
FIRM NAME Tailstorm Health INC	STREET ADDRESS 24416 N 19th Ave Ste 200
CITY, STATE, ZIP CODE, COUNTRY Phoenix, AZ 85085-1400	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

Specifically,

Your firm failed to establish a procedure for cleaning of aseptic filling equipment with sporicidal. Your environmental and personnel monitoring program has recovered spore-forming microorganisms while performing aseptic operations of sterile drug products, however there is no documentation to show that sporicidal wipes are being used during cleaning of your aseptic filling equipment.

OBSERVATION 5

The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically,

The statement "Office Use Only" if the drug is dispensed or distributed other than pursuant to a prescription for an individual identified patient.

Examples of your drug product labels that do not contain this information, include, but are not limited to:

- Semaglutide 1mg/0.2mL

***DATES OF INSPECTION**

9/24/2024(Tue), 9/25/2024(Wed), 9/26/2024(Thu), 9/27/2024(Fri), 9/30/2024(Mon), 10/01/2024(Tue), 10/02/2024(Wed), 10/03/2024(Thu), 10/04/2024(Fri), 10/09/2024(Wed), 10/10/2024(Thu)

AMENDMENT 1

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	DATE ISSUED
	Dogbeda F Mackenzie, Investigator X Dogbeda F Mackenzie Investigator Signed By: Dogbeda F. Mackenzie -S Date Signed: 10-10-2024 11:43:51 EDT	10/10/2024

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

TailStorm HEALTH INC. 24416 N 19th Ave, Suite 200 Phoenix, AZ 85085

Oct 31, 2024

ATTN:
CDR Steven E. Porter, Jr.
Jr., Program Division Director/District Director
U.S. Food & Drug Administration (FDA)
6th & Kipling St. (P.O. Box 25087)
Denver, CO 80225-0087

Subject: Response to FDA's "483 Inspectional Observations" issued on October 10, 2024.

Dear Mr. CDR Steven E. Porter, Jr.,

Tailstorm Health Inc. dba Medivant Health, a 503B registered outsourcer, located at 24416 N 19th Ave, Suite 200 Phoenix, AZ 85085 was subject to the FDA inspection from Sep 24, 2024, to Oct 10, 2024. The FDA inspector issued form FDA 483 on Oct 10, 2024, at the end of the inspection. This letter is in response to the form FDA 483 issued to Tailstorm Health Inc. dba Medivant Health. As an introductory comment, Tailstorm Health Inc. takes the FDA 483 observations and all the Investigator's comments seriously and it is our intent to continue to strive to be fully compliant with all aspects of the current 503B guidance as well as all appropriate sections of 21 CFR 210 and 211.

We would like to thank Dogbeda F Mackenzie for her insights and professional manner in which she conducted the inspection. This letter responds to the specific observations as noted in FDA 483. We recognize that FDA 483 addresses only certain specific aspects and that it is the responsibility of Tailstorm Health Inc. to be in full compliance with the regulations and 503B guidance. Tailstorm Health is committed to manufacturing quality products for our patients in compliance with cGMP requirements and FDA expectations. As shown in our response to the inspection observations, we have considered the events discussed in the observation individually and from a holistic perspective and trust that we have addressed the observations in a satisfactory manner.

Tailstorm Health Inc. will update the agency with monthly responses until all items are completed and fully addressed. The first update will be sent by Dec 03, 2024. Further, we have retained expert third-party consultants to assist with correction actions (Jeff Yuen & Associates, Stantec, and Ron Stephens) as deemed necessary to expedite corrective actions as noted below in each response. Tailstorm Health Inc. and its Senior Management are fully committed to supporting the corrective actions detailed below, including the commitment of necessary financial resources.

If you have questions about our response or would like to discuss, please contact Sushil Sharma, Head of Quality at s.sharma@medivanthealth.com (phone number 4808756727).

Sincerely,

Viraj Gandhi, CEO Tailstorm Health Inc.

Observation#1:

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

A. ***Your Firm released sterile drug product, Bevacizumab (Avastin) Lot# D24006, BUD: 21 Feb 2025, Batch Size: 5335 Pre-Filled Syringes, after a positive microbial growth was detected during the personnel monitoring of aseptic personnel that performed a non-routine intervention on the filling line where RABS (Equipment ID:PE001) doors were opened to adjust the filling needles and 2P punches.1 cfu was observed from the right forearm on 04 Mar 2024, however investigation into the excursion was not initiated until 15 Mar 2024. Your Quality unit did not expand the investigation to include a retrospective evaluation. Additionally, there is no evidence that the open Pre-Filled Syringes that were exposed during the intervention were investigated or discarded. Your investigation stated that the root cause is due to "the ISO-7 environment the operator occupies prior to entering the ISO-5 environment".***

Tailstorm Response:

Tailstorm acknowledges the observation and has outlined the response below. Tailstorm acknowledges the need to improve our investigation process and documentation for out-of-specification incidents. Tailstorm has implemented Master Control for documents and training and commits to expediting the deviation & OOS module to be completed by end of Q4 2024. Tailstorm understands the importance of thoroughly investigating any unexplained discrepancy including the failure of a batch or any of its components to meet specifications.

The root cause for the 1 cfu found on the operators forearm stated in the original OOS.DMC.24.001 investigation report was "the ISO-7 environment the operator occupies prior to entering the ISO-5 environment".

Upon review of OOS.DMC.24.001, Bevacizumab (Avastin) (1.25mg/0.05mL) Lot # D24006 it is recognized the original investigation and root cause was inadequate and a specific root cause was not determined.

During the filling process for Lot# D24006, 1 cfu was recovered from the right forearm of the operator that performed a non-routine intervention to adjust the filling needles and 2P punches. Our action limit requiring investigation is 1 CFU in the ISO 5 area. If any growth is detected within ISO 5 environment, a full investigation would be initiated, as occurred with this batch. Regarding the time lapsed prior to starting the investigation, the Quality unit identified the out-of-specification result during the batch record review process. A newly hired microbiologist (January 2024) that performed the testing did not understand that the 1 cfu action limit in the ISO 5 environment required elevation to Quality to initiate an investigation.

On reviewing the personnel monitoring results form it was noted that there was no quality reviewer which would ensure any excursion is escalated immediately. The form has been revised to provide a quality review. (Click here to review revised format of Personnel Monitoring, SOP.DQC.0006-F01)

A retrospective evaluation has confirmed that there were no other instances of not reporting any OOS results to Quality management (Click here to review personnel monitoring data of Q1-2024, Q2-2024 & Q3-2024 and environmental monitoring data of Q1-2024, Q2-2024 & Q3-2024)

Regarding the open prefilled syringes that may be present during an intervention, a Standard Operating Procedure is in place (Click here to review section 5.5.2 of SOP DMF.017, Effective Date – 04 Dec 2023) which states "If there are any exposed units present on the track, reject it and document in the batch record for each open-door intervention". In this instance an open-door intervention occurred to adjust filling needles and 2P punches.

As per an interview with the Director of Manufacturing, these types of intervention adjustments are planned. The machine is reset manually through filling machine Human Machine Interface (HMI) and the robotic arm in the filling machine moves the partially/fully filled tub to the RABS exit. This is performed prior to opening the door and entering the RABS to perform the adjustment. After the PFS tub exits the RABS, Per SOP DMF.017 Section 5.5.2, the online inspection operator (inspects each PFS filled tub for empty/unstoppered PFS), rejects all unstoppered units from the partially/fully filled tub. (Click here to review, BMR page of intervention & reconciliation & online inspection, Machine manual for rephasing, SOP section 5.5.2 of SOP DMF.017) On reviewing the batch record it was noted that there was no section to distinguish breakdown rejects and normal filling rejects. This documentation gap has been identified and the batch record has been revised to provide traceability of intervention rejects (Click here to review revised BMR pages for traceability of intervention rejects).

As per the root cause stated in the observation 1A, the original investigation report was "the ISO-7 environment the operator occupies prior to entering the ISO-5 environment".

The specific root cause was that filling machine personnel was not being sampled immediately upon exit of the ISO5 RABS and sampling was performed in an adjacent washing and equipment preparation ISO-7 room. Filling machine personnel are now sampled immediately adjacent to ISO5 RABS.

Impact assessment:

The **1 CFU** detected on the operator's forearm during the intervention did not impact product quality or sterility as all other air and surface monitoring results of the ISO5 RABS show no other excursions (Click here to review environmental monitoring data of Lot # D24006). The results indicate that the environment of the ISO5 RABS effectively maintained aseptic conditions throughout the filling process despite the event. Additionally, there was no direct exposure of the

operator's forearm to any product contact surfaces and the operator's sampled fingertips were 0 cfu.

The supporting microbiology results indicate that the controlled environment of the ISO5 RABS effectively maintained sterility despite the event.

The critical worst-case air and surface monitoring sample sites includes:

a. Contact plates results of the RABS filling and stoppering stations. (Click here to review)
b. Contact plates results of the RABS near the IV bag placement (product solution). (Click here to review)
c. Swab sampling results of the filling needles. (Click here to review)
d. Settle plate monitoring results near the filling and stoppering stations. (Click here to review)
e. Settle plate monitoring results near the open PFS tub conveyor. (Click here to review)
f. Active air sampling results near the filling and stoppering stations. (Click here to review)
g. Continuous non-viable particle count data. (Click here to review)
h. Sterility test result of manufactured lot #D24006. (Click here to review)

Of the 16 sample plates tested in ISO5 environment for this batch this was the only plate that confirmed growth. Our action limit requiring investigation is 1 CFU in the ISO 5 area. If any growth is detected within ISO 5 environment, a full investigation would be initiated, as occurred with this batch. Continuous viable air monitoring takes place right at the filling and stoppering locations within the RABS and is sampled dynamically throughout the batch.

In addition to the continuous viable monitoring at the worst-case site, the critical areas are currently sampled in a manner that is consistent with US FDA 2004 guidance titled "Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice". The continuous non- viable monitoring met ISO 5 air particulates criteria and all continuous viable air monitoring data confirmed no growth. This data demonstrated and confirmed that the ISO 5 space was free from viable contamination from all direct surface samples in addition to the air sampling. The sleeve growth was captured from an operator that was adjusting needle and 2P punch plate during an intervention while the filling operation was not in process. Additional cleaning and sanitization of the area was performed immediately after this occurrence using a sporicidal wipe prior to restarting the batch.

This process intervention has been challenged during six previous media fill process qualifications with no media failures. The batch was released based on a full and complete review of all environmental data and all other in process and direct surface sampling outlined above and final batch testing that met all requirements, including sterility testing.

This process is consistent and compliant with the PDA Points to Consider for Aseptic Process Part 1, 2015, Page 24, specifically "*The significance of an action-level excursion in environmental monitoring and its impact on batch release is determined by a comprehensive investigation of all conditions that might impact the acceptability of the process and the batch (es) produced by the process*". In this case, the risk-based locations chosen showed no growth within the RABS and all other samples indicated no growth. We believe that our practices and decisions regarding our processes and batch release are aligned with best industry practices.

Corrective and Preventive actions:

Tailstorm has implemented corrective and preventive actions to address the root cause and prevent reoccurrence:

1. SOP.DQC.0006-F01 has been revised to add QA review on Personal monitoring report to ensure escalation to an OOS at the time of documentation. (Click here to review SOP.DQC.0006-F01).
2. SOP.DMF.0031 has been revised for procedural instructions to ensure personnel monitoring occurs immediately after machine setup or intervention adjacent to ISO5 to capture contamination risks during critical activities. (Click here to review SOP.DMF.0031).
3. The batch manufacturing record has been updated to clearly document rejects from interventions separately from normal production rejects, ensuring clarity in tracking these types of rejects during interventions. (Click here to review revised BMR pages for traceability of intervention rejects).

Attachments for observation 1A:

Attachment	:	Document Title
Attachment -1A-1	:	SOP.DMF.017 Section 5.5.2 (Click here to review)
Attachment -1A-2	:	SOP.DMF.0031 Procedure for assembly, operation and cleaning of PFS filling machine (Click here to review)
Attachment -1A-3	:	Batch record pages for intervention, reconciliation and online inspection (Click here to review)

Observation#1:

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

B. Your firm released sterile drug product Bevacizumab (Avastin) lots D24005 and D24008 without thoroughly investigating out-of-specification results of particulate matter. No lab error was found at the conclusion of the investigation opened by your contract testing lab. Your firm opened an investigation into these results, but the investigation failed to determine what these particles were. Your firm re-tested these lots and released them into the U.S market without identifying the source of the particles found in your drug product.

Tailstorm Response:

Tailstorm acknowledges the observation and has outlined the responses below. Tailstorm has performed the phase 2 investigation, (Click here to review phase-2 investigation report) and we agree there was a lack of identifying the specific source of the particles although the particles were identified by ARL Biopharma (Click here to review particle identification report of D24005 & D24008).

The third-party testing laboratory (Prompt Praxis labs) tested 20 lots of Avastin using USP 789 method 1 with all passing results. As laboratory's method 1 testing equipment being placed out of service, testing was performed using USP 789 method 2 for subvisible particulate test. The laboratory did not notify Tailstorm that before proceeding with method 2. The failures for lots D24005 and D24008 occurred in method 2 testing.

The laboratory investigation did not determine a specific root cause for the out of specification results. We then proceeded to conduct phase 2 investigation.

The phase 2 investigation determined that the particles identified could be from the manual processes involved during USP 789 method 2 testing. Specifically, from the filtration the use of cellulose wipes packaged in plastic and intermediate glass transfer vessel. The phase 1 investigation from the lab has also indicated a likely contamination possibility from the manual processes like pooling process and during the transfer of 1 mL drug product to the scintillation vial which is subjective and may not be consistent across the lots (Click here to review phase-1 investigation report).

During the phase 2 investigation Tailstorm product contact materials and equipment were rinsed/soaked in water for injection. Testing the rinse samples using USP 789 method 1,all results were zero with the exception of 3 subvisible particles of less than 10 µ were recovered from the

soaked pre sterilized stoppers (Click here to review results). Additionally, we performed a water for injection test run mimicking the process and components and no particles were recovered (Click here to review results). This demonstrates that the 5µ filter prior to filling needle is effective in preventing the introduction of particles into the filled syringes.

The statement from the phase 2 investigation revealed an apparent change in test method adopted at Prompt Praxis labs from method 1 Light Obscuration instrumental method USP 789 (Spectrex mode PC-2200) to method 2 microscopic inspection USP 789. Incidentally, the change in test method was introduced from D24005 and continued in Lot no D24006, D24007, D24008 & D24009. The test method and procedure were found to involve many physical maneuvers including transfer of 15 PFS contents into a primary scintillating vessel, pipetting of 1 mL aliquot into a second scintillating vessel, dilution with 4 mL nano pure water, filtration using a funnel assembly through gridded filter and transfer of the filter paper to the microscope. The fact that PPL historically followed method 1 (Light obscuration instrument technique) for all the 16 Lots manufactured in Year 2023 and 4 Lots manufactured in Year 2024 and the method 2 introduced from D24005 appears to be a non-routine test procedure for the third-party laboratory.

The decision to retest in triplicate was based on all acceptable previous method 1 testing, the laboratory providing possible sources of particulate contamination in their method 2, our phase 2 investigation of all equipment/components rinse water testing, and the filling process simulation with WFI showing no subvisible particles introduced by our process. Furthermore, the 5µ filter immediately prior to filling needle is effective in preventing the introduction of particles into the filled syringes.

We have performed retrospective review (Click here to review retrospective review report) to identify the specific source of the particles. During this retrospective review Prompt Praxis labs did share material used in method 2. This information led us to determine specific sources of the particles identified by the third-party laboratory (ARL). The following is a table detailing supplies and their material of construction used in method 2 and corelation to particles identified during phase 1 investigation.

Correlation of extrinsic particles with source of origin

Particles identified in Lot Number D24005	Supplies used in method 2	Material of construction	Particle correlation
Cellulose	Advantec 0.8 µm 25mm gridded filters	Mixed Cellulose Ester	Cellulose fiber
	Kimwipes	Cellulose wipes in plastic container	Cellulose fiber
Polyamide	Kimwipes	Cellulose wipes in plastic container	Polyamide

Particles identified in Lot Number D24005	Supplies used in method 2	Material of construction	Particle correlation
	Scintillation vial cap (Polypropylene)	Polypropylene	Polyamide
Aluminum with lesser amounts of copper, carbon, oxygen and nitrogen	Filtration assembly Petri dish	Glass	Traces of aluminum and other elements like manganese, silicon, chromium, cobalt
	Scintillation vial (glass) with cap (Polypropylene)	Glass Polypropylene	Traces of aluminum Carbon fillers

Particles identified in Lot Number D24008	Supplies used in method 2	Material of construction	Particle correlation
Polyamide	Kimwipes	Cellulose wipes in plastic container	Polyamide
	Scintillation vial cap (Polypropylene)	Polypropylene	Polyamide
Silicon, chromium, manganese	Filtration assembly Petri dish	Glass	Traces of aluminum and other elements like manganese, silicon, chromium, cobalt
Albumin or related proteins	Related to product Avastin		
Elastomer/rubber	Source is syringe stopper or syringe cap rubber seal		
Iron, chromium, nickel with stainless steel corrosion	No specific source of stainless steel was found. We have inspected stainless steel parts stopper bowl, stopper track, needle after 5 µ filter and found no wear and tear or corrosion. A source could be syringe needles or other instruments used at the laboratory.		

Conclusion:

There was a lack of identifying the specific source of the particles during the phase 2 investigation although the particles were identified by ARL Biopharma. During our retrospective review we have received further information from PPL regarding their method 2 process and materials used to perform method 2. These materials corelate to the particles identified during the phase 1 investigation.

The decision to retest in triplicate was based on all acceptable previous method 1 testing, the laboratory providing possible sources of particulate contamination in their method 2, our phase 2 investigation of all equipment/components rinse water testing, and the filling process simulation

with WFI showed no subvisible particles introduced in our process. Furthermore, the 5µ filter immediately prior to filling needle is effective in preventing the introduction of particles into the filled syringes.

Based on these findings we determined it was method 2 laboratory error and retested using method 1 with a new qualified Accusizer A2000 particle counter and both lots met all specifications in compliance with USP 789.

All USP 789 method 1 tests for the 16 lots manufactured in 2023 and the 27 lots manufactured in 2024 met USP 789 acceptance criteria. Failures have only occurred using method 2 at Prompt Praxis Lab.

Impact assessment:

Market complaints were reviewed for infection, redness, endophthalmitis or any other problems during administration which would indicate a subvisible particulate matter issue. There have been no markets complaints for lot D24005 and D24008.

Attachments for observation 1B:

Attachment	:	Document Title
Attachment -1B-1	:	Phase-1 investigation report (Click here to review)
Attachment -1B-2	:	Particle identification report (Click here to review report 1 & report 2)
Attachment -1B-3	:	Phase-2 investigation report (Click here to review)
Attachment -1B-4	:	Retrospective evaluation of phase 2 investigation report (Click here to review)

Observation#1:

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

C. ***Your firm's Quality Unit failed to thoroughly investigate, determine root causes, and implement appropriate corrective and preventive actions in response to personnel monitoring excursions. For example, your firm opened investigations into OOS.DMC.24.003 and stated the following "The contamination observed on the left forearm of the manufacturing technician is most likely attributable to sampling the gowning material which is subject to ISO7 environment preceding entry into ISO5 environment." Out-of-Specification results in microbiological excursions were observed on four different aseptic operating personnel over the course of 04 Mar 2024 to 01 Jul 2024. The investigations you conducted did not determine why contamination in the ISO-7 would have occurred nor did it include corrective actions to mitigate it from reoccurring. The following investigations were opened into these excursions:***

Investigation	*Product*	*Lot number*
OOS.DMC.24.001	*Bevacizumab (Avastin) (1.25mg/0.05mL)*	*D24006*
OOS.DMC.24.003	*Bevacizumab (Avastin) (1.25mg/0.05mL)*	*D24008*
OOS.DMC.24.005	*Bevacizumab (Avastin) (1.25mg/0.05mL)*	*D24009*
OOS.DMC.24.008	*Bevacizumab (Avastin) (1.25mg/0.05mL)*	*D24012*
OOS.DMC.24.012	*Semaglutide (5mg/mL)*	*D24019*

Tailstorm Response:

Tailstorm acknowledges the observation and has outlined the response below. Tailstorm acknowledges the need to improve our investigation process and documentation for out-of-specification incidents. Tailstorm has implemented Master Control for documents and training and commits to expediting the deviation & OOS module to be completed by end of Q4 2024. Tailstorm understands the importance of thoroughly investigating any unexplained discrepancy including the failure of a batch or any of its components to meet specifications.

OOS.MC.24.001, OOS.MC.24.003, OOS.MC.24.005 and OOS.MC.24.012: Root cause analysis

OOS No. and Lot no.	Sampling location	Task performed	Root cause as per phase 2 investigation
OOS.MC.24.001 / D24006	1 cfu on left forearm	Non routine intervention	Operator occupies ISO7 environment prior to entering the ISO5 environment
OOS.MC.24.003 / D24008	1 cfu on left forearm	Machine assembling in ISO5	Sampling gowning material subjected to ISO7 environment preceding entry into ISO5 environment
OOS.MC.24.005 / D24009	1 cfu on right forearm	Machine assembling in ISO5	Proximity of the forearm to operator gown subjected to ISO7 environment preceding entry into ISO5 environment
OOS.MC.24.012 / D24019	1 cfu on left forearm	Supporting operator to hand over materials in ISO7 to operator performing machine assembling in ISO5	Unnoticed exposure of skin due to gown dislocation and Transferred contaminants from ISO 7 to ISO5 due to inadequate hand sanitization

Upon review of the four OOS investigations for product Bevacizumab (Avastin) (1.25mg/0.05mL), it is recognized the original investigation and root causes were inadequate and specific root causes were not determined which resulted in inappropriate corrective and preventive actions.

Root cause:

The specific root cause for the four OOS was determined to be that the filling machine personnel were not being sampled immediately upon exit of the ISO5 RABS and sampling was performed in an adjacent washing and equipment preparation ISO-7 room.

Corrective and preventive action:

1. As corrective and preventive action filling machine personnel are now sampled immediately adjacent to ISO5 RABS. (Click here to review section 5.4 of SOP.DMF.0031).
2. Tailstorm has retained Jeff Yuen and associates and Ron Stephens to expedite personnel training for investigations to determine specific root causes and implement appropriate corrective and preventive actions.

OOS.MC.24.008: Root cause analysis

The root cause for the 1 cfu found on the operator's gloved hand sampled after completion of the bulk transfer process in the biosafety cabinet stated in the original OOS.DMC.24.008 investigation report was "Material transfer from ISO7 to ISO5 by applying 70% IPA which is less effective".

Upon review of OOS.DMC.24.008, Bevacizumab (Avastin) (1.25mg/0.05mL) Lot # D24012 it is recognized the original investigation and root cause was incomplete as it did not evaluate not sampling personnel immediately after exit from the ISO5 biosafety cabinet.

1 cfu was recovered from the left gloved hand of the operator performing bulk transfer in the ISO 5 biosafety cabinet. Our action limit requiring investigation is 1 CFU in the ISO 5 area. If any growth is detected within ISO 5 environment, a full investigation would be initiated, as occurred with this batch.

Root cause:

The specific root cause was the use of 70% IPA during material transfer from ISO7 to ISO5 instead of sporicidal agent and not sampling personnel immediately after exit from the ISO5 biosafety cabinet.

Corrective and preventive action:

1. As corrective and preventive action personnel performing activities in ISO5 biosafety cabinet are now sampled immediately adjacent to ISO5.
2. Use of sporicidal wipes during transfer of materials from ISO7 to ISO5. (Click here to review section 6.2_SOP.DMF.029)
3. Tailstorm has retained Jeff Yuen and associates and Ron Stephens to expedite personnel training for investigations determining appropriate root causes and implementing appropriate corrective and preventive actions.

Impact assessment:

The **1 CFU** detected on the operator's forearm during the routine (machine assembling) and non-routine (open door) intervention did not impact product quality or sterility as all other air and surface monitoring results of the ISO5 RABS show no other excursions (Click here to review environmental monitoring data for all manufactured lots Q1-2024, Q2-2024 & Q3-2024). The results indicate that the environment of the ISO5 RABS effectively maintained aseptic conditions throughout the filling process despite the event. Additionally, there was no direct exposure of the operator's forearm to any product contact surfaces and the operator's sampled fingertips were 0 cfu.

The **1 CFU** detected on the operator's gloved hand during the bulk transfer activity did not impact product quality or sterility as all other environmental monitoring results of the ISO5 biosafety cabinet show no other excursions. The results indicate that the environment of the ISO5 biosafety cabinet effectively maintained aseptic conditions throughout the bulk transfer process despite the event. Additionally, there was no direct exposure of the operator's gloved hand to any product contact surfaces and the bulk is transferred through a 0.22 µ filter into sterile IV bag in a closed system.

The supporting microbiology results indicate that the controlled environment of the ISO5 RABS effectively maintained sterility despite the event.

The critical worst-case air and surface monitoring sample sites includes:

a. Contact plates results of the RABS filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
b. Contact plates results of the RABS near the IV bag placement (product solution). (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
c. Swab sampling results of the filling needles. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
d. Settle plate monitoring results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
e. Settle plate monitoring results near the open PFS tub conveyor. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
f. Active air sampling results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
g. Continuous non-viable particle count data. (Click here to review)
h. Sterility test result of manufactured lots. (Click here to review)

Of the 16 sample plates tested in ISO5 environment for this batch this was the only plate that confirmed growth. Our action limit requiring investigation is 1 CFU in the ISO 5 area. If any growth is detected within ISO 5 environment, a full investigation would be initiated, as occurred with OOS batches. Continuous viable air monitoring takes place right at the filling and stoppering locations within the RABS and is sampled dynamically throughout the batch.

In addition to the continuous viable monitoring at the worst-case site, the critical areas are currently sampled in a manner that is consistent with US FDA 2004 guidance titled "Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice".

The continuous non- viable monitoring met ISO 5 air particulates criteria and all continuous viable air monitoring data confirmed no growth. This data demonstrated and confirmed that the ISO 5 space was free from viable contamination from all direct surface samples in addition to the air sampling. Additional cleaning and sanitization of the area was performed immediately after this occurrence using a sporicidal wipe prior to restarting the batch.

This process intervention has been challenged during six previous media fill process qualifications with no media failures. The batch was released based on a full and complete review of all environmental data and all other in process and direct surface sampling outlined above and final batch testing that met all requirements, including sterility testing. This process is consistent and compliant with the PDA Points to Consider for Aseptic Process Part 1, 2015, Page 24, specifically "*The significance of an action-level excursion in environmental monitoring and its impact on batch release is determined by a comprehensive investigation of all conditions that might impact the acceptability of the process and the batch (es) produced by the process*". In this case, the risk-based locations chosen showed no growth within the RABS and all other samples indicated no growth. We believe that our practices and decisions regarding our processes and batch release are aligned with best industry practices.

Attachments for observation 1C:

Attachment	:	Document Title
Attachment -1C-1	:	Retrospective review report of Observation 1C (Click here to review)
Attachment -1C-2	:	Environmental monitoring data for all lots (Click here to review Q1-2024, Q2-2024 & Q3-2024)
Attachment -1C-3	:	Non-viable monitoring data for all lots (Click here to review)
Attachment -1C-4	:	Sterility results for all lots (Click here to review)
Attachment -1C-5	:	Section 5.4 of SOP.DMF.0031 Procedure for Assembly, Operation and Cleaning of PFS Filling machine (Click here to review)
Attachment -1C-6	:	Section 6.2_SOP.DMF.029 Procedure for transfer of Bulk product solution into sterile IV Bag (Click here to review)

Observation#2:

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.

Specifically,

A. ***Your Firm failed to adequately simulate your aseptic filling process of your drug product Bevacizumab (Avastin) in the media fill you conducted. The media fill your firm conducted to validate the aseptic filling process of drug product Bevacizumab included an additional filtration step that occurred inside of the filling machine (Equipment ID: PE001). However, the current process used to perform aseptic filling of Bevacizumab (Avastin) vials does not include a filtration step inside the filling machine (Equipment ID: PE001).***

Tailstorm Response:

Tailstorm acknowledges the observation and outlines below its plans for corrective action. We further commit to updating the agency as activities and corrective actions are implemented. Tailstorm understands the importance of thorough investigation and we are committed to ensure that a robust investigation is performed for each observation thereby ensuring the safety and quality of our products for our patients.

Observation Summary:

The media fill (APS) for Avastin, scheduled for June 2024, was not performed at the 6-month timeframe (last media fill executed on dated 08 Dec 2023, (click here to review media fill report) according to SOP.DQA.045, "Media fill (Media Fill)" (click here to review SOP.DQA.045).

The Avastin process includes a sterile filtration into a disposable sterile bag in an ISO 5 biosafety enclosure. After the sterile filtration process, the sterile bag is sanitized and transferred to the filling line enclosed in an ISO 5 RABS. During the filling process, there is no inline filter after the sterile product bag.

A media fill representing the other products with 0.22µm inline filter after the sterile product bag, was executed within the 6 months timeframe (click here to review media fill report executed on 06 May 2024) from the previous Avastin media fill.

Deviation DV/DEV/24/009 was initiated for not performing the Media fill for Avastin at the 6-month time frame.

Root cause for not performing media fill at the 6-month time frame:

Following the launch of a new product, a strategic decision was made to standardize the production processes between a new product and Avastin (introduction of 0.22µm inline filtration in filling). The Avastin filter sourced was found to be not acceptable for the Avastin process. This led to the incorrect assumption that the aseptic process simulation for the new product could support the

Avastin process. This resulted in not performing the media fill for Avastin at the 6-month time frame as required per SOP.DQA.045, "Aseptic Process Simulation (Media Fill)".

To evaluate the impact on Lots filled after June 2024, this deviation included a comparison of aseptic process activities of Avastin (without 0.22µm inline filter) and other products (with 0.22µm inline filter).

The following investigations have been conducted to assess the impact of the deviation:

Investigation plan:

1. Comparison of aseptic process activities for Avastin (without 0.22µm inline filter) and Other Products (with 0.22µm inline filter): click here to review DV/DEV/24/009 (Page 3,4,5 of 18)
   Comparable except for Inline filtration for other products and fill volume (other product fill volume is higher than Avastin media fill).
   All routine and non-routine interventions for the Avastin process were simulated in media fill (executed in May 2024) conducted for other products.
2. Review of any change in repackaging process of Avastin: click here to review DV/DEV/24/009 (Page 6 of 18)
   No changes observed in process after media fill execution dated 08 Dec 2023.
3. Review of any change in design of equipment used for bulk transfer and filling of Avastin: click here to review DV/DEV/24/009 (Page 6 of 18)
   No changes observed after media fill execution dated 08 Dec 2023.
4. Review of any change in area design: click here to review DV/DEV/24/009 (Page 6 of 18)
   No changes observed after media fill execution dated 08 Dec 2023.
5. Review of qualification of personnel involved in bulk transfer, assembling and operation of filling machine: click here to review DV/DEV/24/009 (Page 7,8,9,10 of 18)
   All the personnel involved in the repackaging activity of Avastin are qualified in gowning and media fill (conducted in May 2024).
6. Review of any change in raw material and primary packing material: click here to review DV/DEV/24/009 (Page 11 of 18)
   No changes observed after media fill execution dated 08 Dec 2023.
7. Review of any change in sterilization load or pattern or parameters: click here to review DV/DEV/24/009 (Page 11 of 18)
   No changes observed after media fill execution dated 08 Dec 2023.
8. Review of finished product results of Avastin: click here to review DV/DEV/24/009 (Page 12 of 18)
   Finished product results meet specifications.
9. Review of environmental monitoring results of filling zone (ISO5): click here to review DV/DEV/24/009 (Page 13 of 18)
   All environmental monitoring results meet specifications.

10. Review of personnel monitoring results for those involved in assembly and filling of Avastin: click here to review DV/DEV/24/009 (Page 14,15 of 18)
    All personnel monitoring results meet specifications.
11. Review of environmental monitoring results for isolator (vial extraction) room (ISO7) and filling room (ISO7): click here to review DV/DEV/24/009 (Page 16 of 18)
    All area monitoring results meet specifications.

Impact assessment:

Based on the thorough investigation and review of all applicable data regarding the deviation for not performing the aseptic process simulation for Avastin. The following conclusions can be drawn:

1. **Comparison of Aseptic Processes:** The aseptic processes for Avastin and other products were found to exhibit significant comparability, particularly with respect to initial sterile filtration into sterile product bag used for filling, fill volume, routine and non-routine interventions. The evaluation confirmed that while there were differences, the core aseptic techniques and controls remained effective and were not compromised. No changes were made to the repackaging process, equipment, or primary packing materials for Avastin since the last media fill, ensuring that the existing aseptic conditions are maintained.

2. **Qualified Personnel:** All personnel involved in bulk transfer, assembling, and filling processes have undergone the necessary training and qualifications, affirming their competence in maintaining aseptic practices. The review of personnel monitoring results shows that these individuals adhered to procedure effectively, with no evidence of contamination.

3. **Environmental Monitoring**: Results from environmental monitoring for lots manufactured post-June 2024 consistently demonstrated compliance with established limits, reinforcing the effectiveness of the controlled manufacturing environment. The monitoring of both the filling zone and personnel indicated that no microbial contamination occurred during the production processes, thus supporting the integrity of the aseptic conditions.

4. **Finished Product Testing**: All batches manufactured post-June 2024 underwent routine quality testing, with sterility and endotoxin results compliant with specifications. This compliance indicates that product quality was not affected by this deviation.

5. **Review of Market complaints**: Market complaints were reviewed for infection, redness, endophthalmitis or any other problems during administration which would indicate sterility assurance issue. There have been no market complaints.

Conclusion:

The side-by-side comparison of aseptic process activities for Avastin (without 0.22µm inline filter) and other products (with 0.22µm inline filter) in deviation (click here to review comparison of aseptic process) demonstrated that the processes are comparable with the exception of inline filtration during media fills simulated for other products and fill volume (Avastin media fill volume – 0.05 mL and other products fill volume – 0.33 mL).

All routine and non-routine interventions for the Avastin process were simulated in the media fill (executed in May 2024) conducted for other products.

The media fill process conducted in May 2024 for other products supports the aseptic process and all interventions for Avastin lots manufactured since June 2024.

Although not repeating a media fill for the Avastin process at 6-month requirement, the established quality controls and consistent monitoring provide assurance that there has been no compromise to product quality

In summary, the investigation findings and ongoing quality assurance measures lead to the conclusion that there has been no adverse impact on the quality of Avastin batches manufactured after June 2024. The product continues to be safe for patient use, maintaining its integrity despite the deviation.

Additionally, a media fill for Avastin process has been conducted on 14 Oct 2024 and shows no growth and supports the aseptic process for Avastin lots manufactured since June 2024. (Click here to review preliminary report)

Corrective and Preventive actions:

1. A media fill for Avastin process has been conducted on 14 Oct 2024. (Click here to review preliminary report)
2. To provide rationale for introduction of new products SOP.DQA.0002 has been revised to incorporate a media fill matrix to compare process, components, fill volume etc. to determine the process equivalency. This assessment will determine whether a new media fill is required or whether the new product process is comparable to previously conducted media fills. (Click here to review media fill matrix).
3. A media fill tracker (reference SOP.DQA.0002) has been implemented for ensuring execution of media fills for each type of process every 6 months (Click here to review media fill tracker).

Attachments for observation 2A:

Attachment	:	Document Title
Attachment -2A-1	:	SOP.DQA.045, "Aseptic Process Simulation (Media Fill)" (Click here to review)
Attachment -2A-2	:	Media fill report for Avastin (Dec 2023) (Click here to review)
Attachment -2A-3	:	Media fill report for other products (May 2024) (Click here to review)
Attachment -2A-4	:	Deviation DV/DEV/24/009 (Click here to review)

Attachment	:	Document Title
Attachment -2A-5	:	Media fill protocol for Avastin (14 Oct 2024) (Click here to review)
Attachment -2A-6	:	Preliminary media fill report for Avastin (14 Oct 2024) (Click here to review)
Attachment -2A-7	:	Aseptic process simulation schedule (Media fill execution tracker) (Click here to review)
Attachment -2A-8	:	Media fill matrix (Process comparison checklist for introducing new products) (Click here to review)

Summary of Deliverables:

Sr. No.	Deliverables	Time Frame
1.	Final media fill report for Avastin (14 Oct 2024)	Within 30 days after initial response

Observation#2:

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.

Specifically,

B. Sterilized filling components are routinely moved from ISO-7 filling room (room # PR003) and introduced into the ISO-5 RABS (Equipment ID: PE001) without being disinfected. On 09/27/2024, during the assembly of the filling machine for Semaglutide (8mg/mL) Lot # D24044, your Aseptic Operators were observed placing wrapped autoclaved filling components into ISO-5 classified RABS. Your Head of Quality stated that employees are not required nor trained to disinfect filling components before introducing them into the ISO-5 classified RABS.

Tailstorm Response:

Tailstorm acknowledges the observation. We take this observation very seriously and are committed to ensuring the highest standards of aseptic processing in our facility. We have conducted an immediate and thorough investigation to address this concern.
We understand the critical importance of maintaining sterility within ISO-5 environments and are committed to ensuring that all operations are conducted in full compliance with cGMP regulations. Our goal is to continually improve our processes and uphold the highest standards of quality in our manufacturing operations.

Observation Summary:
During the inspection the investigator observed the introduction of sterile filling machine components into the ISO5 RABS from a mobile ISO 5 laminar airflow protected mobile cart staged approximately 3 feet (refer to the picture below) adjacent to the filling machine located in ISO 7 room.



The aseptic filling machine components are double wrapped in Tyvek pouches prior to autoclaving. After autoclaving, the double wrapped sterile filling machine components are transferred onto an ISO 5 laminar airflow protected mobile cart in an ISO 7 room. The mobile cart is then transferred into filling room PR003 and staged approximately 3 feet adjacent to the filling machine. During assembly, the outer layer of Tyvek pouches on the sterilized parts is removed in the ISO 5 laminar airflow protected mobile cart and transferred directly to ISO5 RABS. Once inside the ISO5 RABS the inner layer of Tyvek pouches on the sterilized parts is removed in the ISO 5 RABS.

During this transfer process the inner layer of Tyvek pouches was exposed to ISO7 air for a short duration to move the parts approximately 3 feet to the ISO5 RABS. During this transfer process, there was no step to sanitize the filling machine components covered with one layer of Tyvek pouch immediately prior to placing them into the ISO5 RABS.

Review of material transfer from ISO7 to ISO5: The investigator pointed out a gap in our process during filling machine set up. We understand the importance of sanitizing materials which are being transferred from ISO7 area to ISO5 area. Quality conducted a review of all the material transfer processes from ISO7 to ISO5 to identify any other gaps in sanitization procedures. This includes review of the applicable SOPs for material transfer into an ISO5 environment.

Component	Pre-sterilized Component (Yes/No)	Ingress Method	Disinfection Method	SOP Section	Ref. SOP No.
Ingress in Biosafety Cabinet – For Avastin Only					
Empty IV Bag	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029

Component	Pre-sterilized Component (Yes/No)	Ingress Method	Disinfection Method	SOP Section	Ref. SOP No.
Luer Lock end cap adaptor	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
Tyvek pouch	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
20 mL syringe	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
16-22 gauge needle	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
0.22 micron filter	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
Bevacizumab vial exterior surface	No	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
Bevacizumab vial exterior surface	No	Before content draw up	Alcohol prep pad	Click here to review Sec 6.2	SOP.DMF.029
Ingress in ISO 5 RABS – For All Products					
Filled IV Bag in sterile double layered pouch	Yes	Before ingress in ISO 7 cleanroom	70% IPA	Click here to review Sec 5.7	SOP.DMF.011
Filled IV Bag in sterile single layered pouch	Yes	Before ingress in ISO 5 RABS	70% IPA	Click here to review Sec 5.9	SOP.DMF.011
Empty PFS Tubs with two layers pouch	Yes	Before ingress in ISO 8 cleanroom	70% IPA	Click here to review Sec 5.2	SOP.DMF.011
Empty PFS Tubs with sterile single layer pouch	Yes	Before ingress in ISO 5 RABS	Sporicidal Wipes	Click here to review Sec 5.2	SOP.DMF.011
Stopper Bags with two layers pouch	Yes	Before ingress in ISO 7 cleanroom	Sporicidal Wipes	Click here to review Sec 5.3	SOP.DMF.011
Stopper Bags with sterile single layer pouch	Yes	Before ingress in ISO 5 RABS	70% IPA	Click here to review Sec 5.3	SOP.DMF.011
Settle Plate Bin with RTU Media Plates (pouch)	Yes	Before ingress in ISO 7 cleanroom	Sporicidal Wipes	Click here to review Sec 5.4	SOP.DMF.011

Component	Pre-sterilized Component (Yes/No)	Ingress Method	Disinfection Method	SOP Section	Ref. SOP No.
RTU Media Plates (pouch)	Yes	Before ingress in ISO 5 RABS	70% IPA	Click here to review Sec 5.11	SOP.DMF.011
Portable NVPC Counter (if used)	No	Before ingress in ISO 7 cleanroom	Sporicidal Wipes	Click here to review Sec 5.14	SOP.DMF.011
Portable NVPC Counter (if used)	No	Before ingress in ISO 5 RABS	70% IPA	Click here to review Sec 5.14	SOP.DMF.011

Summary of Findings:
The review of material transfer procedures from ISO7 to ISO5 confirms that current sanitization procedures are comprehensive and effective. All components are properly disinfected before transfer into the ISO5 environment. No gaps were identified in the sanitization processes, ensuring protection against contamination. Overall, the procedures in place effectively maintain the integrity of the ISO5 environment.

Root Cause:
The root cause for not sanitizing the filling machine components covered with one layer of Tyvek pouch immediately prior to placing them into the ISO5 RABS was based on the assumption that the Tyvek pouch layer on the wrapped filling machine components were exposed in ISO7 environment for a short duration to move the parts approximately 3 feet from ISO5 mobile cart to the ISO5 RABS. The inner layer of Tyvek pouch is removed under ISO5 RABS to avoid exposure of sterilize filling machine components to ISO7 environment.

Impact assessment:
Based on the air and surface monitoring results of equipment in the ISO5 RABS showing no excursions (Click here to review trend data Q1-2024, Q2-2024 & Q3-2024), the lack of a sanitization step before transferring sterilized, filling machine parts from the ISO5 mobile LAF to the ISO 5 RABS did not impact product quality. The results indicate that the controlled environment of the ISO5 RABS effectively maintained sterility despite the absence of a sanitization step prior to transferring the components.
This air and surface monitoring includes:

a. Contact plates results of RABS filling and stoppering station
b. Contact plates results of RABS near IV bag placement (product solution)
c. Swab sampling results of filling needles
d. Settle plate monitoring results near filling and stoppering station
e. Settle plate monitoring results near open PFS tub conveyor

f. Active air sampling results near filling and stoppering station

A review of sterility results of previously manufactured lots reveals no indications of contamination linked to the filling machine components transferred under the current procedure.

Corrective and Preventive actions:

1. We have revised the Standard Operating Procedure (SOP), SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" to explicitly require that all wrapped autoclaved filling components undergo a sanitization process before being introduced into the ISO-5 RABS (Click here to review section 5.4.2 of SOP.DMF.0031).
2. Change control (Reference no. DV.CC.2024.058) has been initiated to revise SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" to include a defined position of the Mobile LAF and sanitization table adjacent to filling RABS. The process will be to first sanitize the table using sporicidal, then remove Tyvek wrapped equipment from the mobile LAF and immediately sanitize using the sanitization table and transfer to ISO5 for machine setup. Refer picture below:



Attachments for observation 2B:

Attachment	:	Document Title
Attachment -2B-1	:	SOP.DMF.029 "Procedure for transfer of bulk product solution into sterile into sterile IV bag" (Click here to review)
Attachment -2B-2	:	SOP.DMF.011 "Ingress and transfer of material into cleanroom" (Click here to review)
Attachment -2B-3	:	Revised SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" (Click here to review)
Attachment -2B-4	:	Change control for revision of SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" (Click here to review)

Summary of Deliverables:

Sr. No.	Deliverables	Time Frame
1.	Revised SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" as per change control no. DV.CC.2024.058	Within 30 days after initial response

Observation#3:

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

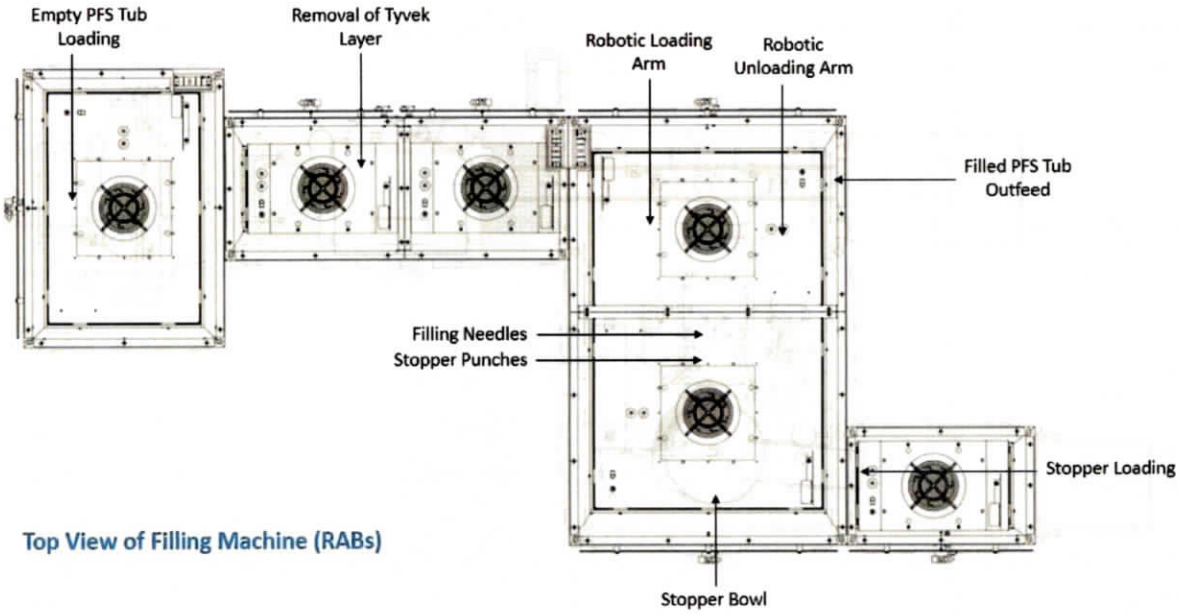
A. ***Your smoke studies are inadequate. The smoke studies your firm conducted to simulate aseptic processes did not demonstrate the impact of the airflow during line interventions, equipment manipulations, and machine assembly. The videos did not show the airflow reaching all work surfaces and exiting your RABS filling equipment.***

Tailstorm Response:

Tailstorm acknowledges the observation and the need to improve and repeat our smoke studies to address the investigator's concerns. We further commit to updating the agency as activities and corrective actions are implemented.

To ensure Tailstorm is in a state of control and address the investigator's concern, we have retained third-party cleanroom design expert consultants (Eagle, Stantec and Accutec) to repeat all smoke studies to demonstrate the impact of the laminar air flow and air exit from RABS ISO5 environment into the ISO7 surrounding room during static and dynamic conditions:

1. Introducing sterilized components/machine part accessories into ISO5 RABS.
2. Routine interventions such as complete machine assembling
3. Non routine interventions such as equipment manipulations
4. Filling operation activities



Top View of Filling Machine (RABs)

Root Cause:

The cause of the observation was that the parameters of quantity of smoke, camera angles and contrast were not optimized for current studies which resulted in insufficient visual verification of the impact of airflow during line interventions, equipment manipulations, machine assembly and air exit from RABS ISO5 environment into the ISO7 surrounding room.

Impact assessment:

Based on the thorough review of all applicable data regarding the impact of improper demonstration of air flow during smoke studies, following conclusions can be drawn:

1. As per the manufacturer, the laminar air flow in RABS has been designed, manufactured and configured according to the FDA 21 CFR part 210, FDA 21 CFR part 211 and FDA 21 CFR part 11 regulation. The laminar air flow has been projected to generate forced ventilation in order to create a work area without particles. (Click here to review functional specification of laminar air flow). There has been no change in design in the RABS and surrounding area since installation.
2. Six media fills (aseptic process simulation) have been executed since the RABS was installed with no evidence of microbial growth. This indicates that the air flow is laminar to maintain an aseptic environment. (Click here to review media fill report of Dec-2023 and May-2024)
3. The RABS laminar air flow unit qualification has been performed every six months since installation. All air velocity parameters were consistently found within the specified limits. This demonstrates that the laminar air flow units continue to perform as intended ensuring maintenance of an aseptic environment. (Click here to review clean room certification May-24, Oct-23 & Apr-23)

4. The trend analysis data results of non-viable particle count show no indications of air turbulence and maintains ISO5 non-viable particle count specifications. This suggests that the laminar air flow units are functioning as intended. (Click here to review trend analysis results of non-viable particle count)
5. The trend analysis of environmental monitoring (viable particle count) shows no indications of air turbulence and maintains ISO5 viable particle count specifications. This suggests that the laminar air flow units are functioning as intended. (Click here to review trend data Q1-2024, Q2-2024 & Q3-2024)

Conclusion:

The impact assessment indicates no negative impact on the manufactured lots as the ISO5 aseptic environment was maintained. The lack of complete visual verification of the impact of airflow was due to the parameters such as density of smoke, camera angles and contrast were not optimized for the current studies. To ensure compliance, new smoke studies will be conducted to demonstrate airflow dynamics ensuring that airflow patterns are clearly visible at all locations (entry, work surface and exit) by selecting proper camera angles, density of smoke, location for introducing smoke media, appropriate lighting and use of contrast backgrounds.

Corrective and Preventive actions:

A new protocol will provide a systematic approach for performing airflow studies of the RABS which will demonstrate air flow dynamics as per the design and performance of the laminar air flow of the RABS.

This study will ensure airflow is clearly visible at all locations (entry, work surface and exit) by selecting proper camera angles, location for introducing smoke media, appropriate lighting and use of contrast backgrounds to provide better visibility of smoke.

New Smoke studies will be conducted to demonstrate:

1. Unidirectional airflow shall be maintained reaching all work surfaces in the RABS and exit from RABS ISO5 environment into the ISO7 surrounding room in static and dynamic conditions.
2. Airflow disruption due to manipulating materials or machine parts. Air disruption shall recover to regain unidirectional flow.
3. To verify any turbulence, eddies, reflux or bounce back of air inside RABS.

Attachments for observation 3A:

Attachment	:	Document Title
Attachment -3A-1	:	Functional specification of laminar air flow (Click here to review)
Attachment -3A-2	:	Media fill report Dec 2023 (Click here to review)
Attachment -3A-3		Media fill report May 2024 (Click here to review)

Attachment	:	Document Title
Attachment -3A-4		Clean room certification reports (RABS laminar air flow) – May 2024 (Click here to review)
Attachment -3A-5	:	Clean room certification reports (RABS laminar air flow) – Oct 2023 (Click here to review)
Attachment -3A-6		Clean room certification reports (RABS laminar air flow) – Apr 2023 (Click here to review)
Attachment -3A-7	:	Non-viable particulate count trend analysis (Click here to review)
Attachment -3A-8	:	Environmental monitoring trend analysis Q1 2024 (Click here to review)
Attachment -3A-9		Environmental monitoring trend analysis Q2 2024 (Click here to review)
Attachment -3A-10		Environmental monitoring trend analysis Q3 2024 (Click here to review)
Attachment -3A-11	:	PO/Invoice of smoke study (Click here to review)

Summary of Deliverables:

	Deliverables	Time Frame
1.	Smoke study demonstration videos	Update within 30 days after initial response

Observation#3:

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

B. Your firm does not adequately capture the environmental conditions in which aseptic processes are conducted. Your procedure SOP.DQC.007, Environmental Monitoring, Effective date: 11 Mar 2024, Revision: 03 instructs personnel performing filling machine assembly to be sampled after set-up. Your firm failed to immediately sample personnel conducting filling machine setup for about 34 lots that have been released from your facility. For example:

- ***i. On 19 Mar 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Bevacizumab (Avastin) Lot# D24008 at 07:07 am, however environmental monitoring of the employee who performed setup was performed at 07:50 am on 19 Mar 2024.***
- ***ii. On 26 Apr 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Bevacizumab (Avastin) Lot# D24012 at 08:01am, however environmental monitoring of the employee who performed setup was performed at 08:34 am on 26 Apr 2024.***
- ***iii. On 01 Jul 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Semaglutide Lot# D24019 at 08:51 am, however environmental monitoring of the employee who performed setup was performed at 09:35 am on 01 Jul 2024.***

Tailstorm Response:

Tailstorm acknowledges the observation regarding delays in the personnel monitoring sampling following completion of ISO5 activities. We recognize the need to enhance the timeliness of sampling for personnel involved in the setting up of the filling machine following completion of the activity. We have reviewed all lots and observed that sampling did not happen immediately.

Root cause:

The root cause for delays in sampling personnel after machine assembly is a lack of coordination between manufacturing and microbiology sampling technicians. Once the machine assembly was completed the microbiologist was not readily available to sample operators immediately. The delays were specifically due to microbiologist sampling technician having to be contacted and then gown to enter the filling room.

The root cause for not identifying the time gaps during batch record review by QA was found to be that the time of machine assembly was recorded in the batch manufacturing record and time of personnel monitoring was recorded in the separate SOP form included as an attachment to the batch record.

1. The batch manufacturing record has been updated to include:
    a. Verification that the microbiologist is present inside filling room prior to start and at the completion of the filling machine assembly to sample operators immediately after exit from the ISO5 RABS environment.
    b. Machine set up completion time and personnel monitoring time will be documented on the same page of batch manufacturing record to ensure and track that sampling occurs immediately. This will consolidate the sampling documentation to enable QA to verify times during batch record review.

Impact assessment:

Personnel monitoring for the ISO5 environment is important for detecting contamination from personnel. Despite the inconsistent time gaps in personnel monitoring after completing the filling machine setup, the personnel remained in ISO 7 air conditions throughout the delay in personnel monitoring, representing a worst-case scenario. There was no impact on product quality or sterility as all other air and surface monitoring results of the ISO5 RABS show no other excursions (Click here to review environmental monitoring data for all manufactured lots Q1-2024, Q2-2024 & Q3-2024). The historical results indicate that the environment of the ISO5 RABS effectively maintained aseptic conditions throughout the filling processes.
All historical critical filling machine surface and air sample sites were 0 cfu :

a. Contact plates results of the RABS filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
b. Contact plates results of the RABS near the IV bag placement (product solution). (Click here to review Q1-2024, Q2-2024 & Q3-2024)
c. Swab sampling results of the filling needles. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
d. Settle plate monitoring results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
e. Settle plate monitoring results near the open PFS tub conveyor. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
f. Active air sampling results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
g. Continuous non-viable particle count data. (Click here to review)
h. Sterility test result of manufactured lots. (Click here to review)

There are 16 sample plates tested for the ISO5 environment for each batch. If any growth is detected within ISO 5 environment, a full investigation would be initiated. Historically, these 16 sample plates for critical air and surface monitoring sites in ISO5 RABS have resulted in 0 cfu's recovered. This indicates despite that aseptic conditions were maintained in ISO5 RABS.

Continuous viable air monitoring takes place right at the filling and stoppering locations within the RABS and is sampled dynamically throughout the batch.
In addition to the continuous viable monitoring at the worst-case site, the critical areas are currently sampled in a manner that is consistent with US FDA 2004 guidance titled "Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice".

The continuous non- viable monitoring met ISO 5 air particulates criteria and all continuous viable air monitoring data confirmed no growth in all lots. This data demonstrated and confirmed that the ISO 5 space was free from viable contamination from all direct surface samples in addition to the air sampling. Additional cleaning and sanitization of the area is performed after each routine or non-routine intervention.

This routine (Filling machine assembling) intervention has been challenged during six previous media fill process qualifications with no media failures. The batches were released based on a full and complete review of all environmental data and all other in process and direct surface sampling outlined above and final batch testing that met all requirements, including sterility testing.

Corrective and Preventive actions:

1. The batch manufacturing record has been updated to include:
   a. Verification that the microbiologist is present inside filling room prior to start and at the completion of the filling machine assembly to sample operators immediately after exit from the ISO5 RABS environment (Click here to review BMR pages).
   b. Machine set up completion time and personnel monitoring time will be documented on the same page of batch manufacturing record to ensure and track that sampling occurs immediately. This will consolidate the sampling documentation to enable QA to verify times during batch record review (Click here to review BMR pages for recording of personal monitoring).

Attachments for observation 3B:

Attachment	:	Document Title
Attachment -3B-1	:	BMR pages for recording of personal monitoring after assembling, setup and aseptic connections (Click here to review)
Attachment -3B-2	:	Environmental monitoring data for all lots (Click here to review Q1-2024, Q2-2024 & Q3-2024)
Attachment -3B-3	:	Non-viable monitoring data for all lots (Click here to review)
Attachment -3B-4	:	Sterility results of all lots (Click here to review)

Observation#3:

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

C. ***On 27 Sep 2024, during aseptic filling of Semaglutide (8mg/mL) Lot# D24044, your employee was seen rubbing excess sterile 70% IPA on gloved hands prior to being sampled.***

Tailstorm Response:

Tailstorm Health acknowledges the observation. Tailstorm understands the importance of thorough investigation and we are committed to ensure that a robust investigation is performed for observation thereby ensuring the safety and quality of our products for our patients.

Observation Summary:

During the inspection the investigator observed the filling machine set up operator wiping his sterile glove sleeves with his gloved fingers of his other hand upon completion of filling machine set up.

The inspector believed he had sanitized his sleeves with 70% IPA prior to getting sampled for personal monitoring. During the inspection interviews was conducted by FDA investigator with the operator and the microbiologist who performed the sampling.

The operator stated that he did not apply additional 70% IPA on his hands however he noticed some residual IPA on his sterile glove sleeve, and he was wiping it dry. The operator stated that he has been trained to make sure his sterile glove sleeve is dried prior to personal sampling. The operator attempted to dry his glove sleeve prior to personal monitoring, and he is trained not to sanitize gloved hand prior to personal monitoring (Click here to review section 6.4.8.22 of SOP.DMF.004 which states "operators working in the aseptic area must not sanitize their gloved hand immediately just before the exit and subsequently before personal monitoring").

The microbiologist stated that she did not see operator applying additional IPA and believed he was adjusting his sterile sleeve of gloves. The sleeves may need adjusting after the arm is removed from the gloves of RABS glove port.

The last step of the ISO5 filling machine set up was to enter hands and forearms inside the RABS ISO5 by opening the RABS door to remove the Tyvek wrap from the stopper bowl. It is proceduralized that when a person enters the RABS ISO5 they must sanitize their hands with 70 % IPA first. This is the last step of the machine set up prior to performing personal sampling. This would account for the operator stating he as residual IPA on his sleeve.

The sequence of the machine set up has been revised (Click here to review section 5.4 of SOP.DMF.0031). The new process of set up is:

To remove the Tyvek wrap from the stopper bowl where operator has to enter inside RABS ISO5 after sanitizing hand and forearm with 70% IPA.

Then remove the sterile covering from the RABS glove through glove port with the RABS doors closed. This will allow sufficient time for the 70% IPA on the operator to dry.

Root cause:

During the FDA inspection, the FDA investigator interviewed the operator and microbiologist to find out the root cause of the event. The root cause was found that the operator was sampled for personal monitoring after the process step, this required hands and forearm sanitization which resulted in residual 70% IPA on his glove sleeve. The operator attempted to dry his glove sleeve prior to personal monitoring, and he is trained not to sanitize gloved hand prior to personal monitoring (Click here to review section 6.4.8.22 of SOP.DMF.004 which states "operators working in the aseptic area must not sanitize their gloved hand immediately just before the exit and subsequently before personal monitoring").

Impact assessment:

Based on the air and surface monitoring results of equipment in the ISO5 RABS showing no excursions (Click here to review environmental monitoring data for Lot # D24044) there is no impact. The results indicate that the controlled environment of the ISO5 RABS effectively maintained sterility despite the event.
This air and surface monitoring includes:

a. Contact plates results of RABS filling and stoppering station

b. Contact plates results of RABS near IV bag placement (product solution)

c. Swab sampling results of filling needles

d. Settle plate monitoring results near filling and stoppering station

e. Settle plate monitoring results near open PFS tub conveyor

f. Active air sampling results near filling and stoppering station

A review of sterility result of manufactured lot #D24044 reveals no indications of contamination within ISO5 RABS. (Click here to review COA of lot#D24044)

Corrective and Preventive actions:

The sequence of the machine set up was revised (Click here to review section 5.4 of SOP.DMF.0031) during the FDA inspection. This process change will prevent sampling immediately after completing the task which requires sanitizing hand and forearm with 70% IPA. The new process of set up is:

To remove the Tyvek wrap from the stopper bowl where operator has to enter inside RABS ISO5 after sanitizing hand and forearm with 70% IPA.

Then remove the sterile covering from the RABS glove through glove port with the RABS doors closed. This will allow sufficient time for the 70% IPA to dry.

Attachments for observation 3C:

Attachment	:	Document Title
Attachment -3C-1	:	SOP.DMF.0031 "Procedure for Assembly, Operation and Cleaning of PFS Filling machine" (Click here to review)
Attachment -3C-2	:	Environmental monitoring results of Lot # D24044 (Click here to review)
Attachment -3C-3	:	Sterility test results of Lot # D24044 (Click here to review)

Observation#3:

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

D. Your firm performs aseptic filling of drug products using RABS. On 24 Sep 2024, aseptic personnel's head to mid trunk of body exposed to ISO-5 classified RABS during machine assembly for Bevacizumab (Avastin) Lot# D24042. Your Head of Quality was unable to provide scientific justification to why personnel monitoring of aseptic personnel forehead and chest are not sampled.

Tailstorm Response:

Tailstorm acknowledges the observation and has outlined responses below. Tailstorm understand the importance to maintain an aseptic environment and to sample all critical sites within the environment. This includes the head and chest sampling immediately following the machine assembling.

Prior to the inspection, change control (Reference no. DV.CC.2024.029) was initiated to evaluate and establish additional personnel monitoring sample sites other than forearms and fingertips. The change control would implement additional sampling of head, chest and shoulder in addition to forearms and fingertips. However, the head, chest and shoulder sampling requirements were not evaluated.

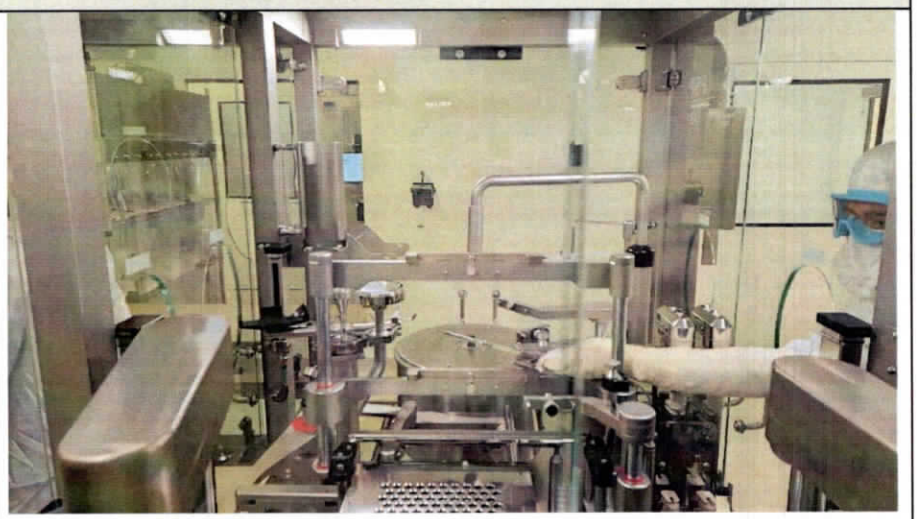
Change control (Reference no. DV.CC.2024.044) was evaluated and implemented during inspection for all personnel exiting the cleanroom where aseptic practices take place. (Click here to review change control DV.CC.2024.044 & SOP.DQC.0006_Personnnel Monitoring) The additional sample sites head, chest and shoulder were implemented for all personnel exiting the cleanroom meets specification (Click here to review personal monitoring results of Lot#D24055 & Lot#D24056).

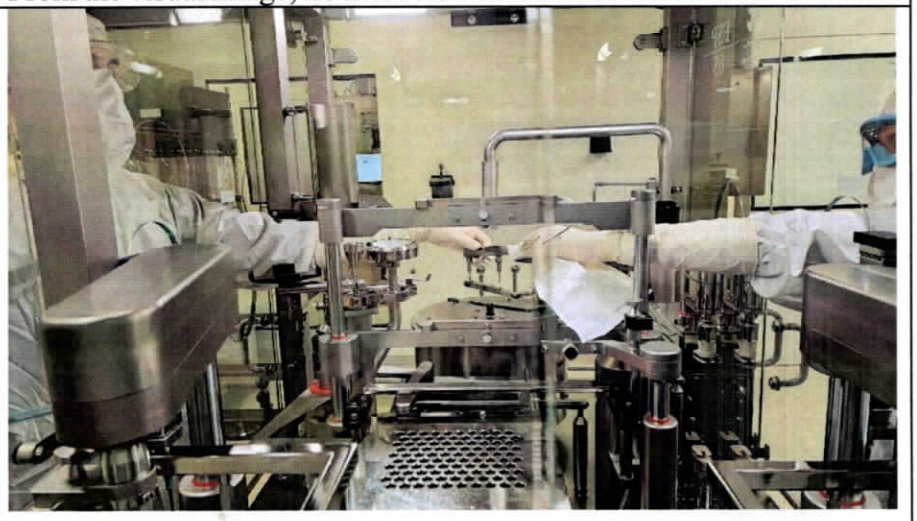


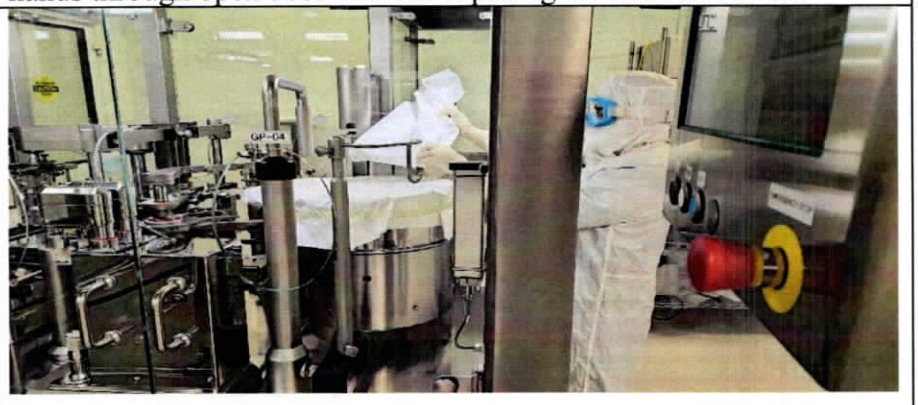
Personnel Monitoring Locations
Forehead
Right Shoulder
Left Chest
Left Forearm
Right Forearm
Left Glove
Right Glove

We have performed risk-based evaluation of the machine assembling process to evaluate practices for improvements which would not require entry into the ISO5 RABS environment based on the investigator's observation. Interviews were conducted with the operators to determine which steps of machine assembling can be performed without exposing their head and trunk to the ISO5 environment. Following the interviews, we performed a mock set up of machine assembling process and photographed each stage of the machine assembling process. This allowed us to improve machine assembling steps by eliminating all steps where the operator's head and torso was entering to the ISO5 RABS environment.

Photographs of machine parts assembling and evaluation of personal monitoring sample location requirement during machine assembling in ISO5 RABS:

Step Number/Description	Visual Image of Actual Operation
1/ Incorporation of the Transfer plate N 100. **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.

Step Number/Description	Visual Image of Actual Operation
2/ Fixing the Caps Terminal N100. **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.
3/ Connection of the N100 punches plate **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.
4/ Integration of the N100 Funnels plate. **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.

Step Number/Description	Visual Image of Actual Operation
5/ Fixing of pusher rods **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.
6/ Installation of the plunger stopper bowl. **Aseptic maneuver assessment:** Considering the position proximity, the operator requires the open door and access only gloved hands extension into the ISO 5 cabinet.	 From the visual image, it appears the personnel access only gloved hands through open door without exposing the head and chest.
7/ Attachment of the Chute **Aseptic maneuver assessment:** Considering the position proximity, the operator requires the open door and access only gloved hands extension into the ISO 5 cabinet.	 From the visual image, it appears the personnel access only gloved hands through open door without exposing the head and chest.

Step Number/Description	Visual Image of Actual Operation
8/ Fixing of Filling pumps with pre-assembled tubing from outlet of IV bag to Filling pumps inlet and from pump outlet to Filling needles along with Integration of the Needle holder 2P N 100 **Aseptic maneuver assessment:** Considering the position proximity, the operator requires the open door and a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	  From the visual image, only gloved hands are exposed to ISO-05 during Filling pump assembly and fixing needle holder through closed door through open ring glove access and no exposure of forehead and trunk to ISO-05.
9-12/ Installation of glove ports	 Glove ports are installed from outside the RABS.

Conclusion of the risk-based evaluation of the machine assembling process for identifying critical personnel monitoring sites:

Based on the evaluation of the filling machine assembling process, the practice of breaking first air with the head and chest during open RABS doors interventions has been remediated. Only the operator's gloved hands enter the ISO 5 RAB during the machine setup and interventions. We have added following sample sites which include right and left shoulder to our personnel monitoring program.

Personnel monitoring locations after machine assembly:

1. Right shoulder
2. Left shoulder
3. Left Forearm
4. Right Forearm
5. Left Glove
6. Right Glove

Impact assessment:

Personnel monitoring for the ISO5 environment, especially at critical points like head and chest, is important for detecting contamination from personnel. The lack of monitoring of these sites could lead to undetected microbial contamination posing a risk to product quality.

Despite not monitoring these sites there was no impact on product quality or sterility as all other air and surface monitoring results of the ISO5 RABS show no other excursions (Click here to review environmental monitoring data for Q1-2024, Q2-2024 & Q3-2024). The historical results indicate that the environment of the ISO5 RABS effectively maintained aseptic conditions throughout the filling processes.

All historical critical filling machine surface and air sample sites were 0 cfu:

a. Contact plates results of the RABS filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
b. Contact plates results of the RABS near the IV bag placement (product solution). (Click here to review Q1-2024, Q2-2024 & Q3-2024)
c. Swab sampling results of the filling needles. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
d. Settle plate monitoring results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
e. Settle plate monitoring results near the open PFS tub conveyor. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
f. Active air sampling results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
g. Continuous non-viable particle count data. (Click here to review)

h. Sterility test result of manufactured lots. (Click here to review)

There are 16 sample plates tested for the ISO5 environment for each batch. If any growth is detected within ISO 5 environment, a full investigation would be initiated. Historically, these 16 sample plates for critical air and surface monitoring sites in ISO5 RABS have resulted in 0 cfu's recovered. This indicates despite not sampling head and chest of operator aseptic conditions were maintained in ISO5 RABS.

Continuous viable air monitoring takes place right at the filling and stoppering locations within the RABS and is sampled dynamically throughout the batch.

In addition to the continuous viable monitoring at the worst-case site, the critical areas are currently sampled in a manner that is consistent with US FDA 2004 guidance titled "Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice".

The continuous non- viable monitoring met ISO 5 air particulates criteria and all continuous viable air monitoring data confirmed no growth in all lots. This data demonstrated and confirmed that the ISO 5 space was free from viable contamination from all direct surface samples in addition to the air sampling. Additional cleaning and sanitization of the area is performed after each routine or non-routine intervention.

Routine (Filling machine assembling) and non-routine interventions has been challenged during six previous media fill process qualifications with no media failures. The batches were released based on a full and complete review of all environmental data and all other in process and direct surface sampling outlined above and final batch testing that met all requirements, including sterility testing.

Corrective and Preventive actions:

1. SOP.DQC.0006 – Personnel Monitoring has been revised to add personnel monitoring sample sites of the right shoulder and left shoulder for the machine assembly process. (Click here to review SOP.DQC.0006).

Attachments for observation 3D:

Attachment	:	Document Title
Attachment -3D-1	:	Trend of viable environmental monitoring for all manufactured lots (Click here to review Q1-2024, Q2-2024 & Q3-2024)
Attachment -3D-2	:	Trend of non-viable environmental monitoring for all manufactured lots (Click here to review)
Attachment -3D-3	:	Sterility results of all manufactured lots (Click here to review)
Attachment -3D-4	:	SOP.DQC.0006 "Personnel Monitoring" (Click here to review)

Observation#4:

Written procedures are not established for the cleaning and maintenance of equipment, including utensils, used in the manufacture, processing, packing or holding of a drug product.

Specifically,

Your firm failed to establish a procedure for cleaning of aseptic filling equipment with sporicidal. Your environmental and personnel monitoring program has recovered spore-forming microorganisms while performing aseptic operations of sterile drug products, however there is no documentation to show that sporicidal wipes are being used during cleaning of your aseptic filling equipment.

Tailstorm Response:

Tailstorm acknowledges the observation regarding the absence of documentation for the use of sporicidal wipes during the cleaning of aseptic filling equipment. We fully recognize the critical importance of maintaining sterility in our processes and adhering to current Good Manufacturing Practices (cGMP). Establishing adequate cleaning and sanitization procedures is essential to ensure that equipment used in aseptic processing remains free from contamination.

The use of a sporicidal agent, Decon-Spore, is part of our Cleaning and Disinfectant Program for the area and equipment, as outlined in SOP.DMF.003 ("Routine Cleaning Process for the Cleanroom"). According to this SOP, machine parts, stainless steel surfaces in ISO-5, glove ports, rigid barriers (RABs), PVC curtains of mobile LAF units, and other surfaces/items in ISO-07 areas are disinfected using Decon-Spore. (Click here to review Section 5.11 of SOP.DMF.003)

The observation specifically relates to the use of sporicidal wipes during the preliminary cleaning of the aseptic filling equipment, as mentioned in SOP.DMF.008 ("Procedure for Assembly, Operation and Cleaning of PFS Filling Machine"). (Click here to review Section 5.6 of SOP.DMF.008) This preliminary cleaning is carried out immediately after the filling process and before initiation of the daily routine cleaning process (as per SOP.DMF.003). This additional precautionary measure is aimed at enhancing microbial contamination control, particularly addressing any time gap between the completion of filling operations and the commencement of the established daily cleaning and disinfection process (as per SOP.DMF.003).

While the use of sporicidal wipes has been implemented for this initial cleaning, we recognize that SOP.DMF.008 has not been revised to include the usage in SOP at the time of the inspection.

Observation Summary:

Our standard operating procedure for disinfecting the filling machine section 5.6 (Click here to review section 5.6 of SOP.DMF.008) was found to lack specific instructions on the use of sporicidal wipes immediately after the filling process.

As per SOP.DMF.008 70% isopropyl alcohol was used after completion of filling process and additionally Sporicidal wipes were used in practice but not defined in SOP.DMF.008.

Sporicidal wipes were used as an additional precautionary measure to control potential microbial contamination taken due to the time gap between the completion of the filling operation and the initiation of the full cleaning and disinfection process which is performed daily as per SOP.DMF.003. (Click here to review section 5.11.3 of SOP.DMF.003) The rationale for using sporicidal wipes in this manner is to mitigate the risk of contamination during the period before comprehensive daily cleaning can begin. The additional application of a sporicidal agent serves as a safeguard to reduce microbial load, including spore-forming microorganisms. This practice helps to ensure that the equipment (Filling machine in ISO5) is maintained in a sanitary state in alignment with cGMP requirements for cleaning and maintenance.

Additionally, we have an established full cleaning and disinfection program (**Reference SOP.DMF.003**), details of program are below:

1. **Cleaning and Disinfection Program Overview (Click here to review SOP.DMF.003):**
   a. Our cleaning and disinfection program is governed by Standard Operating Procedure (SOP.DMF.003) that details the frequency, agents used, application methods, and rotation of disinfectants to ensure comprehensive control of microbial contamination.
   b. This program outlines a systematic approach for cleaning and disinfecting all equipment and areas involved in aseptic processing including the aseptic filling equipment. The procedures are designed to align with cGMP requirements for maintaining equipment cleanliness and ensuring that no residual contamination could impact the next product.

2. **Comprehensive Cleaning Schedule:**
   We have established a detailed cleaning schedule that specifies daily, weekly, and monthly cleaning tasks for equipment and processing areas. This includes:
   a. Daily cleaning tasks to remove any residual surface contaminants after production activities.
   b. Weekly cleaning procedures to provide a deeper cleaning and disinfection with use of disinfectant twice (2X cleaning) with bactericidal or sporicidal agent in rotation. Disinfectants are rotated weekly.

   The schedule is designed to minimize contamination risks and maintain a controlled environment.

3. **Use of Disinfectants and Sporicidal Agents:**
   Our SOP's provide specific instructions for the selection, preparation, and application of disinfectants and sporicidal agents. This includes details on:
   a. Proper contact times to ensure the efficacy of disinfectants and sporicidal agents against a wide range of microorganisms, including spore-forming bacteria.
   b. Methods for applying cleaning agents, such as wiping, spraying, or fogging, based on the area or equipment being treated.
   c. Sequence of application.

   The use of sporicidal agents is integrated into the routine cleaning activities to provide an additional safeguard against spore-forming microorganisms.

4. **Rotation of Disinfectants:**

a. Our cleaning program includes a rotation of bactericidal and sporicidal disinfectants to prevent the development of microbial resistance and to ensure the effective elimination of a broad spectrum of microorganisms.
b. The rotation schedule incorporates the use of different classes of disinfectants, including sporicidal agents, on a regular basis to maintain effective microbial control. This practice helps address potential resistance and supports compliance with cGMP requirements for maintaining a clean and sanitized processing environment.

5. **Documentation and Cleaning Logs (Click here to review SOP.DMF.003.F01):**
   Cleaning and disinfection activities are meticulously documented in cleaning logs (Click here to review executed cleaning log as per SOP.DMF.003.F01), which capture the details of each cleaning event. These logs include:
   a. The date and time of the cleaning activity.
   b. Identification of the equipment or area cleaned.
   c. The type of cleaning agent or disinfectant used, including any sporicidal agents.
   d. The name and signature of the personnel who performed and verify the cleaning.

Impact assessment:

The use of sporicidal wipes, although not defined in the SOP, has no negative impact, as these wipes serve as an additional precautionary measure to enhance control over potential microbial contamination. This practice is specifically implemented to pre-clean equipment after the filling operation and prior to the start of the established daily cleaning and disinfection process.

Conclusion:

Our cleaning and disinfection program is designed to effectively mitigate microbial contamination risks in aseptic processing areas which is crucial for ensuring product safety.

Trend analysis of environmental monitoring data specifically contact plate and swab monitoring of equipment and area indicates that there have been no excursions and that the viable and non-viable particles consistently meet area specifications. This sustained compliance suggests that the

cleaning and disinfection procedures are functioning as intended and are critical to maintaining the required aseptic conditions (Click here to review environmental monitoring trend of Q1-2024, Q2-2024 & Q3-2024).

Corrective and Preventive actions:

1. SOP.DMF.0031 has been revised to include the use of sporicidal wipes (Click here to review section 5.6 of SOP.DMF.0031 (Former SOP no. SOP.DMF.008).

Attachments for observation 4A:

Attachment	:	Document Title
Attachment -4A-1	:	SOP.DMF.003 "Routine cleaning process for the cleanroom (Click here to review)
Attachment -4A-2	:	SOP.DMF.008 "Procedure for assembly, operation and cleaning of PFS filling machine" Obsolete version (Click here to review)
Attachment -4A-3	:	SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" (Incorporation of sporicidal wipe) (Click here to review)
Attachment -4A-4	:	SOP.DMF.003.F01 Cleaning and disinfection log (Click here to review)
Attachment -4A-5	:	SOP.DMF.003.F01 Executed cleaning and disinfection log (Click here to review)
Attachment -4A-6	:	Environmental monitoring trend analysis Q1-2024 (Click here to review)
Attachment -4A-7	:	Environmental monitoring trend analysis Q-2024 (Click here to review)
Attachment -4A-8	:	Environmental monitoring trend analysis Q3-2024 (Click here to review)

Observation#5:

The labels of your outsourcing facility's drug products do not include information required by section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically,

The statement "Office Use Only" if the drug is dispensed or distributed other than pursuant to a prescription for an individual identified patient.

Examples of your drug product labels that do not contain this information, include, but are not limited to:

- ***Semaglutide 1mg/0.2mL***

Tailstorm Response:

Tailstorm acknowledges the observation and the requirement to adhere to section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act). In this instance the statement "For Office Use Only" was not included on the label. We commit to update the labels as per section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and review all other product labels for compliance. Tailstorm understands the importance of thorough investigation and we are committed to ensure that a robust investigation is performed for each observation thereby ensuring the safety and quality of our products for our patients.

Observation Summary:

Deviation DV/DEV/24/010 was initiated for missing statement "For Office Use Only" required by section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act). (Click here to review deviation DV/DEV/24/010)

SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels." Sections 6.1.6 and 6.1.8 require the label to have the requirements listed in section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) on the primary container (prefilled syringe) and secondary container (clamshell). (Click here to review section 6.1.6 and 6.1.8 of SOP.DQA.033)

A gap assessment was performed to evaluate compliance with labelling requirements listed in Federal Food, Drug, and Cosmetic Act. Scope of this assessment covers products repackaged and compounded at Tailstorm. List of products is below:

Product	Strength	Compounding/Repackaging
Semaglutide Injection	0.25mg/0.05mL	Compounding
	0.5mg/0.1mL	
	1mg/0.2mL	
	1.7mg/0.22mL	
	2.4mg/0.3mL	
Tirzepatide Injection	2.5mg/0.1mL	Compounding
	5mg/0.2mL	
	7.5mg/0.3mL	
	10mg/0.2mL	
	12.5mg/0.25mL	
Bevacizumab Injection	1.25mg/0.05mL	Repackaging

a. Comparison with Federal Requirements for Repackaging Biologic Products:
SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels." and Product master label of Avastin was reviewed and compared for compliance with repackaging guidance "Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application" dates January 2018 (Click here to review guidance), comparison details are below:

Compliance with the requirement as per the guidance is indicated by a "✓" while non-compliance is marked with an "X".

Repackaging guidance requirements for Biological products labelling	Comparison with repackaging guidance for repackaging biological products				Justification
	SOP states for syringe label	Avastin syringe master label	SOP states for clamshell label	Avastin clamshell label	
The biological product was repackaged by [name of outsourcing facility] whichever is appropriate	✓	✓	✓	✓	N/A
The address and phone number of the outsourcing facility that mixed, diluted, or repackaged the biological product	✓	✓	✓	✓	N/A
The proper name of the licensed biological product that was mixed, diluted, or repackaged	✓	✓	✓	✓	N/A

Repackaging guidance requirements for Biological products labelling	Comparison with repackaging guidance for repackaging biological products				Justification
	SOP states for syringe label	Avastin syringe master label	SOP states for clamshell label	Avastin clamshell label	
The lot or batch number assigned by the outsourcing facility for the mixed, diluted, or repackaged biological product	✓	✓	✓	✓	N/A
The dosage form and strength of the mixed, diluted, or repackaged biological product	✓	✓	✓	✓	N/A
A statement of either the quantity or the volume of the mixed, diluted, or repackaged biological product, whichever is appropriate	✓	✓	✓	✓	N/A
The date the biological product was mixed, diluted, or repackaged	✓	✓	✓	✓	N/A
The BUD of the mixed, diluted, or repackaged biological product	✓	✓	✓	✓	N/A
Storage and handling instructions for the mixed, diluted, or repackaged biological product	✓	✓	✓	✓	N/A
The National Drug Code (NDC) number for the mixed, diluted, or repackaged biological product, if available27	✓	✓	✓	✓	N/A
The Statement "Not for Resale" and If the biological product is distributed by an outsourcing facility other than pursuant to a prescription for an individual identify patient, The Statement "Office Use Only"	X ✓	X ✓	✓ ✓	✓ ✓	Refer Note-1
If included on the label of the FDA-licensed biological product from which the biological product is	X	X	✓	✓	Refer Note-2

Repackaging guidance requirements for Biological products labelling	Comparison with repackaging guidance for repackaging biological products				Justification
	SOP states for syringe label	Avastin syringe master label	SOP states for clamshell label	Avastin clamshell label	
being mixed, diluted, or repackaged, a list of the active and inactive ingredients in the FDA-licensed biological product, unless such information is included on the label for the container from which the individual units of the mixed, diluted, or repackaged biological product are removed, as described below in 13.b.i; and, if the biological product is mixed or diluted, a list of any ingredients that appear in the mixed or diluted product in addition to those ingredients that are on the label of the original FDA licensed biological product.					

Summary of Findings:

The comparison between the requirements outlined in Federal Requirements for Repacking, SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels" and the labeling of Avastin confirms that all critical labeling requirements to understand the product are fully addressed in the master labels for both the prefilled syringe (PFS) and clamshell packaging (refer note-1 & 2 for exception).

Note 1: The "Not for Resale" statement is clearly presented on the clamshell packaging, which contains 5 PFS units of Avastin, ensuring compliance with federal requirements. Since the clamshell is sold directly to healthcare professionals for patient administration, the intent of the labeling is upheld, as the product is not intended for resale. Thus, there is no impact on compliance or intended use (Click here to review master label of Avastin PFS and Clamshell). Based on the gap assessment the master PFS label of Avastin has been revised to include the statement "Not for Resale" (Click here to review master label of Avastin PFS).

Note 2: The PFS label includes the active ingredient, while the inactive ingredients are clearly listed on the clamshell packaging. Given that the clamshell contains 5 PFS units and is the primary point of reference for healthcare professionals, this meets the requirement for ingredient disclosure. The space constraints on the PFS label prevent listing all inactive ingredients, but the

essential information is available on the clamshell. This ensures that there is no impact on compliance or safety as healthcare providers have access to all necessary ingredient information. (Click here to review master label of Avastin PFS and Clamshell).

b. Comparison with Federal Requirements for Compounding Products:

SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels." and Product (Semaglutide and Tirzepatide) all master labels were reviewed and compared for compliance with section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) - Federal Requirements for 21 U.S. Code § 353b - Outsourcing facilities- Compounding for compounded products, (Click here to review guidance) comparison details are below:

Compliance with the requirement as per the guidance is indicated by a "✓" while non-compliance is marked with an "**X**".

Federal Requirements for 21 U.S. Code § 353b - Outsourcing facilities- Compounding	**Comparison with Federal Requirements**				**Justification**
	SOP states for Syringe label	**Semaglutide and Tirzepatide Syringe label**	**SOP states for Clamshell label**	**Semaglutide and Tirzepatide Clamshell label**	
(i) the statement "This is a compounded drug." or a reasonable comparable alternative statement (as specified by the Secretary) that prominently identifies the drug as a compounded drug;	✓	✓	✓	✓	N/A
(ii) the name, address, and phone number of the applicable outsourcing facility; and	✓	✓	✓	✓	N/A
(iii)with respect to the drug—(I) the lot or batch number;	✓	✓	✓	✓	N/A
(II) the established name of the drug;	✓	✓	✓	✓	N/A
(III) the dosage form and strength;	✓	✓	✓	✓	N/A
(IV) the statement of quantity or volume, as appropriate;	✓	✓	✓	✓	N/A

Federal Requirements for 21 U.S. Code § 353b - Outsourcing facilities- Compounding	Comparison with Federal Requirements				Justification
	SOP states for Syringe label	Semaglutide and Tirzepatide Syringe label	SOP states for Clamshell label	Semaglutide and Tirzepatide Clamshell label	
(V) the date that the drug was compounded;					
(VI) the expiration date;	✓	✓	✓	✓	N/A
(VII)storage and handling instructions;	✓	✓	✓	✓	N/A
(VIII) the National Drug Code number, if available;	✓	✓	✓	✓	N/A
(IX) the statement "Not for resale", and, if the drug is dispensed or distributed other than pursuant to a prescription for an individual identified patient, the statement "Office Use Only"; and	✓ ✓	✓ X	✓ ✓	X X	Refer Note-1
(X) subject to subparagraph (B)(i), a list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient.	X	X	✓	✓	Refer Note-2

Summary of Findings:

The comparison between the requirements outlined in Federal Requirements for 21 U.S. Code § 353b - Outsourcing facilities- Compounding, SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels" and the labeling of Semaglutide/Tirzepatide confirms that all critical labeling requirements to understand the product fully are addressed in the master labels for both the prefilled syringe (PFS) and clamshell packaging (refer note-1 & 2 for exception)

Note-1: The statement "For Office Use Only" was omitted intentionally based on the draft guidance, titled "Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act (June 2023)".

"Not for Resale" statement was inadvertently missed on the clamshell label of Semaglutide and Tirzepatide however the statement was available on the PFS label which prevents the resale the of the drug product.

The primary PFS and secondary clamshell label of Semaglutide and Tirzepatide has been revised to include the statement "For Office Use Only" and "Not for Resale" (Click here to review master label of Semaglutide and Tirzepatide PFS and Clamshell)

Note-2: The PFS label includes the active ingredient, while the inactive ingredients are clearly listed on the clamshell packaging. Given that the clamshell contains 4 PFS units and is the primary point of reference for healthcare professionals, this meets the requirement for ingredient disclosure. The space constraints on the PFS label prevent listing all inactive ingredients, but the essential information is available on the clamshell. This ensures that there is no impact on compliance or safety as healthcare providers have access to all necessary ingredient information. (Click here to review master label of Semaglutide and Tirzepatide PFS and Clamshell)

Root Cause:

SOP.DQA.033 was not followed to include "For Office Use Only" which is also required by 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

The statement "For Office Use Only" was omitted intentionally based on the draft guidance, titled "Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act (June 2023)" (Click here to review draft guidance) permits FDA-registered outsourcing facilities such as Tailstorm, "to distribute a drug it compounded to a state-licensed pharmacy, federal facility, or licensed physician, which subsequently dispenses the drug pursuant to a prescription in accordance with section 503(b)(1) of the FD&C Act." Draft Guidance, lines 329-338 (Click here to review Guidance).

The statement "For Office Use Only" was omitted intentionally with the understanding that the product may further distributed from the provider to patients for home use.

Impact assessment:

There is no impact to patient safety because the provider instructs the patient on how to administer the product and all other critical label requirements were present on the label.

The omission of the "For Office Use Only" statement on Semaglutide and Tirzepatide labels does not negatively impact patient safety or provider understanding.

Healthcare providers instruct patients on how to use compounded medications. This omission does not compromise safety as providers remain responsible for ensuring proper administration.

Providers are accustomed to handling compounded products and are unlikely to be confused by the lack of the specific statement, which reinforces the proper use of the medication.

All other critical requirements were present on the labels.

Conclusion:

Tailstorm acknowledges the observation regarding the omission of the "For Office Use Only" statement on product label of Semaglutide. While the intent behind the omission was reference to the draft guidance, titled "Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act (June 2023)", we recognize the importance of strict compliance with all 503B labelling and repackaging regulations.

All other critical labeling elements were present ensuring there is no adverse impact to patient safety or provider understanding. To address this issue, Tailstorm has revised the affected labels to include the necessary statements and enhance the label review and approval process (Click here to review SOP.DQA.033) to ensure compliance with all regulatory standards in the future.

Corrective and Preventive actions:

Corrective Action:

1. **Revision of Master Labels:**
    1. The master labels for the pre-filled syringes (PFS) and clamshell packaging of Semaglutide and Tirzepatide Injection have been revised to include the "Office Use Only" statement, in accordance with the Federal Food, Drug, and Cosmetic Act (FD&C Act). (Click here to review master label of Semaglutide and Tirzepatide PFS and Clamshell)
    2. The master label for the pre-filled syringes (PFS) of Avastin Injection has been revised to include the "Not for resale" statement, in accordance with the repackaging guidance "Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application" dates January 2018. (Click here to review master label of Avastin PFS)

Preventive Action:

1. **Revision of Standard Operating Procedure (SOP):**

    SOP.DQA.033 is revised to explicitly outline the mandatory requirements for label content in accordance with the FD&C Act.

2. **Enhanced Checklist for Label Creation:**
    a. The existing checklist for label creation for repackaged biological products has been revised to mandate full compliance to all labelling requirements in the Repackaging of Certain Biological.
    b. A new checklist has been added (SOP.DQA.033) to mandate full compliance to of each labelling requirement outlined in the FD&C Act for compounded drugs. This checklist will prevent the omission of any critical information during the label creation and review process. (Click here to review checklist of repackaged drug product for clamshell & syringe and compounded drug product for clamshell & syringe)

Attachments for observation 5A:

Attachment	:	Document Title
Attachment -5A-1	:	503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act (Click here to review)
Attachment -5A-2	:	Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application (Click here to review)
Attachment -5A-3	:	Draft guidance "Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act (June 2023)" (Click here to review)
Attachment -5A-4	:	SOP.DQA.033 "Design, Control, Review and Approval of Product Labelling" (Click here to review)
Attachment -5A-5	:	Deviation DV/DEV/24/010 (Click here to review)
Attachment -5A-6	:	New master clamshell label approval for repackaged biological products (Click here to review)
Attachment -5A-7	:	New master syringe label approval for repackaged biological products (Click here to review)
Attachment -5A-8	:	Master Label PFS – Avastin (Click here to review)
Attachment -5A-9	:	Master Label Clamshell – Avastin (Click here to review)
Attachment -5A-10	:	Master PFS and Clamshell Label – Semaglutide (Click here to review)
Attachment -5A-11	:	Master PFS and Clamshell Label – Tirzepatide (Click here to review)
Attachment -5A-12	:	New master clamshell label approval for compounded products (Click here to review)
Attachment -5A-13	:	New master syringe label approval for compounded products (Click here to review)

Delaware

The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAILSTORM HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAILSTORM HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2015.

C. P. Sanchez

Charuni P. Sanchez, Secretary of State

Authentication: 202754513

Date: 01-31-25

5672894 8300

SR# 20250210965

You may verify this certificate online at corp.delaware.gov/authver.shtml

TailStorm Health Inc. DBA Medivant Healthcare - Corporate Officers			
Address:	**158 S Kyrene Rd Chandler AZ 85226**		
Main Number:	480.605.5200		
List/Name of Officers	Position/Title	DOB	ADDRESS
Ramesh Vijayaraghavan	President	[redacted]	[redacted]
Mitesh Gandhi	Secretary/Director of Operations		
Anuj Patodia	CFO		

Shareholder	QTY of Shares	Common Shareholding
Janshi Marketing DMCC	588,352	56%
Kyle Hotchkissk	37,500	4%
BR Homes LLC	24,852	2%
CCM & SDM Venture Funding LLC	11,000	1%
Arumalla Properties, LLC	10,500	1%
Paul Hench Lemaistre	9,000	1%
Maya 9793 LLC	7,500	1%
Siddhanth Investments Limited Partnership	7,500	1%
TPF Holdings LLC	7,500	1%
Dan Thiessen	7,000	1%
Jeff Thiessen	7,000	1%
Jordan Thiessen	7,000	1%
Chadwick Parson	6,500	1%
Sammark LLC	6,500	1%
Sushma Chamaria	5,500	1%
Rana Prasad	4,500	0%
Ellman Equities LLC	4,000	0%
Floki LLC	4,000	0%
Parijat Chandra	4,000	0%
Garett Bjorkman	3,500	0%
Alex Mirbod	2,500	0%
Joseph Lear	2,500	0%
Mark Manocha	2,500	0%
Ravindra Edupuganti	2,500	0%
Rohit Nichani	2,500	0%
Sumeet Mittal	2,500	0%
Jeffrey Grant	1,500	0%
Kevin Haddad Boise	1,500	0%
Kris Sammadar	1,500	0%
Lindsey McGrath	1,500	0%
Robin Sammadar	1,500	0%
Shawn K Kesterson	1,500	0%
Timothy S Callan	1,500	0%
Brownstein Hyatt Farber Schreck, LLP	1,000	0%
Sedgwick Holdings, LLC	1,000	0%
Armor Trust	1,220	0%
Alpa Gandhi	6,473	1%
Brandon Bunger	3,806	0%
Rudra Narayan Das	913	0%
Kavyah Ruddha LLC	3,044	0%
Neora Investments	1,522	0%
Vantage FBO John B. Fitzpatrick IRA	1,522	0%
James LaPorta	3,044	0%
Brass Holdings LLC	1,522	0%
Cubozoa LP	1,522	0%
Pandita Enterprise LLC	3,806	0%
Wilde Family Trust	3,806	0%

TGPG 2020 Irrevocable Trust	761	0%
JMDRS Inc	1,827	0%
Shah Investments LLC	1,827	0%
James T Leathem	1,218	0%
Gregory J Wong	1,827	0%
Atanu Sarkar & Nandini Sarkar	15,222	1%
Shipra Diwan	3,806	0%
1315 Capital Emerging Growth and Buyout, LP	135,699	13%
1315 Capital Emerging Growth and Buyout Parallel, LF	63,789	6%
Total	1,048,880	**100%**

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: 10/03/2023
Receipt Number: 2023160362
Receipt Amount $: 1000.00

Manufacturer - 503B Outsourcer

PERMIT NO
M002033

EXPIRES
10/31/2025

Issued to :

Tailstorm Health **Inc dBA Medivant Healthcare**
Viraj Gandhi
24416 NORTH 19TH AVENUE SUITE 200
PHOENIX, AZ 85226

Tailstorm Health Inc dBA Medivant Healthcare
24416 NORTH 19TH AVENUE SUITE 200
PHOENIX, AZ 85085

Ram 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 : Viraj Gandhi
LICENSE NUMBER : M002033
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. R4-23-01 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.
Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

13

13A

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

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

Section 1: General Information

Facility Name: Packaging Coordinators, Inc.

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

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

City: _____ State: _____ Zip: _____

Telephone: 215.613.3600 Website: www.pci.com

Name of Designated Representative (DR): Catherine Cabrera

Licensing Company Email: compliance.pcipharma@gmail.com DR Email: catherine.cabrera@pci.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Over-the-counter (OTC) Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Pharmaceutical Co.		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # N/A **. Provide all the following *where applicable*:**

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

Provide explanation below:
N/A

Original Signature (electronic, copies or stamps not accepted)

03/11/25
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: 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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Packaging Coordinators, Inc.

Corporation/Organization Name: Packaging Coordinators, LLC

Mailing Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Telephone: 215-284-8661 Email: catherine.cabrera@pci.com

Contact Person Name: Catherine Cabrera

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Packaging Coordinators, LLC

Facility Name

Catherine Cabrera

Print Name of Authorized Person Submitting Application

C. C

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

03/11/25

Date

Board Use Only	Date Received: 5/22/25	Amount: $1000-Ck1582

January 27, 2023

Packaging Coordinators, LLC
3001 Red Lion Rd.
Philadelphia, PA 19114
FEI: 1000522077
Dates of Inspection: 01/09/2023 – 01/12/2023
Email: ORABIOInspectionalCorrespondence@fda.hhs.gov
ORAPharm1_responses@fda.hhs.gov

RE: Response to FDA-483

Dear FDA Investigator:

This letter is in response to the FDA-483 observations for Packaging Coordinators, LLC conducted of our facility located at 3001 Red Lion Road, Philadelphia, PA 19114.

Please find below Packaging Coordinators response to your observations.

Observation 1:

Your firm failed to establish adequate written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Specifically,

a. Your environmental monitoring plan as defined in SOP, SOP-00790, "Environmental Monitoring for Non-Sterile Packaging", Rev 18, effective date 29 September 2021, is insufficient for aflibercept PFS assembly and blistering line E2 as no surface environmental monitoring is conducted for the product contact/indirect product contact surfaces such as the syringe assembly area and associated surfaces. According to SOP-00790, "Environmental Monitoring for Non-Sterile Packaging", Rev 18, section 7.4.2.2 states that sample sites for surface (floor and walls) viable shall be based on the following: "Sites and/or processes where microbial contamination is deemed likely to have an adverse effect on product quality, sites that represent the most difficult areas to clean, and activities in the area that contribute to the spread of contamination."
b. Complaints received by your client included moisture observed in the syringe blister package. Post aflibercept (Eylea) PFS VHP, there is no procedural requirement in confirmation of load dryness and absence of moisture in the syringe blister packaging or any other defect that may pose a risk to product quality.
c. The sterilization of the aflibercept (Eylea) PFS within the blister pack is conducted by VHP that includes Chamber Leak Test at 500 mbar, Pre-condition Parameter at 500 mbar, Exposure Parameter at 500 mbar, Aeration Parameter 1 at 800 mbar and Aeration Parameter 2 at 500 mbar. The aflibercept shipping validation supports a pressure change at 572 mbar in support plunger stopper movement, assuring the

sterile barrier is maintained. The worst-case pressure level applied at 500 mbar during the syringe VHP process has not been validated to assure the sterile barrier is maintained.

d. Document titled, Product Assessment - Eylea (aflibercept) - Product/PPE/Room/Health and Risk Assessment was performed by your internal PCI Safety, with standard gowning to be applied during manufacture that does not include a face mask. The assessment is deficient as it failed to account for the manufacturing bioburden control strategy, with the donning of a mask providing enhanced bioburden control.
e. Document RA-1331 (risk assessment), "Secondary Manufacturing of EYLEA Pre-Filled Syringe in Non-Classified Spaces at PCI" indicates that production rooms are positive pressure to the hallways per PCI SOP-00793; however, there is no calibrated magnehelic or BMS system to provide assurance of adequate continuous differential pressure control for the production rooms.
f. The requalification of the aflibercept (Eylea) VHP sterilization process includes 10,336 blister packs sealed and without pre-filled syringes, with 45 blister packs containing an aflibercept PFS spaced throughout the load for sterility testing and 240 blister packs total containing an aflibercept PFS for 120 (CI units) and 120 (BI units). The use of 10,336 empty blister packs is not representative of the commercial maximum load.

Background:

The validation studies performed at the PCI Philadelphia facility demonstrated that the VHP sterilization process consistently achieves at least 10^{-6} sterility assurance level (SAL). In addition, the process has been successfully qualified to maintain package integrity and confirmed on each lot through container closure integrity testing.

The PCI Environmental Monitoring program consists of performing quarterly sampling of each packaging room involving testing viable surface monitoring (floors and walls) along with active air monitoring for viable and non-viable particulate. Below is a table outlining the average environmental monitoring results for all packaging rooms for the calendar year of 2022.

Sample Locations	Average
Floor (TYMC)	< 1 cfu/25 cm^2
Floor (TAMC)	< 2 cfu/25 cm^2
Wall (TYMC)	< 1 cfu/25 cm^2
Wall (TAMC)	< 1 cfu/25 cm^2
Air Viable (TYMC)	< 3 cfu/m^3
Air Viable (TAMC)	< 5 cfu/ m^3
Non-Viable	4552 Particles/ft^3

Based on the capability of the sterilization process and the historical data from

Environmental monitoring testing, PCI is confident that the validated VHP sterilization process transferred from Regeneron ensures the sterility of the packaged product.

To address the Agency's concerns raised in the 483, in collaboration with Regeneron, PCI has developed the action plan outlined below.

Response:

a. As an enhancement to the Environmental Monitoring program, the procedure SOP-00790 EM Requirements for Non-Sterile Packaging will be updated to include a risk-based sampling approach that will integrate additional sampling points on and around the packaging equipment itself based on risk of contamination to product. The production lines involved in the packaging process prior to sterilization (assembly and blistering) will be assessed and the increased sampling plan implemented. This information will provide additional ongoing data related to the overall bioburden as it relates to product movement through the process.

   Action Due Date: 17-April-2023

b. PCI is committing to perform a risk assessment for possible defects that could occur related to the blister units and the enclosed pre-filled syringes as they are sterilized through the VHP process.

   Along with the risk assessment that will characterize the possible defects, PCI will perform a study on a minimum of three (3) lots of Eylea® that have been processed through the VHP Sterilization process. This study will involve visual inspection of the blister units themselves for the presence of visible drops of moisture within the cavities. This information will be characterized and assessed within the Risk Assessment.

   Action Due Date: 15-July-2023

c. A study will be conducted on packaged units related to plunger rod movement at the worst-case pressure experienced through a VHP cycle (approximately 500 mbar). During the inspection, Regeneron provided a document outlining the commitment to execute the study.

   Action Due Date: 30-June-2023

d. The observation outlines a reference to the Product Assessment for Eylea. This type of assessment is conducted to determine the appropriateness for a product to be packaged within a facility as well as the associated Personal Protective Equipment required to protect an employee from the material. The gowning requirements for protecting product would be developed through our Contamination/Cross-Contamination Risk Assessment RA-2021-011 as well product specific FMEAs.

As an overarching action, PCI is committed to performing an additional study to characterize the bioburden prior to sterilization. This study will be performed in collaboration with Regeneron. It will establish and evaluate the impact of pre-sterilization bioburden and further demonstrate the capability of the validated VHP sterilization process.

Characterization of bioburden load on the blister-packaged syringes (prior to sterilization) will be performed under protocol, and will include the following:

- Testing will be performed on three lots of blister-packaged syringes (prior to sterilization), with a statistical sampling based on total lot size. This will be performed once per quarter for a period of 1 year to capture seasonal variability.
- Based on the results, the protocol may be extended to include additional periodic testing.
- The determination of population will be based on ISO 11737-1 and the bioburden testing will be performed according to USP<61>.

The protocol will be comprehensive in outlining the steps involving the sampling and testing to be conducted spanning a period of twelve (12) months. The protocol will be in approved for execution by 17-April-2023. The study results will be evaluated and additional controls for bioburden will be implemented, as necessary.

The study will provide the background information in order to appropriately update the PCI Contamination/Cross-Contamination Risk Assessment RA-2021-011 which will include the output of any updates to gowning requirements based on the data obtained.

Action Due Date: 15-June-2024

e. PCI balances each packaging room to ensure positive pressurization on an annual basis. A risk-based approach will be taken regarding the process steps in which the continuous differential pressure monitoring is implemented across all production rooms at the site. The assessment will determine the rooms where continuous monitoring probes will be implemented and the associated procedure SOP-00793 "Air Handling System" will be updated to reflect the changes. The overall CAPA action includes the risk assessment, procedural updates, and implementation timeframe for the continuous monitoring program for room differential pressure.

Action Due Date: 15-November-2023

f. A review of the protocol and batch documentation associated with this observation was performed. The re-qualification was performed using blisters containing pre-filled syringes. This information was not clearly communicated during the inspection.

Evidence to this effect is noted below with pictures of the "dunnage" material utilized in the study which consists of the pre-filled syringes enclosed in blister units.

PCI has an established part number PCR-VHP-DUNNAGE within our qualified ERP system. A photo of the ERP system generated label is noted below indicating the part number PCR-VHP-DUNNAGE along with the corresponding materials consisting of a blister unit with an assembled syringe. Therefore, the study was performed using the same loaded cycles as a routine commercial sterilization cycle. The requirements for executing the sterilizer re-qualifications are outlined in the individual re-qualification protocols.



Observation 1 will be addressed under CAPA-2023-0063.

Observation 2:

Equipment used in the manufacture, processing, packing or holding of drug products is not of appropriate design to facilitate operations for its intended use.

Specifically,

Your Building 1 air compression system supporting aflibercept (Eylea) sterilization by VHP system (VHP 2) is not of oil free design, with the air distribution system to the VHP 2 sterilizer including black iron piping. Though the air compression system includes hydrocarbon removal and distribution system in-line point of use hydrocarbon and particulate filtration, the system design is inconsistent with current GMP expectations.

Response:

The distribution from the air compressor includes a series of three filters along with an additional point of use filter prior to delivery of the air to the VHP sterilizer. The filters are noted below in sequence:

(1) Particulate Filter:	Particulate Removal 1 micron
(2) Coalescing Filter:	Particulate Removal 0.01 micron; ISO 8573-1 Class 1
(3) Vapor Filter:	Particulate Removal 0.01 micron, ISO 8573-1 Class 1

The series of three filters are on a Preventive Maintenance cycle in which the vapor filter is replaced on a six (6) month cycle. The Particulate and Coalescing Filters are replaced on a twelve (12) month cycle.

In addition to the series of three filters to remove particulate, water, and oil vapor, there is an additional filter installed downstream immediately prior to distribution into the VHP unit itself. This filter is a Pharmaceutical Grade Sterilizer Filter with an absolute removal rating of 0.2 microns in liquids and 0.003 microns in gases. This filter is replaced on a twelve (12) month frequency.

The filtration system in place provides the appropriate air quality to the VHP sterilizer. The compressed air testing conducted post filtration is within the acceptance criteria. PCI is committed to enhancing our process through the CAPA actions listed below.

PCI has committed to source, install, and qualify a new oil-free compressed air system for the VHP 2 sterilizer. The installation will involve installing new piping constructed of copper/stainless steel.

Action Due Date: 04-February-2024

As an interim measure, PCI is increasing both the frequency of testing on the compressed air after the filtration system as well as the Preventive Maintenance program. The testing of the compressed air system (moisture, hydrocarbons, particulate, air viable) will be conducted on a bi-weekly basis downstream from the series of three filters. The Preventive Maintenance program will be enhanced related to the filtration system to include an inspection of the filter gauges on the same bi-weekly basis.

Action Due Date: 10-March-2023

Observation 2 will be addressed under CAPA-2023-0064.

Observation 3:

The responsibilities and procedures applicable to the quality control unit are not fully followed.

Specifically, your firm failed to follow the following procedures:

a. According to your standard operational procedure entitled "QA Batch Record Review and Product Release,". SOP-00765, rev 45, Section 2.5, the Quality Associate is responsible "to review, verify presence of all batch record pages, verify correct batch record pagination and accuracy, coordinate error corrections with the Quality Associate or designee, assure Deviation Reports are complete and closed, and approve the batch record for PCI release." The following are examples of drug products that were released by your Quality Unit for commercial distribution with inaccurate lot numbers and/or expiration dating.

   • DEV-2022-0244, Alkermes Vivitrol 380mg (naltrexone for extended-release injectable suspension) Kit, lot# 190592C, expiration 04/30/2024 released with an incorrect expiry of 05/31/2024
   • DEV-2022-0244, Alkermes Vivitrol 380mg (naltrexone for extended-release injectable suspension) Kit, lot# 190604C, expiration 04/30/2024 released with an incorrect expiry of 05/31/2024 ·
   • EVENT-2022-5953, Flexion Therapeutics Zilretta 32mg (triamcinolone acetonide extended-release injectable suspension) Finished Kits, lot# 111003, expiration 11/2023 released with an incorrect lot number of 22-9006
   • EVENT-2022-6666, Amgen Repatha AMG 145) HMP, 120mg/mL, 3.5mL (evolocumab), lot# 1153429, expiration 12/3112024 released with an incorrect expiry of 10/31/2024

b. Your procedure, SOP-00240 "Corrective Action and Preventative Action (CAPA)", revision 01, effective 11/05/2021, section 5.1.8 states that "effectiveness checks should be considered as part of the CAPA plan and the scope and method of confirmed effectiveness should be detailed as part of the plan." CAPA 433782 which was opened on 12/14/2021 to document the correction for installing the proposed changes indicator for setting the crimper clearance and pressure settings for E5 Doboy. This CAPA was closed on 05/20/2022. Your firm applied a new effectiveness check review board to address current and future CAPAs however did not address the CAPA(s) that were opened within the effective date of your procedure.

This is a repeat observation from the previous inspection conducted 10/17/2022-10/21/2022.

Response:

a. In reviewing the list of deviations and the associated lots outlined in observation 3a, none of these products had shipped from the facility. Upon discovery of the discrepancy, PCI initiated deviations and the product impact was assessed and Corrective Actions implemented accordingly for each situation.
   • DEV-2022-0244 was related to the expiration dating assigned to two lots of

product. The process involves kitting different components into a carton. The expiration dates on the components dictate the overall expiration dating on the kit itself. A change was made to the lot of a component due to availability in which an update to the resulting expiration date was not performed. The units will be re-processed with the correct expiration date.

- EVENT-2022-5953 involved a kitted product in which the lot number on the vial is different than the lot number on the carton. The process deviated as the lot number that was assigned for the vial was the same as the carton. This was identified during the packaging operations and resolved prior to release of the lot.
- EVENT-2022-6666 related to a product in which the expiration dating is assigned based on the date of the packaging activity as supplied by the customer. There was a delay in the timeframe of the packaging activity start date from October 2022 to December 2022 at which point the new packaging date was assigned. The documentation associated with this lot was not updated so it resulted in the lot being packaged with an expiration date that was two months shorter than the intended dating. It was determined the material could be released without further action needed as the discrepancy in dates resulted in a shorter timeframe.

PCI has addressed each of the situations noted above and applied corrective and preventive actions accordingly. In order to address the specific observation, PCI is holistically implementing an additional verification step during the batch record review process as outlined in SOP-00765 "QA Batch Record Review and Product Release". This additional step will confirm the expiration date and lot information is correct as intended and there were no changes from the source information that resulted in a change to the variable data.

Action Due Date: 30-March-2023

b. PCI has executed the action plan as outlined in our response letter dated November 3, 2022. CAPA-2022-0273 Effectiveness was completed as per the due date in the PCI eQMS system. The other three CAPAs outlined (PR433753, PR433782, PR433754) were generated out of the prior eQMS system in which CAPA Effectiveness plans were not linked to each CAPA nor was it a procedural requirement in utilizing the system. In order to fully remediate the concerns raised in the observation, PCI is reviewing all CAPA actions from the PCI legacy system for CAPA Effectiveness that were closed after the date of August 2022. In August 2022, PCI implemented a new eQMS system in which the Effectiveness Check is integrated to the CAPA plan. The due date below outlines the date in which this retrospective CAPA Effectiveness check will be completed.

Action Due Date: 30-March-2023

Observation 3 will be addressed under CAPA-2023-0065.

Observation 4:

Buildings and equipment used in the manufacture, processing, packing or holding of drug products are not maintained in a clean and sanitary condition.

Specifically,

a. Deteriorated insulation and a deteriorated gasket was observed at a finger flange assembly system for syringe labeling and plunger rod insertion System 1712, Area E3. Excess grease was observed on the plunger rod shafts.
b. The air compression system located in Building #1 and used for oil free compressed air to the VHP 2 sterilizer was observed in an dirty state, including debris observed at an air compressor intake.
c. Walk-in 2 - 8°C refrigerator 150845 was observed with waste material such. as dirt and debris on the floor and behind and between pallets. Refrigerator 150845 is used to store finished drug products such as aflibercept PFS and materials needing temperature control.
d. An automated door leading to E2, syringe blistering was observed not functioning.

Response:

PCI provided corrective actions related to each observation during the inspection to outline the replacement of the insulation and gasket on the Equipment Asset 1712, cleaning of grease from the equipment shafts, cleaning of the utility area around the air compression system, cleaning of extraneous material from the Refrigerators, and repair to the E2 door. The actions below outline the preventive measures that are being implemented.

a. The Preventive Maintenance program for the Equipment Asset 1712 along with any additional similar units within the facility is being updated to include a quarterly inspection of the integrity of the insulation and gasket. The PM for the Groninger equipment related to the observation of excessive grease is also being updated for a quarterly inspection and cleaning for excessive grease.

   Action Due Date: 17-March-2023

b. The procedure SOP-00803 "Cleaning Procedure for the Facility" is being updated to integrate the utility area for the Air Compressor and all additional GMP areas within the facility. The standard work for the cleaning requirements and documentation associated with confirming cleaning was completed will be updated to include the specific daily, weekly, and monthly requirements including the area of cleaning. The program will be enhanced by having a physical review documented at a periodic interval.

   Action Due Date: 25-March-2023

c. The preventive measures related to the refrigerator will be addressed through the same actions outlined above in response to observation 4b.

d. A Preventive Maintenance program for the production doors will be implemented as a monthly action item to service the doors and prevent breakdowns.

   Action Due Date: 25-March-2023

   An additional measure will be added to the preventive action plans related to the doors. An audible alarm will be installed on the doors that will be triggered if the door is open over a defined period of time to alert area personnel that the door is not closed.

   Action Due Date: 23-October-2023

Observation 4 will be addressed under CAPA-2023-0066.

Please feel free to reach out to me regarding any questions or comments.

Sincerely,

Cathy Cabrera
Director of Quality Systems
215-613-3670
215-613-3601 [Fax]
Catherine.Cabrera@pci.com

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SUMMARY

This preannounced abbreviated surveillance inspection and pre-approval inspection of a contract labeler, packager and repackager of human biological and pharmaceutical drug was initiated according to eNSpect Assignment # 231968 and as a part of PHARM1 FY23 work plan. This inspection was conducted in accordance with CPGM 7356.002- Drug Manufacturing Inspections, CPGM 7356.002M - Inspection of Licensed Therapeutic Drug Products; and CP 7346.832 - Pre-approval Inspections/Investigations in support of BLA 125387 S78 for (aflibercept injection), EYLEA, applicant Regeneron Pharmaceuticals, Inc. This inspection is reported under PACs 56002 and 46832. Profile codes SVT, SVS, LIQ, CSG, SUP SVL, and OIN were covered.

The previous inspection conducted on 10/17/2022 – 10/21/2022 was classified Voluntary Action Indicated and the firm was issued a Form FDA 483, Inspectional Observations, for: 1) Buildings used in manufacture, processing, packing or holding of drug product are not maintained in a clean and sanitary condition and 2) The responsibilities and procedures applicable to the quality unit are not fully followed. During the current inspection, the corrections from the previous inspection were evaluated without comment with the exception of Observation 2 which was a repeat observation.

The current inspection revealed that the firm continues to operate as a contract labeler, packager and repackager of human biological and pharmaceutical drug products. The current inspection provided coverage of the Quality System and Packaging and Labeling System. Documents reviewed included but not limited to laboratory records, change controls and SOPs. The inspection covered the packaging process of BLA 125387 S78 for (aflibercept injection), EYLEA a review of complaints, environmental monitoring, Quality Agreements, batch records, Annual Product Reviews, deviations, change controls, packaging and labeling controls, and corrective actions and preventative measures.

A Form FDA 483, Inspectional Observations, was issued at the conclusion of the inspection for:

1. Failure to establish adequate written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.
2. Equipment used in the manufacture, processing, packing or holding of drug products is not of appropriate design to facilitate operations for its intended use.
3. The responsibilities and procedures applicable to the quality unit are not fully followed
4. Buildings used in the manufacture, processing, packaging or holding of drug products are not maintained in a clean and sanitary condition.

Additionally, the following discussion items were presented to the firm at the closeout meeting:

1. The H1 cartoning line was inspected during a manufacturing break, with three Eylea cartons containing product observed on the active conveying track.
2. A field complaint was received for the Eylea DP, with the DP appearance gray in color. Regeneron did not evaluate the syringes for potential contamination. PCI should also work collaboratively with Regeneron to have a clear and complete understanding for absence of microbial contamination.

No refusals were encountered, and no samples were collected. No rodent, insect, or avian activity was observed.

ADMINISTRATIVE DATA

Inspected firm	Packaging Coordinators, LLC
Location:	3001 Red Lion Road Philadelphia, PA 19114
Phone:	215-613-3001
Fax	215-613-3091
Mailing address:	3001 Red Lion Road Philadelphia, PA 19114
Email address:	jeannie.metzinger@pciservices.com
Dates of inspection:	01/09/2023 – 01/12/2023
Days in the facility:	4
Participants:	**Christina K Theodorou, Investigator** **Wayne Seifert, Investigator** **Brandy LePage, Investigator** **Ben Du, Investigator**

This inspectional report was collectively written by Investigators Theodorou (CKT), Seifert (WS), LePage (BNL) and Du (BD). "We", "Our" and "Us" refers to Investigators Theodorou, Seifert, LePage and Du collectively. "I" refers to the Investigator that is identified as writing the applicable section of the report. For the purposes of this report, Packaging Coordinators, LLC will be referred to as the "firm", or "PCI", throughout this report.

On 12/30/2022, Investigator Seifert contacted Ms. Catherine Cabrera, Director of Quality Systems and preannounced the inspection. He asked Ms. Cabrera to provide any firm requirements related to COVID-19, who replied that there were none.

On 01/09/2023, we presented our credentials and issued a Form FDA 482, Notice of Inspection (attached), to Jeannie Metzinger, Chief Compliance and Quality Officer, who advised that she was the firm's most responsible person on-site.

At the close of the inspection, we issued a Form FDA 483, Inspectional Observations (attached), to Mr. Gill Valdez, SVP, Commercial Packaging Technology and Supply Chain.

Post-inspectional FDA correspondence should be sent to the following address:
Packaging Coordinators, LLC
Jeannie L. Metzinger, Chief Compliance & Quality Officer
3001 Red Lion Road,
Philadelphia, PA 19114-1123 jeannie.metzinger@pciservices.com.

HISTORY

(This section written by Investigator Theodorou)

According to Mr. Thomas Cligget, Director of Quality Operations, the firm's history remains unchanged from the previous inspection ending on 10/21/2022. That history is provided below.

Packaging Coordinators, LLC is a privately-owned company with global commercial locations in Philadelphia, PA; Rockford, IL; Mississauga, ON; Hay-on-Wye, UK; Tredegar, UK; and Dublin, Ireland. The firm was previously inspected on 12/15/2020 through 12/18/2020. This inspection was limited in scope and focused on the review of the firm's labeling and packaging of Janssen and AstraZeneca COVID-19 vaccines. No FDA 483 was issued and the inspection was classified as NAI.

On 10/17/2022, Mark Burke, Executive Director of Quality, stated the firm planned to manufacture the AstraZeneca COVID-19 vaccine, but did not proceed with any manufacturing operations. Prior to the limited inspection in December 2020, the firm was inspected on 8/29/2017 through 9/6/2017, as part of the OPQOI FY17 workplan. No FDA 483 was issued, and the inspection was classified as NAI.

The firm operates continuously and has approximately 675 full-time employees.

Information bellow was collected during the current inspection (01/09/2023 – 01/12/2023):
The firm was inspected by the Agency ending on 10/21/2022 as a joint inspection between the Office of Biological Products Operations (OBPO) and the Office of Pharmaceutical Quality Operations (OPQO) and conducted as part of the OBPO/Team Biologics FY23 workplan under eNSpect ID# 232419. The inspection was classified as Voluntary Action Indicated. A two-item 483 was issued to firm management at the conclusion of the inspection.

The following entities are subsidiaries of PCI:

Lyophilization Services of New England
- LSNE Contract Manufacturing, Madison, WI 53719 (FEI: 3011856764)
- LSNE Contract Manufacturing, 23 Commerce Dr, Bedford, NH 03110 (FEI: 3008546445)
- LSNE Contract Manufacturing, Parque Tecnológico de León, C. Nicostrato Vela, s/n, 24009 León, Spain (FEI: 3011566408)

Penn Pharmaceutical Services (FEI: 3010385970)
Sherpa Clinical Packaging, LLC (FEI: 3012261037)
Millmount Healthcare Limited (FEI: 3020744728)
Pharmaceutical Packaging Professionals
Bellwyck Pharma Services Inc (FEI: 3007309095)

The following are PCI Pharma Services locations throughout North America, Europe and Asia
- PCI Pharma Services 4545 Assembly Dr, Rockford, IL 61109 (FEI:1421377)

- PCI Pharma Services, 6166 Nancy Ridge Dr, San Diego, CA 92121 (FEI: 3001433984)
- PCI Pharma Services Ohio, LLC 8946 Global Way, West Chester Township, OH 45069 (FEI: 3010160507)
- PCI Pharma Services New England, LLC, 75 Fruit St, Bridgewater, MA 02324 (FEI: 3026113534)
- PCI Pharma Services Canada Inc, 977 Century Dr, Burlington, ON L7L 5J8, Canada (FEI: 3009747238)
- PCI Pharma Services Canada Inc, 1 Rimini Mews, Mississauga, ON L5N 4K1, Canada (FEI: 3007309095)
- PCI Pharma Services Wye Valley Business Pk/Brecon Rd, Hereford HR3 5PG, UK (FEI: 3001670824)
- PCI Pharma Services Tafarnaubach Industrial Estate, 23-24, Tafarnaubach, Tredegar NP22 3AA, UK (FEI:1000370240)
- PCI Services, Block 7, City North Business Campus, Stamullen, Co. Meath, Ireland (FEI: 3025114923)
- PCI Pharma Services Germany GmbH, Am Wall 5, 14979 Großbeeren, Germany (FEI: 3018809765)
- PCI Pharma Services, 3/31 Sabre Dr, Port Melbourne VIC 3207, Australia (FEI: 3010069401)

Mr. Cligget provided me with a list of PCI's Board of Directors (**Exhibit 01**)

- Matt Jennings, Chairman of the Board, Kohlberg
- Sam Frieder, Managing Partner, Kohlberg
- Gordon Woodward, Chief Investment Officer, Kohlberg
- Chris Anderson, Partner Kohlberg
- Alex Forrey, Managing Director Kohlberg
- Robert Cucuel, Operating Partner Kohlberg
- Salim Haffar, CEO PCI
- Dr. Remy Hauser, Managing Director Partners Group
- Sujit John, Managing Director Partners Group
- Camilla Macapili Languille, Head of Life Sciences Mubadala
- Varini Sharma, CEO Mubadala

INTERSTATE COMMERCE

(This section written by Investigator Theodorou)

The firm continues to receive unlabeled finished product for labeling, packaging and repackaging depending on the product and client.

Mr. Cligget provided me a copy of a Bill of Lading for Cortef (hydrocortisone) 10mg 100ct lots CCFTK2, CCFTK2 and CCFTK (**Exhibit 02**).

According to Mr. Cligget the firm's top suppliers are:

- Essentra (AKA MM Group)
  - Headquartered in Kidlington, Oxford United Kingdom
- CCL Label
  - Headquartered in Ontario, Canada
- Rondo-Pak
  - Located in Camden, NJ

The firm's top customers are:

- Amgen Inc
  - Headquartered in Thousand Oaks, CA
- Regeneron Pharmaceuticals
  - Headquartered in Tarrytown, NY
- Novartis Pharmaceutical Company
  - Headquartered in East Hanover, NJ

JURISDICTION

(This section written by Investigator Theodorou)

Exhibit 03 is the firm's product list. This list shows all of the products packaged by the firm. The firm continues as a packager, repackager and labeler for human pharmaceutical products.

According to Mr. Cligget, the firm no longer provides any type of packaging service for animal drug products. The last batch for an animal drug product was Symparica 80mg, 6ct blister, lot 500890A packaged on 04/29/2021 with an expiration date of 07/2023.

INDIVIDUAL RESPONSIBILITY AND PERSONS INTERVIEWED

(This section written by Investigator Theodorou)

Exhibit 04 consists of the firm's organizational chart.

Exhibit 09 consists of a list of individuals we spoke to throughout the inspection.

The following employees participated in the inspection and provided information or records:

Jeannie L. Metzinger, Chief Compliance & Quality Officer, is the most responsible person and provides oversight for the quality units at all the firm's locations. Mrs. Metzinger has been in her current position for approximately 10 years. Mrs. Metzinger reports to Salim Haffer, Chief Executive Officer. Mrs. Metzinger has ten direct reports. Mrs. Metzinger was only present on 01/09/2023.

Mark J. Burke, Executive Director of Quality, oversees the firm's quality unit at this site. Mr. Burke has been with the firm for approximately eight years and in his current position for approximately two and half years. Mr. Burke reports to Jeannie Metzinger, Chief Compliance & Quality Officer. He has four direct reports. Mr. Burke accompanied us on the inspection, provided information contained in this report, and was present at the close-out meeting.

Catherine NMI Cabrera, Director of Quality Systems, oversees the firm's quality unit at this site. Mrs. Cabrera has been with the firm for approximately 20 years and in her current position for approximately two and half years. Mrs. Cabrera reports to Mark Burke, Executive Director of Quality. She has three direct reports. Mrs. Cabrera served as the host for this inspection. Mrs. Cabrera accompanied us on the inspection, provided information contained in this report, and was present at the close-out meeting.

Additionally, the following individuals accompanied us on the inspection and provided information contained in this report:
Jennifer Carrion, Sr. Quality Operations Manager
Tammi Leith, Regulatory Affairs Specialist
Thomas Cliggett, Director of Quality Operations
Manoj Subramani, Warehouse Lead
Taras Scott, Warehouser
Bob Kane, Principal Engineer
Jose Rodriquez, Operations Supervisor
Dennis Gerlach, Director of Validation
James Azhambault, Packer
Khareem Preston, Packer
Marion Bennett, Director of Operations
James Reingruber, Validations Specialist
Alex Tenerelli, Process Engineer
Siju John, Validation Manager
Eileen Echevarria, VHP Line Leader
Alex Weaver, Senior Director of Engineering
Pat Cligget, Quality Account Manager

The following individuals were Subject Matter Experts from Regeneron that contributed to questions during this inspection:
Dwight Ricci, Regeneron SME
Theresa Bode, Regeneron SME
Andrew Cook, Regeneron SME
Dustin Blodgett, Regeneron SME
Matthew Rainka, Regeneron SME

FIRM'S TRAINING PROGRAM

(This section written by Investigator Theodorou)

I reviewed the firm's procedure, SOP-00777 *Training*, rev 38, effective 02/14/2022 which establishes the system by which employees are trained and how training documentation is tracked, approved and filed. The firm implements a training system that uses both self-training using ComplianceWire, On-the-Job Training (OJT) and group or Instructor Led Training (ILT).

CGMP training is offered to new hires who must pass an examination with a score of 80% to be allowed to work. If not, they can't begin any work until they have retaken and achieved an acceptable score of 80%. Annual or Refresher CGMP training is offered annually at the minimum for all employees. Periodic CGMP training is conducted on topics selected by the Senior Management Team. Selection of the topics is contingent on new FDA guidances or updates, repeated events, new processes, any significant process change, etc. I reviewed this document with no objections.

MANUFACTURING/DESIGN OPERATIONS

Exhibit 05 consists of the firm's Site Master File. **Page 37-38** contains the facility's floor plans.
There are forty-six packaging lines at the firm, with area E3 new for the BLA 125387 S78 (aflibercept injection), EYLEA. The firm does not package potent or toxic products and has ceased operations for animal drug products.

Walkthrough

(This section was written by Investigator Seifert)

On 09 January 2023, we (WS, BD, CT, and BL) proceeded on a walkthrough of the facility starting in shipping and receiving. Deliveries proceed from guard station, where transport is considered a delivery or pickup. SOP 010511 support receipt of materials, with materials received on heat treated pallets (no wood allowed in production). A purchase order is compared to the shipment, packing slip, and number of units are verified. Goods can be rejected based on damage, infestation, etc. J.D. Edwards is the validated materials management system, with electronic quarantine. Materials for manufacture are stored in the validated ambient GMP warehouse, 59 to 86°F temperature control by an automated pallet storage and retrieval system (ASRS). Materials for manufacturing are sampled, with the amount sample deducted from available inventory. Eylea is sampled under 2 - 8°C storage conditions. A caged reject area was observed with badge access.

We proceeded to 2 - 8°C walk-in unit 9 (150845). Observed was Regeneron Lot 8231500283, one pallet. The quantity in J.D. Edwards and the storage location of the specified lot was accurate. The walk-in refrigerator was observed in an unclean state, see **Exhibit 06.**

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 4.c.

Outside the walk-in unit, equipment identified as high claim was being stored, placed in a location identified as B15 - Trash, see **Exhibit 07**. During the inspection, the firm provided corrective action that included storage of the equipment in an appropriate area, see **Exhibit 08.**

We proceeded to area G3, existing labeling area that includes plunger rod insertion to the Eylea syringe. The new area for said function is E3, with syringe finger flange assembly to the syringe and blistering being conducted in area E2. Within the E3 area, a Groninger syringe tub conveying system was observed, unit 5349, followed by labeling and plunger rod insertion system, asset 1712. A finger flange unit was observed with deteriorated insulation and gasket, see **Exhibit 10**. The plunger rod shafts were observed with excess grease, see **Exhibit 11.**

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 4.a.

We proceeded to Eylea finger flange assembly and blistering, with the area assess door observed non-functional, see **Exhibit 12**. The finger flange to the syringe is semi-automated, placement by hand with a machine locking the finger flange into place. Molded trays are formed, with syringe placement followed by blistering by HAPA KLO NFR Packaging Machine. A challenge test is conducted every four hours for the packaging system that includes automated detection of missing flange, empty tray, printed lot and expiration, incorrect lot and expiration, etc. The area includes ceiling MERV 13 filters. Blistered syringes are stored at 2 - 8°C pending further manufacturing.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 4.b.

We proceeded to VHP unit 1 and 2, Steris units. The area includes HEPA filter filtration. Recirculated air is at 90%, fresh 10%.

We proceeded to area H1, final packaging, cartoning that includes Eylea product, insert into a carton and corrugated shipper. The process included carton formation with a single Eylea blister placed into the carton with insert. A check weight system verifies carton contents, with carton serialization 100% check by camera system. 24 Eyleas cartons are packaged to one shipper. A system challenge is conducted every four hours as prior for missing insert, etc. The line was inspected at an end of a break, with three Eylea carton containing product observed on the active conveying track, see **Exhibit 13**. I (WS) questioned why the units were not positioned into an overpack prior to break, with the firm rejecting, discarding the units.

Reference Discussion Item 1 in General Discussion with Management.

On 10 January, we (WS and BD) proceeded VHP 1, with 8 carriers to a load, 1,292 syringes per carrier. Post VHP there is no visual inspection of the load that may include wetness, moisture in the blister

or other defects that could have an impact on product quality. Visual inspection in H1, cartoning only pertains labeling requirements. In Eylea blistering operations prior to VHP, there is 200% visual inspection with AQL.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.b.

On 11 January 2022, we (WS and BD) proceeded to the air compressors, 1x Atlas Copco and 1x Hitachi, both oil free in design with redundant dryers, 2x receivers, coarse and fine filter, with copper to stainless distribution system for VHP1. The observed dewpoint was -107.7°C.

We proceed to Plant 1 for 2x air compressors used for VHP2, not oil free in design. Post air compression, filtration occurs followed by 3x driers to a receiving tank. Post receiving tank, the air is distributed by black iron piping (100s feet of piping), with copper to stainless at the VHP2 system point of use. Hydrocarbon filters are located within the compressor and at the newly installed filtration unit near the VHP 2 sterilizer. The compressors are supplied with food grade oil in air compression. The system was originally for instrument air and through filtration and testing, the system meets process air requirements for GMP use. There is no hydrocarbon alarm capability, with the system tested for hydrocarbon quarterly. There is a plan to replace the system, not scheduled with the equipment not ordered. The compressors in Plant 1 and the general area were observed in an unclean state, see **Exhibit 14.**

OBJECTIVE 1: READINESS FOR COMMERCIAL MANUFACTURING

As part of assessing the firm's readiness for commercial manufacturing, a review of the GMP Systems below were assessed as they pertain to the PAI product, BLA 125387 S78 for (aflibercept injection), EYLEA.

Quality System

Management Responsibility

(This section written by Investigator Theodorou)

The responsibilities applicable to the Quality Control Unit were reviewed and evaluated during the current inspection. Mr. Thomas Cligget provided the firm's procedure, SOP-00773 *Responsibilities of the Quality Unit*, rev 05, effective 09/27/2021 which defines the responsibilities of the Quality Unit such as making decisions and recommendations based solely on quality considerations. During our inspection, I reviewed various SOPs, investigations, batch records, and validation reports. Each of the reports we reviewed were reviewed and approved by the quality unit. No deficiencies were noted unless further specified in this report.

Exhibit 15 consists of a list of the firm's SOPs.

Deviations

(*This section written by Investigator LePage*)

The procedure that governs unplanned quality events and deviations is entitled SOP-00113, rev 02, "Deviation: Reporting and Investigation" (**Exhibit 16**). The procedure indicates that an event or deviation is to be initiated in the eQMS, or on FORM-000308, immediately upon realization. In January 2021, the firm transitioned their electronic quality management system from Trackwise to MasterControl. The current quality designations of "event" or "deviation" in MasterControl were termed "public record" in Trackwise. According to Thomas Cliggett, Director of Quality Operations, all events are assessed for product impact and escalated to a deviation as necessary. Deviations are further classified as No Impact, Minor, Major and Critical through the joint evaluation of SMEs and Quality. Root cause analysis is required for all deviations classified as minor, major, and critical. Deviations are required to be closed 30 business days after initiation unless an extension is approved by Quality. I reviewed the following deviations, events, and public notices in depth: PR-424733, PR-414723, PR-415690, DEV-2022-0591, DEV-2022-0829, DEV-2022-0568, PR-424609, PR-422935, DEV-2022-024, Event-2022-5953, Event-2022-6666, and some examples are described below:

PR-DN424609 (**Exhibit 17**)
Open: 11/20/2019
Closed: 12/06/2019
The customer Eirgen contacted PCI on 11/20/2019 to inform them that they received an unreleased lot of the product Rayaldee FG Lot #3868797. QA approved the batch record release on 10/25/2019 and released the shipment on 11/15/2019 (see **Exhibit 18**). The firm determined the root cause to be human error. The firm initiated CAPA 424768 and conducted "Awareness" training for the Quality Teams personnel associated with batch release. The customer kept the drug product lot sent in error and distributed it in lieu of the originally requested lot.

DEV-2022-0244 (**Exhibit 19, pg. 1-17**)
Opened: 04/04/2022
Closed: In Progress

Vivitrol® (naltrexone for extended-release injectable suspension) 380mg/vial, lot #2022-3005T, expiration 04/30/2024 kits (see **Exhibit 20**) were assembled with some of the following components.

- Vivitrol® microspheres (naltrexone for extended-release injectable suspension) 380mg/vial, lot #0000110944, expiration 10/2024
- Administrative needle (1.5") lot# 190592C, expiration 04/30/2024
- Administrative needle (1.5") lot #190604C, expiration 05/31/2024
- WIP Diluent Vial, lot #00108206B, expiration 03/2025

- 5mL Luerlock Syringe, lot# 210112V, expiration 12/31/2025

The expiration date of the kit is based off the component that expires first, therefore the kits should have received an expiration date of 04/30/2024, which correlates to the administration needle (1.5") lot# 190592C. The kits were assigned the incorrect expiration date of 05/31/2024, which corresponds to the administration needle (1.5") lot #190604C.

Vivitrol® (naltrexone for extended-release injectable suspension) 380mg/vial, lot #2022-3005T was released on 03/24/2022 by QA (see **Exhibit 20**). On 03/31/2022 PCI was notified by their customer that the drug product released to them was incorrectly labeled with the wrong expiration date. The 3600 affected kits were repackaged to reflect the correct expiry of 04/30/2024. CAPA-2023-0020 **(Exhibit 19, pg 29 - 43)** was initiated on 01/10/2023 during the inspection and is still in progress.

Event-2022-6666 **(Exhibit 21)**
Opened: 12/20/2022
Closed: 12/20/2022
On 12/19/2022, PCI was notified by their customer that they had received Repatha® Pushtronex® system (evolocumab) 420mg/3.5mL, lot# 1153429, expiration 12/31/2024 labeled with the incorrect expiration date of 10/31/2024. QA approved the batch record release on 12/19/2022 and released the shipment on 12/20/2022 (see **Exhibit 22**). The firm determined the root cause to be human error and did not initiate a corrective action. The product was short-dated the expiry by two months, therefore, the error was determined to not impact the quality of this lot. There was no preventative action directed for this event.

(*This section was written by Investigator Seifert*)
On 12 January 2023, Pat Cliggett, Quality Account Manager provided an overview of deviation selected as follows:

Deviation DEV-2022-0485: Opened 08 July 2022, Closed 18 August 2022. Regeneron, Eylea blister failed leak test, Lot 8231400007. The root cause was a wire line defect in the blister pack, imperfection in cavity. The event is associated with blistering operations and has been added to the defect library. Repackaging was conducted according to protocol, meeting the TOR, with stability data supportive of the additional VHP cycle.

Corrective Actions and Preventative Actions
(*This section was written by Investigator Theodorou*)
Exhibit 23 consists of SOP-00240, *Corrective Action and Preventative Action (CAPA).*

I reviewed the firm's SOP, SOP-00240, *Corrective Action and Preventative Action (CAPA),* revision 01, effective 11/05/2021 which outlines the procedure to document the process for assigning,

monitoring and tracking corrective action and preventative action (CAPA) plans arising from quality events and assigned Root Cause Analysis (RCA). When a CAPA is needed, it will be generated in MasterControl. Required data such as the CAPA type, Parent Record (Event, deviation, etc. that necessitated a CAPA), description of CAPA including planned actions, due dates and action deliverables, and a description of required effectiveness check or a justification if an effectiveness check is not required. Depending on the risk categorization of the CAPA, a timeline is assigned. High risk – 30 calendar days, Medium Risk – 60 calendar days, and Low Risk – 90 calendar days. A guideline for effectiveness checks is also identified in the SOP based on the frequency of the impacted activity. If the activity is a daily activity, the minimum effectiveness check period should be 3 months, weekly – 6-month period, at least monthly – 12-month period, if the frequency is greater than monthly or undetermined, a 24-month minimum effectiveness check period is applied.

According to Mr. Cliggett, as a correction to an observation from the previous inspection, the firm created a CAPA Management Team to better plan, track and review CAPAs and to monitor the correction and perform Effectiveness Checks as required by the SOP.

I reviewed the following CAPAs:
CAPA-2022-0658
CAPA-2022-0659
CAPA-2022-0695
CAPA-2022-0766
CAPA-2022-0821
CAPA-2022-0825
CAPA-2022-0825
CAPA-2023-0009

CAPA-2022-0659
Exhibit 24 consists of the firm's CAPA-2022-0659 which was opened to document the firm's corrections to Observation 2 that was made during the previous inspection ending 10/21/2022.

I noted the firm implemented an effectiveness check review board which meets routinely to determine if a CAPA effectiveness is needed, assigns a review date, and monitors the status of the CAPA throughout the process. As of the date of this inspection, the firm did not have any completed effectiveness checks by the review board for me to review. I also discussed with Mr. Cliggett that if the purpose of the meeting is to make quality decisions, the firm should maintain a record of either the meeting notes or meeting minutes. How the record is kept, whether a new tracking system is made for them or if copies of the meeting notes are added to each CAPA that is discussed at each meeting should be at the discretion of the firm.

I also noted in my review that the firm did not conduct any effectiveness checks for the CAPAs that were identified in the observation from the previous inspection. **Exhibit 25** consists of CAPA 433782

which was opened on 12/14/2021 to document the correction for installing the proposed changes indicator for setting the crimper clearance and pressure settings for E5 Doboy.

At the time of the creation of the CAPA, SOP-00240 was in effect. SOP-00240, section 5.1.8 states that "effectiveness checks should be considered as part of the CAPA plan and the scope and method of confirmed effectiveness should be detailed as part of the plan." Please refer to **Observation 3.b** in the **FDA 483 Inspectional Observations** and in the **Objectionable Conditions and Management Response** section of this report.

I also reviewed the firm's corrections to observations made during the previous inspection ending in 10/20/2022 which I discuss in the **Voluntary Corrections** section of this report.

Change Management/Change Controls

(*This section was written by Investigator LePage*)

The procedure that governs change control is SOP-00460, rev 01, "Philadelphia Change Control Procedure." This procedure includes, but is not limited to, changes in process controls, GMP documentation, validation and any system which can potentially impact a manufactured product. Change controls are initiated by completing FORM-0003005, "Change Control Form," or by opening a MOC in the eQMS. The impacted department(s) and Quality Unit reviews and approves all changes. Lastly, the final review and close of change controls is performed by the Quality Unit. I assessed the following change controls from the list provided by the firm during the inspection: MOC-2022-1404, MOC-2022-2297, MOC-2022-1908, MOC-2022-1320, MOC-2022-0031. Some examples of the change controls evaluated are described below.

MOC-2022-0031
Open: 01/06/2022
Closed: TBD
This change control was initiated to install a secondary filtration system precursory to the equipment air supply connection that is fed from the firm house air distribution pipe. The filter was added to reduce the workload of the filtration system downstream in the Vaporized Hydrogen Peroxide (VHP) unit, specifically # VHP2. No significant discrepancies were noted.

MOC-2022-1320
Open: 07/05/2022
Closed: 07/14/2022
This change control was initiated to update the MasterControl eQMS with the firm customer's (AstraZeneca) shipping instructions. No significant discrepancies were noted.

(This section was written by Investigator Seifert)

On 10 January 2022, the firm provided an overview of the following change control:
Change Control MOC-2022-0032: Initiated 6 January 2022, Closed: Moved to verification January 6, 2022 pending closure. The change control was for the installation of pre-filters, upstream of the VHP unit 2 for the compressed air. The rationale was black iron compressed air distribution piping from the compressors and the compressors not being oil free in design. Three filters were installed in series, with the filter changed on a routine basis, but not integrity tested. The filters are 1 micron, 0.01 micron, and 0.01 micron, followed by sample port, and copper piping to stainless steel, Pall filter at 0.02 micron see **Exhibit 26**. The pall filter is changed on an annual basis. VHP unit 1 has the same Pall filter, with the VHP 1 system supplied with oil free compressed air, distribution piping of appropriate design.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 2.

Complaints

(This section was written by Investigator Theodorou)
I requested a list of complaints from the firm and randomly selected the following for review. No deficiencies were noted with my review of these complaints.

PR 413500
PR 413501
PR 413948
PR 414374
PR 415202
PR 415241
PR 418746
PR 418838
PR 419927
PR 420120
PR 421514
PR 422606
PR 426396
PR 427277
PR 427297

Consumer Complaint 162058
I discussed with the firm a complaint received by the Agency on 04/30/2020 for Cortef Hydrocortisone, no lot number or expiration date given which is opened to document the complaint that was made regarding the effectiveness of the hydrocortisone. The complainant called to report

that the hydrocortisone he had been prescribed was not working as it was supposed to. He said after taking it his cortisol was 1.5 repeatedly and the reference range was approximately 5-20. The complainant consulted his doctor who was also puzzled as to why the drug did not perform as intended. The complainant has Addison's disease and needs the medication. He stated he called the manufacturer and all they said was, "Thank you for the complaint." The firm receives complaints from their client Pfizer who is the recipient of the originating complaint and forwards them as applicable to their contract manufactures and packagers. The firm did not receive this complaint from Pfizer.

(This section was written by Investigator Seifert)
On 11 January 2023, Ms. Tara Mayka, Quality Supervisor, Complaints and Matthew Rainka, Regeneron SME (Virtual) provided an overview of complaints according to SOP-01174, "Customer Complaint Procedure", Rev 27, Effective date 02 June 2022. We (WS and BD) reviewed the following complaints:

COMP-22-4113: Opened 01 December 2022, Closed 03 January 2023. 30 days is allowed to complete the complaint deviation investigation, Regeneron requirement. 5x different complaints COMP-2022-4112 (condensate in blister), COMP-2022-4113 (condensate in blister), COMP-2022-4056 (condensate in blister), COMP-2021-0058 (leak in blister), and COMP-2022-4111 (water) were for moisture in the blister pack Tyvek closure. PCI LLC indicated the root cause was external to PCI, with no failures or anomalies associated with the batch. Post VHP, residual VHP converts to water vapor and oxygen that dissipates. I (WS) questioned if there is any visual inspection post VHP sterilization of the syringe blister units in verification of load dryness, with the firm indicating no. The units were returned opened, impacting the ability to understand the moisture in the blister unit. I (WS) questioned Tara Mayka, Quality Supervisor, Complaints and Dennis Gerlach, Director of Validations if moisture in the syringe blister would be an objectionable condition, with the firm indicating yes. There is no inspection of the Eylea syringe blister packs post VHP for absence of moisture.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response Observation 1.b.

COMP-2022-2819: Opened 24 August 2022, Closed 22 September 2022. The scope of the complaint was a gray color for the DP, 3x syringe units. The root cause was explained as external to the PCI manufacturing process. Eylea is to be clear in appearance to pale yellow. The deviation investigation at PCI was a paperwork review. The batch in question was PCI Eylea batch 8231500222, Regeneron complaint 03249-22, with the syringes not evaluated for contamination. A study was conducted exposing syringes to an elevated temperature, with the same color or similar color change in the DP observed. I (WS) questioned why Regeneron did evaluate the syringes for contamination, where if there wasn't enough volume for test, perhaps the DP material could be plated in confirmation of absence of contamination. The concern is associated with Regeneron. Reserve samples were

checked, acceptable.

Reference Discussion Item 2 in Section GENERAL DISCUSSION WITH MANAGEMENT.

Complaints for Damaged Syringes, see **Exhibit 27.** Approximately 76 complaints over the past two years for damaged syringes, with the root cause external to PCI LLC and associated with the DP manufacturing facility. Fractographic analysis was conducted identifying the defect as stainless steel contact with the glass syringe at the DP manufacturing facility. A CAPA was initiated in corrective action.

Six (6) complaints were received for debris in the carton, external to the blister pack. There was no impact to product quality.

Quality Agreements

(This section was written by Investigator Seifert)

On 11 January 2023, the firm provided the quality agreement under QA-AGMT-01628 2, *"Regeneron PCI Quality Agreement May 2021: Regeneron Pharmaceuticals, Inc. 81 Columbia Turnpike, Rensselaer, NY 12144 and Packaging Coordinators, LLC, 3001 Red Lion Road, Philadelphia PA 19114"*. The quality agreement was extensive.

Batch Record Review and Release

(This section was written by Investigator LePage)

The procedure that governs the batch record review and release process for all packaging and labeling operations is SOP-00765, rev 45, "QA Batch Record Review and Product Release" (**Exhibit 28**). According to Mark Burke, Executive Director of Quality, batch record review, and release duties are managed by the Quality Operations segment of the PCI Quality Unit. The PCI Organizational Charts (**Exhibit 04**, page 5 & 9), indicate the Quality Operations management as, Thomas Cliggett, Director of Quality Operations, and Jennifer Carrion, Sr. Manager, Quality Operations, who reports directly to Mr. Cliggett.

Per SOP-00765, Section 2.6, (**Exhibit 28, page 1**), Quality Associate responsibilities include "review the Customer Samples (e.g., Lot number and Expiration date, and contents) ...for correctness before they are shipped as well as the PCI site samples before they are logged and stored. This is to be performed during the batch record review." I noted in my documentation review that QA reviewed and subsequently released numerous drug products that were labeled with incorrect lot numbers and/or expiration dates. All the mislabeled drug products were sent to the customer, who placed the order directly with PCI, and not further distributed. See **OBSERVATION 3.a** in the **OBJECTIONABLE CONDITIONS AND MANAGEMENT'S RESPONSE** for more details.

(This section was written by Investigator Seifert)

On 11 January 2023, the firm presented the batch record for VHP, *"Manufacturing Packaging Instructions, Regeneron, MPI Title: PCR-WIP-VHP, Rev 70, Product 0023369, WO 1940331, FG Lot# 8231500281, Expiration 10/2023, Bulk Lot# 8231500281"*, 28 October 2022. Chemical indicators are positioned with the production load.

Annual Product Review

(This section was written by Investigator LePage)

The standard operating procedure for annual product reviews is detailed in SOP-01158, rev 07, "Annual Product Quality Review." According to the procedure, the Annual Product Quality Review requirements and review periods are determined by the customer, which are specified in their respective Quality Agreements. Elements of APQRs include, but are not limited to:

- Batches Packaged/Shipped
- Rejected/Aborted Batches
- Reworked Batches
- Change Controls
- Deviations
- Validation
- Equipment Qualification
- Complaints
- Returns
- Field Alerts/Recalls

Annual Product Quality Reports are assessed and approved by the Director of Quality. We evaluated the annual product reviews for Vascepa Capsules 1g (review period: 04/01/2021-03/31/2022), Entyvio (Vedolizumab) Vials 300mg (review period: 06/01/2021-05/31/2022), Miconazole Softgels 1200mg, (review period: 05/01/2021-04/30/2022). No significant discrepancies were noted.

Production System

Environmental Monitoring and Control Program

(This section was written by Investigator Seifert)

On 09 January 2023, Mr. Dennis Gerlach, Director of Validation provided an overview of environmental monitoring. We (WS and BD) reviewed SOP-00791, *"Environmental Monitoring for Hallway, Airlock, and Gowning Areas"*, Rev 1, 08 November 2021, **see Exhibit 29.** Total particle is conducted quarterly for trending purposes only. We reviewed SOP-00790, *"Environmental Monitoring for Non-Sterile Packaging"*, Rev 18, Effective date 29 September 2021, with environmental monitoring for E3, E2 and H1 quarterly that includes static and dynamic testing for total particle, viable air, and surface monitoring of walls and floors, see **Exhibit 30.** In E2, assembly

and blistering, there is no environmental monitoring of the drug product, blistering indirect product contact work surfaces.

We (WS and BD) reviewed the EM results for 2021 - 2022 for E3, E2 and H1 for non-viable, viable air, and wall and floor monitoring. A contractor, AATL, supports EM monitoring with the firm audited, with training conducted for PCI LLC. EM sampling and reporting procedures. There is PCI oversight of AATL during sampling, with validation review of the test results.

We reviewed the Q3 2022 E2 average viable wall results, with some TYMC above alert, no trend. We reviewed the Q3 G03 average wall viable TYMC equal to the alert limit, no trend. No other rooms exceeded the alert limit.

On 11 January 2023, Mr. Dennis Gerlach, Director of Validation provided an overview of the risk assessment in determination of EM points. The non-viable EM monitoring is conducted by potable calibrated Bioluminometer and for E2, blistering, quarterly. EM testing includes viable air, bi-annual. Viable surface sampling is conducted quarterly. An environmental monitoring position paper, 28 August 2017 includes static and dynamic sampling, **see Exhibit 31.** Sampling is conducted at the location or process where microbial contamination is deemed likely to occur or where it has the potential to adversely impact product quality. Environmental sampling locations includes locations that are difficult to clean, locations where the product is exposed to the environment, and any area that has the potential to contribute to the spread of contamination.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.a.

Facilities & Equipment

Facility Maintenance, Cleaning, Disinfection and Sanitization

(This section was written by Investigator Seifert)

On 09 February, Mr. James Azhambault, Packer and Khareem Preston, Packer provided an overview of the facility cleaning procedure according to SOP-00849, *"Potable Equipment Cleaning"*, Rev 5, Effective date 25 August 2021. The procedure describes the cleaning process, sanitization process from January to June with 70% IPA, and July to December with 6% Steri-Perox. We (WS and BD) reviewed SOP-00803, *"Cleaning Procedure for Facility"*, Rev 22, Effective date 4 November 2021, with the procedure similar to the prior, a description of cleaning for rooms, gowning, airlock, etc. once per shift. We (WS and BD) reviewed SOP-00804, "Cleaning Procedure for Packaging Rooms", Rev 47, Effective date 5 January 2023. The frequency of cleaning is every lot change. The cleaning agents 70% IPA and 6% Steri-Perox are ready to use. Cleaning is conducted by PCI LLC no external contractor.

We (WS and BD) reviewed the cleaning efficacy, *"Final report for the 6% Steri-Perox Disinfectants/Sanitizer Efficacy Study - 11/25/2015"*. The scope was efficacy of the disinfectants, sanitizers on product contact parts and primary packaging lines, 3x studies. The equipment contact parts were cleaned and swabbed after 5-days. The acceptance criteria was the swab 4in^2 must be NMT 20 CFU, with no *Salmonella, Escherichia* coli, or *Staphylococcus aureus. Candida albicans* and counts of mold are not to exceed 20% of total allowable counts or NMT 4 CFU mold. Positive and negative controls were prepared.

On 10 January 2023, Siju John, Validation Manager provided an overview of Steri-Perox and the 70% IPA, base cleaning process and sanitization protocol, change validation protocol for cleaning primary packaging lines CS14-068, product methotrexate, worst-case 20 May 2014. For the 70% IPA, 3x batches of Methotrexate were manufactured, followed by cleaning by procedure, with the 70% IPA suitable for microbiological and detergent residues. The acceptance criteria for bacteria and mold were NMT 20 CFU/4in^2, and no objectionable organisms that include *P. aeruginosa, S. aureus, and Salmonella*. The dirty and clean hold was validated at 30-days.

We (WS and BD) reviewed the Steri-Perox 6% R15-218 under *"Final Report for the Steri-Perox Disinfectant/Sanitizer Efficacy Study"*, 23 November 2015. The same study design and acceptance criteria was applied as the 70 % IPA, acceptable. Testing included positive and negative controls, with contractor, test lab AATL performing testing.

Utilities

(This section was written by Investigator Seifert)

On 10 January 2023, the firm provided an overview of the oil free compressed air 2022, EM testing under VAL-00013807, *"EM Testing Report,"* with testing 4x per year. We (WS and BD) reviewed the compressed air testing under VAL-0013807, only at the compressors and not at the points of use. Testing was for particles ≥ 0.5 micron < 100,000 PPCM, ≥ 5.0 micron ≤ 2,000 PPCM, bacterial ≤ 25 CFU/ft^3, mold ≤ 25 CFU/ft^3, oil at ≤ 1.0 mg/m^3, and dew point ≤ 4°F. The outside testing firm, AATL, conducts the EM testing. Routine testing at the points of use have not started, with the procedure updated and approved for point of use testing. A single test was conducted at the VHP system, ATLL sample under #22-016481/1 R1 03/09/22. Particle, bacterial, TYMC, hydrocarbon and dew point were to specification.

Risk Assessment

(This section was written by Investigator Seifert)

On 10 January 2022, the firm provided an overview of the risk assessment, FMEA SOP-211.22.d.2, *"Risk Assessment # RA2021-011,"* 2021, see **Exhibit 32**. The scope is cross contamination mitigation and is not specific microbiological control for Eylea. The scope further includes facility design, labeling design, line clearance, cleaning and equipment, cleaning validation, material movement,

gowning, and HVAC. In Eylea blistering operations, a lab coat, gloves, foot booties, and hairnet are required, with no face mask. The firm explained that the manufacturing process is bioburden control.

We (WS and BD) reviewed the Regeneron Risk Assessment RA-1331, Secondary Manufacturing of Eylea Pre-filled Syringes in Non-classified Space at PCI, Effective V1.0, 07 November 2022 see **Exhibit 33.** The scope was a risk-based impact assessment summary report. Risk of microbial contamination includes rooms for manufacture positive to the corridor. The facility SOP under 00793, Air Handling System Differential Pressure Check is Annual by testing, see **Exhibit 34.** There is no magnehelic or BMS system in support the differential pressure is to specification, during routine manufacture. The risk assessment is a description of the PCI LLC process for manufacture but fails to look at other sources of microbiological contamination.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.e.

Procedure SOP-00783, *"Gowning Cleanliness and Sanitary Practice of Personnel"*, Rev 34, 29 September 2021 includes gowning materials, **Exhibit 35.** Another SOP explains gowning for blistering, a bioburden control process with masks not required. We (WS and BD) reviewed the product assessment, Eylea, Product/PPE/Room/Heath and Risk Assessment, see **Exhibit 36**. Safety performed the heath assessment, original assessment that may have not included the bioburden control strategy, blistering system with Eylea syringe sterilized. Standard gowning is applied in Eylea blistering with no mask required as described in the batch record, PCR-WIP-VHP, *"Master Packaging Instruction: Regeneron"*.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.d.

Equipment Qualification

(This section was written by Investigator Seifert)

On 09 January 2023, Mr. James Reingruber, Validation Specialist provided an overview of equipment qualification for labeling area E3 and blistering E2. E3 equipment qualified included a syringe de-nester, labeling system, plunger rod insertion and the option to install the finger flange (manufacturing process at a later date). The system for labeling and plunger rod insertion, was moved from area G4 to area E3 under change control. We (WS and BD) reviewed the IOQ for the specified equipment under Protocol VP19-097, *"Installation and Operational Qualification Groninger Syringe De-Nesting and Assembly Machine"*, 08/2019. There were no deviations in execution of the IOQ.

We (WS and BD) reviewed the *"IOQ Qualification Addendum - Groninger Syringe Labeler 1712 - VP21-177"*, January 2022. The IOQ was for a drive motor replaced, with no deviations.

VHP Unit PQ

(This section was written by Investigator Seifert)

On 09 January 2023, Mr. Alex Tenerelli, Process Engineer, provide an overview of the VHP PQ under *"Final Summary Report Confirming Validation for Sterilization of Eylea Prefilled Syringe Blister Packs, Performance Requalification Product Sterilization Process, VP22-118, FR22-118"*, 19 December 2022, VHP-Sterilizer H3971 VHP(1). The maximum and minimum load was originally qualified, with only the maximum load based on worst case qualified in requalification. Each system, VHP unit 1 and 2 have a different sterilization recipe. The sterilization process includes leak test with a limit of 10 mbar over 10 minutes, air removal, temperature regulation at ≤ 28 ± 2°C between probes and 2°C from each probe, jacket ≤ 30°C, and exposure phase that includes 5x injection pulses with 35% VHP by hot plate. The amount of H2O2 dispensed is by calibrate scale at 626g total. Post exposure the VHP is dissipated with 0.2 µm filtered oil free compressed air. The oil free compressed air by central utility is copper to stainless steel for VHP 2, and black iron, copper to stainless for VHP 2, with EM monitoring including total particle count, viable air, and hydrocarbon.

In validation, 120 chemical and 120 biological indicators were positioned throughout the load, with Regeneron and Steris supporting the process and Eurofins supporting biological indicator testing. PCI has audited Eurofins for testing. In requalification, full load, 10,336 blister are sealed without syringes, with 45 Eylea blistered units for sterility test, with 120 BI and CI units distributed with blistered syringe units throughout the load. The requalification load does not represent the commercial load.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.f.

On 10 January 2023, Siju John, Validation Manager provided an overview of the vacuum conditions applied in the syringe, blister pack sterilization process that includes Leak Test at 500 mbar, Pre-condition Parameters at 500 mbar, Exposure at 500 mbar, Aeration 1 at 800 mbar and Aeration 2 at 500 mbar. The process is to replace ambient air with oil free compressed dry air.

On 10 January 2023, Mr. Dennis Gerlach, Director of Validations provided an overview of the VHP unit qualification under PQ-P17-233.01, *"Performance Qualification Addendum for the Sterilizer Asset #3840"*, 05 April 2019, VHP1. I reviewed the "Final Report for PQ for VHP Sterilizer Asset #3840 R17-223-01", rev 0, VHP Sterilizer Asset #3840, Sterilizer Room. According to Section 7.3.1 Maximum Load - Full Load of Syringes, 3x maximum loads, 10,336 blister packed syringes included 120 BI and 120 CI units, (trays containing pre-filled syringes) see **Exhibit 37**. 3x minimum load studies were conducted for 5,472 blister packed syringes. The biological indicators were located completely inside the blister pack and sealed by tape for BI entry point. 4x VHP pulses were validated, with product applying 5 pulses. We (WS and BD) reviewed PCR-WIP VHP Rev 7.0, *"Manufacturing Packaging Instructions Regeneron"*, with 5,472 and 10,336 syringes identified as the validated loads. The

biological indicators were *Geobacillus sterothermophilus,* with Eurofins providing test results. We (WS and BD) reviewed VHP2, *"Final Report for the PQ of the VHP Sterilizer Asset #3971, FR20-018, Rev 0, Regeneron, Steris, PQ, VP20-018 of the VHP Sterilizer, Asset #3971, 05/2020, VHP2".* 3x maximum loads at 10,336 syringes and 3x minimum load at 5,472 syringes included 120 CI and 120 BI units. All testing was acceptable. We (WS and BD) reviewed the most recent requalification with testing for 40 sterility samples, 120 chemical indicators, 120 biological indicators and > 10K empty carton units, see **Exhibit 38**. Testing was acceptable.

A rented Tracksense datalogger supported temperature mapping for the annual distribution profile, with TCs pre and post calibrated. There is no minimum load study, with the maximum load study worst-case.

We (WS and BD) reviewed the most recent requalification for VHP 1 under *"Final Summary Report Continuous Validation for Sterilization of Eylea Pre-filled Syringe Blister Pack, Performance Requalification, Product Sterilization Process - VP22-118 FR22-118, Eylea Pre-Filled Syringe Blister Pack VHP Sterilizer #3978 (VHP 1)".* The maximum load was conducted 21 December 2022, empty chamber with 30 TCs geometrically placed ≤ 35°C, acceptable. We reviewed the maximum load with 120 CI and 120 BI units, acceptable.

We (WS and BD) reviewed the VHP-2, *"Final Summary Report, Validation for Sterilization of Eylea Pre-filled Syringe Blister Packs, Performance Requalification Product Sterilization Process, Protocol VP22-119, Report # FR72-119, Regeneron, Eylea Pre-filled Syringe Blister Packs VHP Sterilizer #3971 (VHP2), Sterilizer Room, 22 December 2022".* Testing was the same as prior, acceptable.

On 11 January 2023, Mr. Alex Weaver, Senior Director of Engineering provided follow up to the VHP units, with VHP2 just started commercial manufacturing in May 2022. I (WS) questioned if there was a plan to replace the non-oil free compressors and black iron distribution system with a system meeting current industry expectations, with Mr. Weaver indicating yes. The current system as designed supported by testing meets the established acceptance criteria.

On 11 January 2022, Mr. Andrew Cook, Regeneron SME (Virtual), Mr. Dustin Blodgett, Regeneron SME (Virtual), and Dwight Ricci, Regeneron SME (Virtual) provided follow up to the VHP2 unit, with the system released for commercial manufacture May 2022, with Eylea approved for manufacture 2019. In a t-con with Regeneron, it was discussed that 500 mbar for the sterilization cycle exceeds the vacuum level evaluated in the shipping study and that it was unclear how the additional vacuum applied during the VHP cycle could impact the plunger stopper movement and the sterile barrier. It was also discussed that the two aeration steps post VHP exposure were to reduce residual VHP and to dry the load, with loads not confirmed as dry post VHP (commercial manufacture). The blister packaging, Tyvek supports a microbial barrier, tortuous path, with the cutsheet for the Tyvek used in manufacture provided, see **Exhibit 39.** The Tyvek is designed for the intended application.

The VHP qualification was conducted in 2017, full load of syringes, with the elimination of the full load of syringes and replacement with empty blister in 2018. A memo addressed the load change based on risk, see **Exhibit 40.** The empty blister packs fail to represent the commercial maximum load. A dye leak test is conducted at Regeneron for the blister packs, beginning, middle and end of the run.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.f.

Packaging and Labeling System

(*This section was written by Investigator Theodorou*)

I reviewed the following batch records to determine the firm's packaging and labeling process.

- Miconazole 1200mg pouch, lot 4730498
- Miconazole 1200mg pouch, lot 5022198
- Miconazole 1200mg pouch, lot 4842883
- Vascepa1 G Capsules 120ct lot 2B09703
- Vascepa 1 G Capsules 120ct lot 1L09120

I also reviewed the following master packaging instructions:
Santyl Ointment 30g/90g
SURGIPHOR/SURGIRINSE
Tobramycin (TOBI) 300MG/5ML 56 AR

A majority of the firm's packaging process will have a visual camera system that verifies that printed lot and expiration dates are correct, and check weigher to determine that the container is within the designated weight specification for the product. Equipment challenges are performed during start up, in process and at the end of packaging activities depending on the product where in equipment such as the cap detection system, the induction liner system, and the bottle label vision system are challenged in various ways as identified in the batch record under a pass/fail qualification. In process checks are conducted following ANSI/AQL standards. Non Tolerable/Critical defects for In-Process Checks are: Incorrect/foreign product, dosage form or strength, or container not internally clean/free from harmful foreign material, incorrect lot# or expiration date, illegible or missing lot #, expiration date, serial number and/or variable data (as applicable) printed on primary labeling to identify a few.

I reviewed the firm's procedure, SOP-01100 *Labeling Control*, rev10 effective date 09/01/2021 which provides the requirements for the receipt, issuance, and accountability of labeling. The procedure states that the shipping and receiving department is responsible for identifying the labeling by product, code/specification

I reviewed the firm's procedure, SOP-00715 *Packaging Line review and Quality Verification,* rev02, effective 11/27/2022 which describes the usage, completion, and escalation methods of performing activities described on the Packaging Line Review Sheet. The Review Sheet establishes the minimum requirements required for a standard packaging run within operations. The Review Sheet ensures that activities performed within a packaging run conforms to written procedures, requirements and instructions established by the firm.

My review of these documents and records where unremarkable, however as discussed under the Deviations, and in **Observation 3.a** in the **Objectionable Conditions and Management Response** section of this report, the firm shows a history of failing to identify errors with the lot number and/or the exp date printed on the primary packaging of drug products and subsequently releasing them to their clients for distribution.

OBJECTIVE 2: CONFORMANCE TO APPLICATION

Application Conformance

(This section was written by Investigator Seifert)

The manufacturing process conformed to the application.

Data Omissions

(This section was written by Investigator Seifert)

There were no data omissions.

OBJECTIVE 3: DATA INTEGRITY AUDIT

Data Integrity

(This section was written by Investigator Seifert)

On 12 January 2023, Ms. Cathy Cabrera, Director of Quality Systems provided an overview of data integrity, computer systems. I reviewed Doc # WI-00033 Rev 1 - 11 June 2021, *"Completing System Regulatory Impact Determination (RID) Form"*. The scope is all computer systems for regulatory impact. I reviewed Doc Form-000319, v3, *"Regulatory Impact Determination (RID)"*, VHP units. The VHP units are standalone systems with proprietary software that included an HMI. The prior form includes a questionnaire for user levels, PCI operator, PCI line leader, PCI supervisor, PCI engineer, and PCI administrator. The administrator for the VHP units is Engineering. The questionnaire further includes an assessment for audit trail, calibration and maintenance, safety, migration interface, and data integrity. Data integrity according to ALCOA includes user login, electronic signature, deletion of data not possible, alter date and time not possible, audit trail is always active, and can't overwrite. For each batch, the data is printed with manual electronic backup. We (WS and BD) reviewed the audit trail review according to procedure 211.56.b.6, *"Steris VHP Sterilizer Unit Administration Responsibility, Password Management, Access, Backup, and Roles and Responsibilities"*, Rev 0, July

28, 2020. The scope is user and password management, audit trail management, batch report management and PLC/HMI backup and recovery.

In data integrity, run data is printed, but not the audit trail. The VHP cycle recipe is verified every quarter by Engineering. The audit trail is reviewed annually by Engineering and quality. The printing of the run data supports data integrity as there is evidence of the run number. Regarding Eylea manufacture, there is limited computer systems, with the VHP system run data supporting evidence of data integrity with system use access of appropriate design.

MANUFACTURING CODES

(*This section was written by Investigator Theodorou*)

According to Mr. Cligget, the firm's lot numbering system for finished products has not changed since the previous inspection conducted 10/21/2022. Specifically, the firm receives unique and specific lot information for the labeling/packaging and the product; these are identified as the PACKET# and the BULK LOT#, respectively. This information is recorded in the batch record and is associated with a seven-digit Work Order number (WO#). This Work Order # is then used as the lot number on the final packaged product. The expiry date is specific to each product and the format is dictated by the customer

COMPLAINTS

(*This section was written by Investigator Theodorou*)

Please see the Quality System Section of this report which contains a dedicated section of complaints that were covered during this in section. No observations were made of any documents that were reviewed.

RECALL PROCEDURES

(*This section was written by Investigator Theodorou*)

According to Mr. Cliggett, the firm has not been involved in any recalls since the previous inspection. The firm recently completed its mock recall program in Nov 2022 which is performed on an annual basis

OBJECTIONABLE CONDITIONS AND MANAGEMENT'S RESPONSE

A close-out meeting was held on 01/12/2023 with Gill Valdez, SVP, Commercial Packaging Technology and Supply Chain, Catherine Cabrera, Director of Quality Systems, Mark J. Burke, Executive Director of Quality Jennifer Carrion, Sr. Quality Operations Manager, Tammi Leith, Regulatory Affairs Specialist and Thomas Cliggett, Director of Quality Operations at which time a Form FDA 483, Inspectional Observations, was issued.

OBSERVATION 1

Your firm failed to establish adequate written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Specifically,

a. Your environmental monitoring plan as defined in SOP, SOP-00790, "Environmental Monitoring for Non-Sterile Packaging", Rev 18, effective date 29 September 2021, is insufficient for aflibercept PFS assembly and blistering line E2 as no surface environmental monitoring is conducted for the product contact/indirect product contact surfaces such as the syringe assembly area and associated surfaces. According to SOP-00790, "Environmental Monitoring for Non-Sterile Packaging", Rev 18, section 7.4.2.2 states that sample sites for surface (floor and walls) viable shall be based on the following: "Sites and/or processes where microbial contamination is deemed likely to have an adverse effect on product quality, sites that represent the most difficult areas to clean, and activities in the area that contribute to the spread of contamination."
b. Complaints received by your client included moisture observed in the syringe blister package. Post aflibercept (Eylea) PFS VHP, there is no procedural requirement in confirmation of load dryness and absence of moisture in the syringe blister packaging or any other defect that may pose a risk to product quality.
c. The sterilization of the aflibercept (Eylea) PFS within the blister pack is conducted by VHP that includes Chamber Leak Test at 500 mbar, Pre-condition Parameter at 500 mbar, Exposure Parameter at 500 mbar, Aeration Parameter 1 at 800 mbar and Aeration Parameter 2 at 500 mbar. The aflibercept shipping validation supports a pressure change at 572 mbar in support plunger stopper movement, assuring the sterile barrier is maintained. The worst-case pressure level applied at 500 mbar during the syringe VHP process has not been validated to assure the sterile barrier is maintained.
d. Document titled, Product Assessment - Eylea (aflibercept) - Product/PPE/Room/Health and Risk Assessment was performed by your internal PCI Safety, with standard gowning to be applied during manufacture that does not include a face mask. The assessment is deficient as it failed to account for the manufacturing bioburden control strategy, with the donning of a mask providing enhanced bioburden control.
e. Document RA-1331 (risk assessment), "Secondary Manufacturing of EYLEA Pre-Filled Syringe in Non-Classified Spaces at PCI" indicates that production rooms are positive pressure to the hallways per PCI SOP-00793; however, there is no calibrated magnehelic or BMS system to provide assurance of adequate continuous differential pressure control for the production rooms.
f. The requalification of the aflibercept (Eylea) VHP sterilization process includes 10,336 blister packs sealed and without pre-filled syringes, with 45 blister packs containing an aflibercept PFS spaced throughout the load for sterility testing and 240 blister packs total containing an

aflibercept PFS for 120 (CI units) and 120 (BI units). The use of 10,336 empty blister packs is not representative of the commercial maximum load.

Reference: 21 CFR 211.100(a)

Supporting Evidence and Relevance:
(This section was written by Investigator Seifert)

Observation 1A
SOP-00790, *"Environmental Monitoring for Non-Sterile Packaging"*, Rev 18, Effective date 29 September 2021 identifies environmental monitoring for areas E3, E2 and H1 quarterly, static and dynamic testing for total particle, viable air, and surface monitoring of walls and floors, see **Exhibit 30.** An environmental monitoring position paper, 28 August 2017 includes static and dynamic sampling, **see Exhibit 31.** Sampling is conducted at the location or process where microbial contamination is deemed likely to occur or where it has the potential to adversely impact product quality. Environmental sampling locations includes locations that are difficult to clean, location where the product is exposed to the environment, and any area that has the potential to contribute to the spread of contamination.

In E2, assembly and blistering, there is no environmental monitoring of the drug product, blistering indirect/direct product contact work surfaces that may offer a better understanding of the biological flora on the drug product is exposed to and impact on product quality.

Observation 1B
Five different customer complaints for moisture were in the Eylea drug product blister packaging: COMP-2022-4112 (condensate in blister), COMP-2022-4113 (condensate in blister), COMP-2022-4056 (condensate in blister), COMP-2021-0058 (leak in blister), and COMP-2022-4111 (water). PCI LLC indicated the root cause was external to PCI, with no failures or anomalies associated with the batch. Post VHP, residual VHP converts to water vapor and oxygen that dissipates, with moisture in the VHP DP blister package an objectionable condition. There is no inspection of the Eylea syringe blister packs post VHP for absence of moisture or any other defects that would pose a product quality concern.

Observation 1C
In a t-con with Regeneron, it was discussed that 500 mbar for the VHP sterilization cycle exceeds the vacuum level evaluated in the shipping study and that it was unclear how the additional vacuum applied during the VHP cycle would have on the plunger stopper movement and maintaining the sterile barrier.

Observation 1D

Product assessment, Eylea, Product/PPE/Room/Heath and Risk Assessment, identifies the level of gowning in Eylea manufacture, see **Exhibit 36**. Safety performed the heath assessment, original assessment that may not have included the bioburden control strategy required for blistering of the Eylea syringe, followed by VHP sterilization. Standard gowning is applied in Eylea blistering with no mask required as described in the batch record, PCR-WIP-VHP, *"Master Packaging Instruction: Regeneron"* and as observed during the inspection tour of Eylea blistering operations.

Observation 1E

Regeneron Risk Assessment RA-1331, Secondary Manufacturing of Eylea Pre-filled Syringes in Non-classified Space at PCI, Effective V1.0, 07 November 2022 includes rooms for manufacture positive to the corridor, see **Exhibit 33**. The facility SOP under 00793, Air Handling System Differential Pressure Check is annual by testing, see **Exhibit 34**. There is no magnehelic or BMS system in support the differential pressure is to specification, during routine manufacture.

Observation 1F

VHP unit qualification was conducted under PQ-P17-233.01, *"Performance Qualification Addendum for the Sterilizer Asset #3840"*, 05 April 2019, VHP1. The final report was included under "Final Report for PQ for VHP Sterilizer Asset #3840 R17-223-01", rev 0, VHP Sterilizer Asset #3840, Sterilizer Room. According to Section 7.3.1 Maximum Load - Full Load of Syringes, 3x maximum loads, 10,336 blister packed syringes included 120 BI and 120 CI units, (trays containing pre-filled syringes) see **Exhibit 37.**

VHP2, *"Final Report for the PQ of the VHP Sterilizer Asset #3971, FR20-018, Rev 0, Regeneron, Steris, PQ, VP20-018 of the VHP Sterilizer, Asset #3971, 05/2020, 'VHP2"* included 3x maximum loads at 10,336 syringes and 3 x minimum load at 5,472 syringes included 120 CI and 120 BI units.
The most recent requalification included testing for 40 sterility samples, 120 chemical indicators, 120 biological indicators and > 10K empty carton units, see **Exhibit 38**. The > 10K empty cartons does represent the commercial maximum load in manufacture.

Discussion with Management:

Observation 1A

On 12 January 2023, the firm questioned during the close meeting if environmental monitoring of the product indirect/product contact work surfaces was an expectation. I (WS) indicated the DP packaging conveyors is an example of a surface that may provide a better understanding of the bioburden load and impact on drug product quality. According to the position paper, environmental sampling locations should include locations that are difficult to clean, location where the product is exposed to the environment, and any area that has the potential to contribute to the spread of contamination, the product conveyors for example, product indirect/direct contact surfaces. The firm understood the objectionable condition.

Observation 1B
During the closeout meeting on 12 January 2022, the firm had no questions.

Observation 1C
The applicant Regeneron committed to performing a plunger stopper movement study to assess the vacuum applied during the VHP process, see **Exhibit 41.** During the close meeting on 12 January 2023, the firm had no questions.

Observation 1D
During the close meeting on 12 January 2023, the firm had no questions.

Observation 1E
The firm had no questions during closeout meeting on 12 January 2023.

Observation 1F
The VHP qualification was conducted in 2017, full load of syringes, with the elimination of the full load of syringes and replacement with empty blister packs in 2018. A memo addressed the load change based on risk, see **Exhibit 40.** The empty blister packs failed to represent the commercial maximum load. During the closeout meeting on 12 January 2023, the firm had no questions.

OBSERVATION 2
Equipment used in the manufacture, processing, packing or holding of drug products is not of appropriate design to facilitate operations for its intended use.

Specifically, your Building 1 air compression system supporting aflibercept (Eylea) sterilization by VHP system (VHP 2) is not of oil free design, with the air distribution system to the VHP 2 sterilizer including black iron piping. Though the air compression system includes hydrocarbon removal and distribution system in-line point of use hydrocarbon and particulate filtration, the system design is inconsistent with current GMP expectations.

Reference: 21 CFR 211.63

Supporting Evidence and Relevance:
(This section was written by Investigator Seifert)
Plant 1 includes 2x air compressors used for VHP2, not oil free in design. Post air compression, filtration occurs followed by 3x driers to a receiving tank. Post receiving tank, the air is distributed by black iron piping (100s feet of piping), with copper to stainless at the VHP2 system point of use. Hydrocarbon filters are located within the compressor and at the newly installed filtration unit near the VHP 2 sterilizer. The compressors are supplied with food grade oil in air compression. The system

was originally for instrument air and through filtration and testing, the system meets process air requirements in support of the VPR process. Although the filtration and testing of the air meets the intended air quality specification, the system doesn't meet current GMP design expectations.

Discussion with Management:
(This section was written by Investigator Seifert)
The firm commits to upgrading the Plant 1 air compression system and distribution piping to meet current industry expectations, see **Exhibit 42.**

OBSERVATION 3
The responsibilities and procedures applicable to the quality control unit are not fully followed.

Specifically, your firm failed to follow the following procedures:

a) According to your standard operational procedure entitled *"QA Batch Record Review and Product Release,"* SOP-00765, rev 45, Section 2.5, the Quality Associate is responsible "to review, verify presence of all batch record pages, verify correct batch record pagination and accuracy, coordinate error corrections with the Quality Associate or designee, assure Deviation Reports are complete and closed, and approve the batch record for PCI release." The following are examples of drug products that were released by your Quality Unit for commercial distribution with inaccurate lot numbers and/or expiration dating.
   - DEV-2022-0244, Alkermes Vivitrol 380mg (naltrexone for extended-release injectable suspension) Kit, lot# 190592C, expiration 04/30/2024 released with an incorrect expiry of 05/31/2024
   - DEV-2022-0244, Alkermes Vivitrol 380mg (naltrexone for extended-release injectable suspension) Kit, lot# 190604C, expiration 04/30/2024 released with an incorrect expiry of 05/31/2024
   - Event-2022-5953, Flexion Therapeutics Zilretta 32mg (triamcinolone acetonide extended-release injectable suspension) Finished Kits, lot# 111003, expiration 11/2023 released with an incorrect lot number of 22-9006
   - Event-2022-6666, Amgen Repatha AMG 145) HMP, 120mg/mL, 3.5mL (evolocumab), lot# 1153429, expiration 12/31/2024 released with an incorrect expiry of 10/31/2024

b) Your procedure, SOP-00240 *"Corrective Action and Preventative Action (CAPA)"*, revision 01, effective 11/05/2021, section 5.1.8 states that "effectiveness checks should be considered as part of the CAPA plan and the scope and method of confirmed effectiveness should be detailed as part of the plan." CAPA 433782 which was opened on 12/14/2021 to document the correction for installing the proposed changes indicator for setting the crimper clearance and pressure settings for E5 Doboy. This CAPA was closed on 05/20/2022. Your firm applied a new

effectiveness check review board to address current and future CAPAs however did not address the CAPA(s) that were opened within the effective date of your procedure.

This is a repeat observation from the previous inspection conducted 10/17/2022 – 10/21/2022.

Reference: 21 CFR 211.22(d)

Supporting Evidence and Relevance:

Observation 3.a
(*This section was written by Investigator LePage*)
According to the standard operational procedure entitled "QA Batch Record Review and Product Release," SOP-00765, rev 45, Section 2.5 (see **Exhibit 28**), the Quality Associate is responsible "to review, verify presence of all batch record pages, verify correct batch record pagination and accuracy, coordinate error corrections with the Quality Associate or designee, assure Deviation Reports are complete and closed, and approve the batch record for PCI release." I noted in my documentation evaluation that QA reviewed and subsequently released numerous drug products that were labeled with incorrect lot numbers and/or expiration dates. All the mislabeled drug products were sent to the customer, who placed the order directly with PCI, and not further distributed. The following are examples of drug products that were released by your Quality Unit for commercial distribution with inaccurate lot numbers and/or expiration dating.

DEV-2022-0244 **(Exhibit 19)**
Vivitrol® (naltrexone for extended-release injectable suspension) 380mg/vial, lot #2022-3005T, expiration 04/30/2024 kits (see **Exhibit 20**) were assembled with some of the following components.

- Vivitrol® microspheres (naltrexone for extended-release injectable suspension) 380mg/vial, lot #0000110944, expiration 10/2024
- Administrative needle (1.5") lot# 190592C, expiration 04/30/2024
- Administrative needle (1.5") lot #190604C, expiration 05/31/2024
- WIP Diluent Vial, lot #00108206B, expiration 03/2025
- 5mL Luerlock Syringe, lot# 210112V, expiration 12/31/2025

The expiration date of the kit is based off the component that expires first, therefore the kits should have received an expiration date of 04/30/2024, which correlates to the administration needle (1.5") lot# 190592C. The kits were assigned the incorrect expiration date of 05/31/2024, which corresponds to the administration needle (1.5") lot #190604C. Vivitrol® (naltrexone for extended-release injectable suspension) 380mg/vial, lot #2022-3005T was released on 03/24/2022 by QA (see **Exhibit 207**). On 03/31/2022 PCI was notified by their customer that the drug product released to them was incorrectly labeled with the wrong expiration date. The 3600 affected kits were

repackaged to reflect the correct expiry of 04/30/2024.

Event-2022-5953
Flexion Therapeutics Zilretta 32mg (triamcinolone acetonide extended-release injectable suspension) Finished Kits, lot# 111003, expiration 11/2023 released with an incorrect lot number of 22-9006. This event was listed in error on the FDA Form 483, as the discrepancy was caught during the batch record review process.

Event-2022-6666 (**Exhibit 21**)
On 12/19/2022, PCI was notified by their customer that they had received Repatha® Pushtronex® system (evolocumab) 420mg/3.5mL, lot# 1153429, expiration 12/31/2024 labeled with the incorrect expiration date of 10/31/2024. QA approved the batch record release on 12/19/2022 and released the shipment on 12/20/2022 (see **Exhibit 22**). The customer kept the product and distributed it, indicating that the product was not affected since the expiry was short dated by two months.

In addition to the aforementioned lots indicated on the FDA Form 483, I noted during my document review that several other drug products were released by QA with incorrect lot and/or expiration dates that were discovered and reported by the PCI customers. The following are the deviations and the associated released drug product lots.

PR-DN424609 (**Exhibit 17**)
The customer Eirgen contacted PCI on 11/20/2019 to inform them that they received an unreleased lot of the product Rayaldee 30mcg, 30ct, Lot #3868797. QA approved the batch record release on 10/25/2019 and released the shipment on 11/15/2019 (see **Exhibit 18**). The firm determined the root cause to be human error. The firm initiated CAPA 424768 and conducted "Awareness" training for the Quality Teams personnel associated with batch release. The customer kept the drug product lot sent in error and distributed it in lieu of the originally requested lot. Rayaldee 30mcg, 30ct, Lot #3868797 expired 12/2020.

PR-DN422935 (**Exhibit 43**)
On 07/31/2019 PCI was contacted by their customer, Pfizer, and notified that three lots of Cortef 10mg, 100ct, received at their distribution center were labeled with incorrect expiration dates. The three lots of Cortef packaged at PCI were CCFTK (see **Exhibit 44**), CCFTK1 (see **Exhibit 45**) and CCFTK2 (see **Exhibit 46**) with an expiration date of 02/2022 but were labeled the expiration date 02/2023. QA released the shipment on 07/10/2019. These Cortef 10mg, 100ct lots were manufactured in the US and packaged for distribution in Hungary.

Observation 3.b
(*This section was written by Investigator Theodorou*)

Exhibit 23 consists of SOP-00240, Corrective Action and Preventative Action which was in effect at the time of the creation of CAPA 433782. Section 5.1.8 states that "effectiveness checks should be considered as part of the CAPA plan and the scope and method of confirmed effectiveness should be detailed as part of the plan."

Exhibit 24 consists of the firm's CAPA, CAPA-2022-0659 which was opened to document the corrections for the observation made during the previous inspection. Review of this document shows that the firm did not address the effectiveness checks for the identified CAPAs. However, it was noted that only CAPA 433782 was initiated after SOP-00240 was in effect.

Exhibit 25 consists of CAPA 433782 which was opened on 12/14/2021 to document the correction for installing the proposed changes indicator for setting the crimper clearance and pressure settings for E5 Doboy.

As part of its corrections to the observations that were made during the previous inspection ending 10/21/2022, the firm did not address the CAPAs mentioned in the observation. Nor did the firm provide any kind of statement stating if an effectiveness check was or wasn't needed and its justification

Mr. Burke and Mr. Cliggett stated that at the time the CAPAs were created the firm was still using the TrackWise system and that SOP 211.100.b.14 *CAPA Effectiveness*, rev2.0, effective 11/24/2020 would have been in effect as this CAPA was documented in the TrackWise system and not in MasterControl. Mr. Burke created a timeline for my review which I took a picture of (**Exhibit 52**).

At the time of the previous inspection, the firm had just implemented the migration of data into MasterControl and was using MasterControl to document new CAPAs. CAPA 433782 was opened on 12/14/2021. SOP-00240, Corrective Action and Preventative Action was in effect (effective date 11/5/2021) at the time of the creation of CAPA 433782.

Discussion with Management:

Observation 3.a

(*This section was written by Investigator LePage*)

During my document review I discussed with Thomas Cliggett, Director of Quality Operations, the numerous instances where the firm QA released batches to their customers without properly verifying batch information as indicated in their procedure. I emphasized that situations such as these may lead to product recalls and are concerning. I reiterated this during the closing meeting. The firm management indicated that they understood and would respond to the Form 483 in writing, within 15 business days.

Observation 3.b
(*This section was written by Investigator Theodorou*)
Management stated that they understood and promised to respond in writing within 15 business days.

OBSERVATION 4
Buildings used in the manufacture, processing, packing or holding of drug products are not maintained in a clean and sanitary condition.

Specifically.

a. Deteriorated insulation and a deteriorated gasket was observed at a finger flange assembly system for syringe labeling and plunger rod insertion System 1712, Area E3. Excess grease was observed on the plunger rod shafts.
b. The air compression system located in Building #1 and used for oil free compressed air to the VHP 2 sterilizer was observed in an upkept state, including debris observed at an air compressor intake.
c. Walk-in 2 - 8°C refrigerator 150845 as observed in with waste material such as dirt and debris on the floor and behind and between pallets. Refrigerator 150845 is used to store finished drug products such as aflibercept PFS and materials needing temperature control.
d. Automated doors leading to E2, syringe blistering, and syringe VHP were observed not functioning correctly.

Reference:21 CFR 211.56(a)

Supporting Evidence and Relevance:
(This section was written by Investigator Seifert)

Observation 4A
Within are E3 a Groninger syringe tub conveying system was observed, unit 5349, followed by labeling and plunger rod insertion system, asset 1712. A finger flange unit was observed with deteriorated insulation and gasket, see **Exhibit 10**. The plunger rod shafts were observed with excess grease, see **Exhibit 11.**

Observation 4B
The air compressors in Plant 1 (Building 1) and the system in general that includes the work area was observed in an unclean state, see **Exhibit 14.**

Observation 4C

The 2 - 8°C walk-in unit 9 (150845) was observed in an unclean state, see **Exhibit 06**

Observation 4D
The Eylea finger flange assembly and blistering area assess door was observed non-functional, see **Exhibit 12.**

Discussion with Management:
(This section was written by Investigator Seifert)

Observation 4A
The firm provided corrective action by order confirmation of materials, McMaster-Carr for insulation and Vinyl foam to replace the deteriorated insulation and gasket, **see Exhibit 47**. Furthermore, the firm provided corrective action by workorder MNT-02996-2023 for removal of excess grease from the plunger rod shafts, see **Exhibit 48**. During the closeout meeting on 12 January 2023, the firm had no questions.

Observation 4B
The firm provided corrective action that included cleaning of the compressors, dryers and general work area, see **Exhibit 49.**

Observation 4C
The firm provided evidence of corrective action by providing pictures of the walk-in unit cleaned and in good state of cleanliness, see **Exhibit 50.** During the closeout meeting, the firm had no questions.

Observation 4D
The firm provided corrective action by workorder MNT-02993-2023, Room E2 Reset Automatic Door Controller, see **Exhibit 51**. During the closeout meeting, the firm had no questions for the objectionable condition.

GENERAL DISCUSSION WITH MANAGEMENT

At the close-out meeting, the following items not included on the Form FDA 483 were discussed with firm management. Mr. Valdez indicated that he understood and promised corrections.

1. The H1 cartoning line was inspected during a manufacturing break, with three Eylea cartons containing product observed on the active conveying track, see **Exhibit 13**. It was questioned why the units were not positioned into an overpack prior to the break, with the firm rejecting, discarding the units. Leaving the units on the conveying track may cause degregation of the carton.

2. A field complaint was received for the Eylea DP, gray color for the DP, 3x syringe units. The root cause was explained as external to the PCI manufacturing process, with Eylea to be clear in appearance to pale yellow. The deviation investigation at PCI was a paperwork review. Regeneron conducted an elevated temperature study for Eylea, with the same color or similar color change in the DP observed. In discussion with the firm, it was questioned why Regeneron did not evaluate the syringes for contamination, where if there wasn't enough volume for test, perhaps the DP material could be plated in confirmation of absence of contamination. Although PCI is a CMO, assuring the absence of microbial contamination is also critical to PCI. In discussion with PCI, PCI should also work collaboratively with Regeneron to have a clear and complete understanding for absence of microbial contamination.

VOLUNTARY CORRECTIONS

(*This section was written by Investigator Theodorou*)

During the current inspection, I verified corrections to the following deficiencies from the previous inspection conducted 10/21/2022:

Observation 1

Buildings used in the manufacture, processing, packing or holding of drug products are not maintained in a clean and sanitary condition.

CAPA-2022-0658

- PCI opened a Work Order to repaint and caulk the baseboard lining in the rear wall along the seam of the wall.
- The water-stained ceiling tile was replaced.
- The roof was inspected by a licensed contractor and no roof leaks were identified.
- A contracted service will be resurfacing and resealing the exterior wall of that side of the building to prevent any potential leaks from extreme weather.
- The back wall of H3 and adjoining packaging rooms will be re-surfaced for ease of cleaning. The back wall will be flat and run straight across the room.

All above mentioned repairs to the interior and exterior of the building were completed by 12/2023.

In addition, the firm updated the cleaning logbooks to include more specific information around the cleaning of the packaging rooms. The new format will require specific entries around the cleaning of the walls, floors, and equipment as opposed to a single entry for both the individual performing the function and for Quality Assurance verification.

Observation 2

This was partially addressed by the firm but resulted in a repeat observation during this inspection.

EXHIBITS COLLECTED

Exhibit #	Description	Pages
1	Board of Directors	1
2	Bill of Lading Cortef Hydrocortisone	32
3	Product List	3
4	Organizational Charts	35
5	SMF-00020 Site Master File	41
6	Pictures of Walk in Fridge	7
7	Picture of Equipment in corridor	1
8	Picture of Correction	1
9	List of Individuals met during inspection	4
10	Pictures of finger flange unit	6
11	Pictures of plunger rod	2
12	Pictures of door to E2	2
13	Pictures of product on track	2
14	Pictures of Compressors	11
15	List of SOPs	12
16	SOP-00113 Deviation Reporting & Investigation	13
17	Packaging Record DN 424609	10
18	Packaging Record Rayaldee 3868797A	136
19	DEV-2022-0244	43
20	Packaging Record Vivitrol 380mg2022-3005T	203
21	EVENT-2022-6666	16
22	Packaging Record Repatha Kit 1153429	240
23	SOP-00240 Corrective Action and Preventative Action (CAPA)	8
24	CAPA-2022-0659	54
25	CAPA 433782	8
26	Pall filter information	1
27	Complaints for damaged syringes	18
28	SOP-00765 QA Batch Record Review and Product Release	22
29	SOP-00791 Environmental Monitoring for Hallways Gowning Areas	21
30	SOP-00790 Environmental Monitoring NonSterile Packaging	23
31	Environmental Monitoring Position Paper	6
32	FMEA SOP-21122d2 Risk Assessment RA2021-011	19
33	RA-1331 Secondary Manufacturing of Eylea Pre-filled Syringes	24
34	SOP-00793 Air Handling System Differential Pressure Check	9
35	SOP-00783 Gowning Cleanliness and Sanitary Practice of Personnel	19
36	Product PPE Room Heath and Risk Assessment	20

37	R17-223-01 Final Report for PQ for VHP Sterilizer	2
38	Final Report for the PQ of the VHP Sterilizer	43
39	Dupont Reference Guide for Medical Packaging	44
40	PPQ Addendum Risk Statement	3
41	Regeneron Correction Plunger Stopper Study	2
42	PCI Correction Upgrade Piping	1
43	PR DN422935	5
44	Packaging Record Cortef CCFTK	135
45	Packaging Record Cortef CCFTK1	144
46	Packaging Record Cortef CCFTK2	126
47	Order of Materials for Finger Flange Unit Correction	1
48	MNT-02996-2023 Correction for Plunger Rod Shafts	1
49	Photographs of cleaned compressor area	7
50	Photographs of cleaned walk-in fridge	5
51	MNT-02993-2023 Repair to E2 Door	1
52	Picture of Timeline	1

ATTACHMENTS

1. Form FDA 482, Notice of Inspection, issued on 01/09/2023 to Ms. Metzinger, 3 pages
2. Form FDA 483, Inspectional Observations, 4 pages

Digitally signed by Christina K. Theodorou -S
Date: 2023.02.28 17:18:21 +01'00'

Christina K. Theodorou, Investigator, Lead Investigator
ORA/OPQO/Division I/Investigations Branch 2

Wayne E. Seifert -S

Digitally signed by Wayne E. Seifert -S
Date: 2023.02.28 10:50:41 -05'00'

Wayne Seifert, Investigator
CDER/OPQ/OPMA/DBM/Biotechnology Manufacturing Branch 1

Brandy N. Lepage -S

Digitally signed by Brandy N. Lepage -S
Date: 2023.02.28 09:11:13 -05'00'

Brandy N. LePage, Investigator
ORA/OPQO/Division I/Investigations Branch 2

Bingchen Du -S

Digitally signed by Bingchen Du -S
Date: 2023.02.28 11:15:56 -05'00'

Ben Du, Staff Fellow
CDER/OPQ/OPMA/DBM/ Biotechnology Manufacturing Branch 1

An official website of the United States government Here's how you know

U.S. FOOD & DRUG ADMINISTRATION

Search FDA.gov Menu

Home Drug Databases DECRS Search Result

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Drug Establishments Current Registration Site

New Search

Search Results for *Packaging Coordinators*

Showing 1 to 1 of 1 entry Show 50 entrie

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Packaging Coordinators, LLC	1000522077	078525133	LABEL; PACK; REPACK; STERILIZE	3001 Red Lion Rd, Philadelphia, Pennsylvania (PA) 19114, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Thursday, May 15, 2025

New Search

pci
PHARMA SERVICES

LIST OF OFFICERS & OWNER FOR PCI

Name of Company Owner: Packaging Coordinators, Inc.
Percentage Owned: 100%
FEIN: 61-1683822
State of Incorporation: Delaware
Address: 3001 Red Lion Rd., Philadelphia PA 19114
Phone Number: 215.613.3600
Website Address: www.pci.com

Full Name: Salim Haffar
Title/Position: Chief Executive Officer
Business Address: 3001 Red Lion Rd., Philadelphia PA 19114
Phone Number: [redacted]
Email Address: Salim.Haffar@pci.com

Full Name: Tom Wim Frans De Weerdt
Title/Position: Chief Financial Officer
Business Address: 3001 Red Lion Rd., Philadelphia PA 19114
Phone Number: [redacted]
Email Address: Tom.DeWeerdt@pci.com

Full Name: Jeannie Metzinger
Title/Position: Chief Quality and Compliance Officer
Phone Number: [redacted]
Business Address: 3001 Red Lion Rd., Philadelphia PA 19114
Email Address: Jeannie.Metzinger@pci.com

Full Name: Brad Payne
Title/Position: Chief Operating Officer
Phone Number: [redacted]
Business Address: 3001 Red Lion Rd., Philadelphia PA 19114
Email Address: Brad.Payne@pci.com

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACKAGING COORDINATORS, 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 THIRTEENTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PACKAGING COORDINATORS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5118926 8300

SR# 20253067829

Authentication: 203944305

Date: 06-13-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Certificate of Licensure

Certificate No. 8000002826
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

PACKAGING COORDINATORS, LLC
3001 RED LION ROAD
PHILADELPHIA, PA 19114

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: July 12, 2016
Expiration Date: The Last Day of July, 2025

Jeanne Parisi
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0428842	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-18-2025

PACKAGING COORDINATORS, LLC
3001 RED LION RD
PHILADELPHIA, PA 191141123

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
RC0428842	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-18-2025

PACKAGING COORDINATORS, LLC
3001 RED LION RD
PHILADELPHIA, PA 191141123

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)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0428842	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-18-2025

PACKAGING COORDINATORS, LLC
3001 RED LION RD
PHILADELPHIA, PA 191141123

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/19/2024

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

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

PRODUCER
Aon Risk Services Central, Inc.
Philadelphia PA Office
100 North 18th Street
15th Floor
Philadelphia PA 19103 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Federal Insurance Company	20281
INSURER B:	Illinois Union Insurance Company	27960
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Packaging Coordinators, Inc.
3001 Red Lion Road
Philadelphia PA 19114 USA

COVERAGES **CERTIFICATE NUMBER:** 570106526722 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			36055286	06/19/2024	06/19/2025	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$10,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$1,000,000
	OTHER:						GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	Excluded
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	X UMBRELLA LIAB X OCCUR			79837169	06/19/2024	06/19/2025	EACH OCCURRENCE	$15,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$15,000,000
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
B	Products Liability			G71151864007 Claims Made SIR applies per policy terms & conditions	06/19/2024	06/19/2025	Each Occurrence Aggregate Limit	$10,000,000 $10,000,000

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

CERTIFICATE HOLDER

Packaging Coordinators and Subsidiaries
3001 Red Lion Road
Philadelphia PA 19114 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570106526722

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The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 2339435

Application/License No. _____

PACKAGING COORDINATORS, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3001 Red Lion Road Philadelphia, PA 19114 (Address of Applicant/Principal), as PRINCIPAL, and SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION (Surety Company), a corporation organized under the laws of the state of MO (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1200 Main Street Suite 800 Kansas City, MO 64105-2478 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 16, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of October, 2024.

APPLICANT/PRINCIPAL
PACKAGING COORDINATORS, INC.

COMPANY

Authorized Representative

SURETY
SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION

Surety Company's Representative

Anne Potter, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Jacob Neerenberg

Witness Krista Laxton

SIGNED and SEALED in the presence of:

Witness Valorie Spates

Witness Sandra Diaz

Countersigned by:

Nevada Resident Agent N/A

Posted February 20, 2020

SWISS RE CORPORATE SOLUTIONS

SS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION ("SRCSAIC")
ISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION ("SRCSPIC")
/ESTPORT INSURANCE CORPORATION ("WIC")

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT SRCSAIC, a corporation duly organized and existing under laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, and SRCSPIC, a corporation organized and existing under the laws of the State of Missouri and having its principal office in the City of Kansas City, Missouri, and WIC, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint:

SANDRA DIAZ, DEBRA A. DEMING, PETER HEALY, JENNIFER JAKAITIS, SUSAN A. WELSH, ANNE POTTER, FRANCESCA KAZMIERCZAK, FRANCES RODRIGUEZ, BEVERLY A. WOOLFORD, VALORIE SPATES, AKLIMA NOORHASSAN, PABLO GARCIA HORCAJO and VILMA GONZALEZ

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

ONE HUNDRED TWENTY FIVE MILLION ($125,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both SRCSAIC and SRCSPIC at meetings duly called and held on the 18th of November 2021 and WIC by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Managing Director, any Senior Vice President, any Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is, authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Corporation bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Corporation; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Corporation may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION CORPORATE SEAL 1973 MISSOURI

SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION CORPORATE SEAL MISSOURI

By _____
Erik Janssens, Senior Vice President of SRCSAIC & Senior Vice President of SRCSPIC & Senior Vice President of WIC

By _____
Gerald Jagrowski, Vice President of SRCSAIC & Vice President of SRCSPIC & Vice President of WIC

WESTPORT INSURANCE CORPORATION CORPORATE SEAL MISSOURI

IN WITNESS WHEREOF, SRCSAIC, SRCSPIC, and WIC have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers

this 29TH day of MARCH, 20 24

State of Illinois
County of Cook SS

Swiss Re Corporate Solutions America Insurance Corporation
Swiss Re Corporate Solutions Premier Insurance Corporation
Westport Insurance Corporation

On this 29TH day of MARCH, 20 24, before me, a Notary Public personally appeared Erik Janssens, Senior Vice President of SRCSAIC and Senior Vice President of SRCSPIC and Senior Vice President of WIC and Gerald Jagrowski, Vice President of SRCSAIC and Vice President of SPCSPIC and Vice President of WIC, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

OFFICIAL SEAL
CHRISTINA MANISCO
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires March 28, 2026

Christina Manisco
Christina Manisco, Notary

I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary of SRCSAIC and SRCSPIC and WIC, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said SRCSAIC and SRCSPIC and WIC, which is still in full force and effect IN WITNESS WHEREOF. I have set my hand and affixed the seals of the Companies this 18th day of October, 20 24.

Jeffrey Goldberg, Senior Vice President & Assistant Secretary of SRCSAIC and SRCSPIC and WIC

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: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

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

City: State: Zip:

Telephone: 215-284-8661 Website: www.pci.com

Licensing Company Email: catherine.cabrera@pci.com

Section 2: Personal Information

First: Catherine Middle: Last: Cabrera

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

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

Mailing Address: [redacted]

City: Philadelphia State: PA Zip: [redacted]

Telephone: 215-284-8661 Email: catherine.cabrera@pci.com

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)	
Carribbean University		1997-1999	
Address	**City**	**State**	**Zip**
Carretera 167 Km 21.2	Bayamón	PR	00960
Diploma/Degree obtained, if any			
Biology Curriculum			

School Name		From - To (MM/YY – MM/YY)	
Corps Barranquitas		1993 - 1997	
Address	**City**	**State**	**Zip**
5MWW+JVV	Barranquitas	PR	00794
Diploma/Degree obtained, if any			
Secretary			

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
2002 - Present	[redacted]	Philadelphia	PA	[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: 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)	
Packaging Coordinators, LLC			2002 - Present	
Business Address		City	State	Zip
3001 Red Lion Road		Philadelphia	PA	19114
Phone	Title		Number of Employed Hours	
215-284-8661	Director of Quality Systems		45,000+ Hours	
Description of Duties				
Responsible for: Internal Audits, Regulatory Audits, Customer Audits, monitoring DEA quotas. Oversight of: Supplier Management, Incoming quality assurance, complaints. Power of attorney for all regulatory registrations.				

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.

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				

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

Make copies of this page OR use a separate piece of paper 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?		✓

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 # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

C. Coen
Original Signature (electronic, copies or stamps not accepted)

03/11/25
Date

I, Catherine Cabrera, **certify that as the designated representative for**

Packaging Coordinators, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CC I am at least 21 years of age;
3. CC 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. CC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CC 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. CC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Catherine Cabrera

Print Name (First, Last)

C. Cabrera

Original Signature (electronic, copies or stamps not accepted)

03/11/25

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.

Catherine Cabrera

Print Name (First, Last)

C. Cabrera

Original Signature (electronic, copies or stamps not accepted)

03/11/25

Date

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

State of PA, ss. County of Montgomery

I, Catherine Cabrera, 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.

C. Cabrera

Original Signature

03/11/25

Date

Subscribed and Sworn to before me this 11 day of March 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(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: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

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

City: _____ State: _____ Zip: _____

Telephone: 215-284-8661 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Catherine Middle: _____ Last: Cabrera

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

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

Mailing Address: [redacted]

City: Philadelphia State: PA Zip: [redacted]

Telephone: 215-284-8661 Email: catherine.cabrera@pci.com

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)	
Carribbean University		1997-1999	
Address	**City**	**State**	**Zip**
Carretera 167 Km 21.2	Bayamón	PR	00960
Diploma/Degree obtained, if any: Biology Curriculum			

School Name		From - To (MM/YY – MM/YY)	
Corps Barranquitas		1993 - 1997	
Address	**City**	**State**	**Zip**
5MWW+JVV	Barranquitas	PR	00794
Diploma/Degree obtained, if any: Secretary			

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
2002 - Present	[redacted]	Philadelphia	PA	[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			From - To (MM/YY – MM/YY)
Packaging Coordinators, LLC			2002-Present
Business Address	**City**	**State**	**Zip**
3001 Red Lion Road	Philadelphia	PA	19114
Phone	**Title**		
215-284-8661	Director of Quality Systems		

Description of Duties

Responsible for: Internal Audits, Regulatory Audits, Customer Audits, monitoring DEA quotas. Oversight of: Supplier Management, Incoming quality assurance, complaints. Power of attorney for all regulatory registrations.

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

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.

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			

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			

Make copies of this page OR use a separate piece of paper 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?		✓

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 # N/A **. Provide all the following *where applicable*:**

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

Provide explanation below:

N/A

C. C

Original Signature (electronic, copies or stamps not accepted)

03/11/25

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.

Catherine Cabrera

Print Name (First, Last)

C. Cabrera 03/11/25

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

---

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

State of _____, ss. County of _____

I, Catherine Cabrera, 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.

C. Cabrera 03/11/25

Original Signature **Date**

Subscribed and Sworn to before me this 11 day of March 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(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: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

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

City: State: Zip:

Telephone: 215-613-3001 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Brad Middle: Last: Payne

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

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

Mailing Address: [redacted]

City: ~~Bainbridge Island~~ Cape Coral State: ~~WA~~ FL Zip: ~~98110~~ [redacted]

Telephone: [redacted] Email: brad.payne@pci.com

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
University of Washington	3781 Okanogan Ln. NE.	Seattle	WA	98105	09/82 – 06/86	BS Chem Eng
Shoreline H.S.	18560 1st Ave NE	Shoreline	WA	98155	09/78 – 06/82	H.S. Diploma

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
01/21 – 04/24	[redacted]	Bainbridge Island	WA	[redacted]
04/24 – 02/25		Cape Coral	FL	
02/25 – Present		Cape Coral	FL	
01/18 – 04/19		Philadelphia	PA	
04/19 – 01/21		Philadelphia	PA	
06/13 – 01/18		Nyon, Switzerland VD		

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: Packaging Coordinators, Inc.			From - To (MM/YY – MM/YY): 01/18 - Present
Business Address: 3001 Red Lion Road	City: Philadelphia	State: PA	Zip: 19114
Phone: 815-484-8900	Title: Chief Operating Officer		
Description of Duties: Chief Operating Officer, oversee 16 plants			

Business Name: Becton Dickinson			From - To (MM/YY – MM/YY): 01/13 - 01/18
Business Address: Park-A4, Sàrl Terre Bonne Rt de Crassier	City: Eysins, Switzerland	State: VD	Zip: 1262
Phone: +41 21 556 30 00	Title: SVP Operations		
Description of Duties: Oversaw operations for Global drug delivery business.			

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.

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				

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				

Make copies of this page OR use a separate piece of paper 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?		✓

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 # N/A **. Provide all the following *where applicable*:**

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

March 31, 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.

Brad Payne

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 31, 2025

Date

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

State of PA, ss. County of Montgomery

I, Brad Payne, 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

3/31/25

Date

Subscribed and Sworn to before me this 31 day of March, 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(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: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

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

City: State: Zip:

Telephone: 215-613-3001 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Jeannie Middle: Lynne Last: Metzinger

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

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

Mailing Address: [redacted]

City: Hudson State: MA Zip: [redacted]

Telephon[redacted] Email: jeannie.metzinger@pci.com

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)	
Bishop McDevitt High School			9/71 - 6/75	
Address		City	State	Zip
125 Royal Ave		Wynecote	PA	19095
Diploma/Degree obtained, if any				
HS Diploma				

School Name			From - To (MM/YY – MM/YY)	
Holy Family University			9/75 - 5/79	
Address		City	State	Zip
9801 Frankford Ave		Phila	PA	19114
Diploma/Degree obtained, if any				
BS Biology				

School Name			From - To (MM/YY – MM/YY)	
Temple University			5/2005 - 12/2007	
Address		City	State	Zip
1801 N Broad St		Phila	PA	19122
Diploma/Degree obtained, if any				
MS Regulatory Affairs				

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
12/2022 - Now	[redacted]	Hudson	MA	[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: Packaging Coordinators, Inc.				From - To (MM/YY – MM/YY):
Business Address: 3001 Red Lion Road	City: Philadelphia	State: PA	Zip: 19114	
Phone: 815-484-8900	Title: Chief Quality and Compliance Officer			
Description of Duties: Responsible for quality assurance and quality control for all PCI				

Business Name: MERCK PHARMACEUTICALS				From - To (MM/YY – MM/YY): 7/2009 - 11/2012
Business Address: SUMNEY TOWN PIKE	City: WEST POINT	State: PA	Zip: 19486	
Phone:	Title: Director Quality QMS			
Description of Duties: Responsible for implementing and maintaining Quality Systems for the site. This included all regulatory inspection				

Business Name: COLORCON				From - To (MM/YY – MM/YY): 7/1997 - 7/2008
Business Address: 420 MOYER BLVD	City: WEST POINT	State: PA	Zip: 19486	
Phone: 215-699-7733	Title: DIRECTOR QA/QC NA			
Description of Duties: DIRECTOR QUALITY ASSURANCE AND QUALITY CONTROL NA - Responsible for Quality				

Business Name: Novartis (Rhone Poulenc Rorer)				From - To (MM/YY – MM/YY): 1984 - 7/~~20~~ 1997 gm
Business Address: 500 Virginia Drive	City: Ft Washington	State: PA	Zip: 19034	
Phone: 215-628-6541	Title: Manager Quality			
Description of Duties: Responsible for all Quality Assurance and Quality Control for liquids and dermatological products				

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.

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			

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			

Make copies of this page OR use a separate piece of paper 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?		✓

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 # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Jeannie T Mitzenger
Original Signature (electronic, copies or stamps not accepted)

4 April 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.

Jeannie Metzinger

Print Name (First, Last)

Jeannie Metzinger

Original Signature (electronic, copies or stamps not accepted)

4 April 2025

Date

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

State of PA, ss. County of Montgomery

I, Jeannie Metzinger, 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.

Jeannie Metzinger

Original Signature

April 4, 2025

Date

Subscribed and Sworn to before me this 4 day of April.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(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: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

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

City: State: Zip:

Telephone: 215-613-3001 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Salim Middle: Last: Haffar

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

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

Mailing Address[redacted]

City: Manchester State: NH Zip [redacted]

Telephon[redacted] Email: salim.haffar@pci.com

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)
McGill University			1992 - 1995
Address	**City**	**State**	**Zip**
845 Sherbrooke Street west	Montreal	QC	H3A 0G4
Diploma/Degree obtained, if any			
Bachelor Chemical Engineering			

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			

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
	[redacted]	Manchester	NH	[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			From - To (MM/YY – MM/YY)
Packaging Coordinators, Inc.			
Business Address	**City**	**State**	**Zip**
3001 Red Lion Road	Philadelphia	PA	19114
Phone	**Title**		
845-282-2636	CEO		
Description of Duties	Strategic planning, relationship building, market expansion, oversees product innovation.		

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			

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.

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			

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			

Make copies of this page OR use a separate piece of paper 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?		✓

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 # N/A **. Provide all the following *where applicable*:**

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/20/25
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.

Salim Haffar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date 3/20/25

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

State of PA, ss. County of Montgomery

I, Salim Haffar, 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** 3/20/25

Subscribed and Sworn to before me this 20 day of March 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(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: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

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

City: State: Zip:

Telephone: 215-613-3001 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Tom Middle: Wim Frans Last: De Weerdt

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

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

Mailing Address: [redacted]

City: St Petersburg State: FL Zip: [redacted]

Telephone: [redacted] Email: tom.deweerdt@pci.com

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)
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			
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]	City St. Petersburg	State FL	[redacted]
From - To (MM/YY – MM/YY)		City St. Petersburg FL	State FL	
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			From - To (MM/YY – MM/YY)
Packaging Coordinators, Inc.			
Business Address	**City**	**State**	**Zip**
3001 Red Lion Road	Philadelphia	PA	19114
Phone	**Title**		
815-484-8900	Chief Financial Officer		
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			

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.

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				

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				

Make copies of this page OR use a separate piece of paper 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?		✓

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 # N/A **. Provide all the following *where applicable*:**

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

April 9, 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.

Tom Wim Frans De Weerdt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 9, 2025

Date

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

State of Pa, ss. County of Montgom

I, Tom Wim Frans De Weerdt, 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

April 9, 2025

Date

Subscribed and Sworn to before me this 9 day of April 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(Seal)

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Yoly Rodriguez
Yonatan Celeste
Yudy Bernard
Yugkumar Patel
Yvette Rice
Zachary Galloway
Zachary Kane
Zachary M Derolf
Zakia LeVere
ZAKIA TAHIR
Zamear Ashrafali
Zayaini Dennis
Zoila Osorio Navarro
Zuri Parks
Zyhir Chandler

13B

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01206	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 800 Monte Vista Drive

City: Dinuba State: CA Zip: 93618

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 559-595-1450 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Larry Murillo

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: larry.murillo@pattersonvet.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I/II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

5/6/25
Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy
Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054

Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132

Name: Solventum US LLC
Address: 2510 Conway Ave E Ste 75-6W City: Maplewood State: MN Zip: 55144

Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: 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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply, Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651.686.1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

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

5/6/25

Date

Board Use Only	Date Received: 5/15/25	Amount: $100-00

NABP ACCREDITED

DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

800 Monte Vista Dr, Dinuba, CA 93618

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/09/2024 - 04/08/2027
Period of Accreditation

6628

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Supply, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address:	1031 Mendota Heights Road St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	20-4404128
State of Incorporation:	Minnesota - #1737876-2 (3/1/2006)

Robert Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Kevin Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Leslie Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Effective 10/13/2022

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/16/2024



Steve Simon
Secretary of State
State of Minnesota

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Third-Party Logistics Provider

License No. TPL 1084
Receipt No. 00193504

Valid Until: 10/1/2025

PATTERSON LOGISTICS SERVICES INC
800 MONTE VISTA DR
DINUBA, CA 93618-9117

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Third-Party Logistics Provider License.

This license is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer(s) shareholder (more than 10 percent share change), manager, or responsible manager.

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 WPHTPL (09/30/19) TPL

CALIC100.RENWALR.07232024.61528.SEQID511

PATTERSON LOGISTICS SERVICES INC
800 MONTE VISTA DR
DINUBA, CA 93618-9117 511

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0372855	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
800 MONTE VISTA DRIVE
DINUBA, CA 93618

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
RP0372855	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
800 MONTE VISTA DRIVE
DINUBA, CA 93618

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)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0372855	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
800 MONTE VISTA DRIVE
DINUBA, CA 93618

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

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

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

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	4,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y/N: N	N / A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

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

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. KO8188865

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 800 Monte Vista Drive, Dinuba, CA 93618 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1601 Chestnut Street, Philadelphia, PA 19101 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 29, 2008 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of September, 20 08.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SURETY COMPANY
Westchester Fire Insurance Company

Surety Company's Representative

Cynthia L. Hanak, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Countersigned for Nevada By
Marsh USA, Inc.
Michele Robertson, Resident Agent

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. KO8188865

Application/License No. _____

Patterson Logistics Services, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
800 Monte Vista Drive, Dinuba, CA 93618, as
(Address of Applicant/Principal)
PRINCIPAL, and Westchester Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of New York
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1601 Chestnut Street, Philadelphia, PA 19101 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 29, 2008.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

ACKNOWLEDGMENT BY SURETY

STATE OF Missouri }
County of St. Charles } ss.

On this 29th day of September, 2008, before me personally appeared Cynthia L. Hanak, known to me to be the Attorney-in-Fact of Westchester Fire Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Debra C. Schneider

Debra C. Schneider
Notary Public in the State of Missouri
County of St. Charles

My Commission Expires: November 5, 2011

(Seal)

DEBRA C. SCHNEIDER
Notary Public/Notary Seal
State of Missouri
St. Charles County
COMMISSION #07419088
My Commission Expires: 11/05/2011

S-0230/GEEF 2/98

Power of Attorney

WESTCHESTER FIRE INSURANCE COMPANY

1261428

324011

Know all men by these presents: That **WESTCHESTER FIRE INSURANCE COMPANY**, a corporation of the State of New York, having its principal office in the City of Atlanta, Georgia, pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into the ordinary course of business (each a "Written Commitment").

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

FURTHER RESOLVED, that the Resolution of the Board of Directors of the Company adopted at a meeting held on November 8, 1999 relating to the authorization of certain persons to execute, for and on behalf of the Company, Written Commitments and appointments and delegations, is hereby rescinded."

Does hereby nominate, constitute and appoint PAMELA A. BEELMAN, HEIDI A. NOTHEISEN, CYNTHIA L. HANAK, DEBRA C. SCHNEIDER, JOANN R. FRANK, KAREN L. ROIDER and SANDRA L. HAM all of the City of Saint Louis, State of Missouri, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Twenty Million Dollars ($20,000,000) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office.

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the corporate seal of the said **WESTCHESTER FIRE INSURANCE COMPANY** this 30th day of May 2008.

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 30th day of May, A.D. 2008, before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney, Vice-President of the **WESTCHESTER FIRE INSURANCE COMPANY** to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KAREN E. BRANDT, Notary Public
City of Philadelphia, Phila. County
My Commission Expires September 26, 2010

Notary Public

I, the undersigned Assistant Secretary of **WESTCHESTER FIRE INSURANCE COMPANY**, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 29th day of September 2008.

William L. Kelly, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER May 30, 2010.

THE BACK OF THIS DOCUMENT LISTS VARIOUS SECURITY FEATURES THAT WILL PROTECT AGAINST COPY COUNTERFEIT AND ALTERATION.

SURETY RIDER

To be attached to and form a part of

Bond No. KO8188865

dated effective September 29, 2008
(MONTH-DAY-YEAR)

executed by Patterson Logistics Services, Inc. , as Principal,
(PRINCIPAL)

and by Westchester Fire Insurance Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Bond Amount from:

One Hundred Thousand & 00/100 ($100,000.00)

To:

Twenty-Five Thousand & 00/100 ($25,000.00)

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective February 27, 2025
(MONTH-DAY-YEAR)

Signed and Sealed February 27, 2025
(MONTH-DAY-YEAR)

Patterson Logistics Services, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Westchester Fire Insurance Company
(SURETY)

By: Cynthia L. Choren
Cynthia L. Choren, Attorney-in-Fact
NV Non-Resident License No. 221080

S-0443/GEEF 10/99

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 27, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

CHUBB

SURETY BOND CORPORATE SEAL NOTICE AND ADDENDUM

In an effort to facilitate the use of our respective corporate seals during the COVID-19 pandemic, WESTCHESTER FIRE INSURANCE COMPANY ("WESTCHESTER FIRE") has authorized its respective Attorneys-in-Fact to affix WESTCHESTER FIRE'S corporate seal to any surety bond executed on behalf of WESTCHESTER FIRE by any such Attorney-in-Fact by attaching this Notice and Addendum to said bond.

To the extent this Notice and Addendum is attached to a surety bond that is executed on behalf of WESTCHESTER FIRE by its Attorney-in-Fact, WESTCHESTER FIRE hereby agrees that the corporate seal below for WESTCHESTER FIRE shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond.

Dated this 30th day of March, 2020.

WESTCHESTER FIRE INSURANCE COMPANY

By: _____
Stephen M. Haney, Vice President

WESTCHESTER FIRE INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable): _____

Physical Address: 800 Monte Vista Drive

City: Dinuba State: CA Zip: 93618

Mailing Address (if different from physical address): 1031 Mendota Heights Road, Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 615-686-1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Larry Middle: _____ Last: Murillo

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

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

Mailing Address: [redacted]

City: Dinuba State: CA Zip: [redacted]

Telephon[redacted] Email: larry.murillo@pattersonvet.com

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)	
California State University, Fresno		2003-2005	
Address	**City**	**State**	**Zip**
5241 N Maple Ave	Fresno	CA	93740
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration with Emphasis in Organizational Leadership Management			

School Name		From - To (MM/YY – MM/YY)	
Reedley College		2000-2003	
Address	**City**	**State**	**Zip**
995 N. Reed Ave	Reedley	CA93654	
Diploma/Degree obtained, if any			
Associate of Science in General Business and Associate of Arts in General Studies			

School Name		From - To (MM/YY – MM/YY)	
Dinuba High School			
Address	**City**	**State**	**Zip**
340 E Kern Street	Dinuba	CA	93618
Diploma/Degree obtained, if any			
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
09/21 - present	[redacted]	Dinuba	CA	[redacted]
07/21 - 09/21		Dinuba	CA	
09/09 -07/21		Dinuba	CA	
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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.		05/09 - present	
Business Address	**City**	**State**	**Zip**
800 Monte Vista Drive	Dinuba	CA	93618
Phone	**Title**	**Number of Employed Hours**	
559-595-1450	Operations Manager	6000+	

Description of Duties

Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.

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.

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			

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

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

Section 8: 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? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, 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 # _____. **Provide all the following *where applicable*:**

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/23/2025
Date

I, Larry Murillo, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

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

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

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.

Larry Murillo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/23/2025
Date

Board Use Only	Date Received:

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: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01206

Physical Address: 800 Monte Vista Drive

City: Dinuba State: CA Zip: 93618

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 651.686.1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Larry Middle: Last: Murillo

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

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

Mailing Address: [redacted]

City: Dinuba State: CA Zip: [redacted]

Telephone: [redacted] Email: larry.murillo@pattersonvet.com

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)
California State University, Fresno			2003-2005
Address	**City**	**State**	**Zip**
5241 N. Maple Ave	Fresno	CA	93740
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration with Emphasis in Organizational Leadership Management			

School Name			From - To (MM/YY – MM/YY)
Reedley College			2000-2003
Address	**City**	**State**	**Zip**
995 N. Reed Ave	Reedley	CA	93654
Diploma/Degree obtained, if any			
Associate of Science in General Business and Associate of Arts in General Studies			

School Name			From - To (MM/YY – MM/YY)
Dinuba High School			
Address	**City**	**State**	**Zip**
340 E Kern Street	Dinuba	CA	93618
Diploma/Degree obtained, if any			
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
09/21 - present	[redacted]	Dinuba	CA	[redacted]
07/21 - 09/21		Dinuba	CA	
09/09 - 07/21		Dinuba	CA	
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)	
Patterson Logistics Services, Inc.			05/09 - present	
Business Address		**City**	**State**	**Zip**
800 Monte Vista Drive		Dinuba	CA	93618
Phone	**Title**		**Number of Employed Hours**	
559-595-1450	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

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.

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				

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

Make copies of this page OR use a separate piece of paper 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?		✓

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date 4/28/25

I, Larry Murillo, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

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.

Larry Murillo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/28/25

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.

Larry Murillo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/28/25

Date

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

State of California, ss. County of Tulare

I, Larry Murillo, 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

4/28/25

Date

Subscribed and Sworn to before me this 28 day of April.

Notary Public Signature

NELDA GONZALEZ
Notary Public - California
Tulare County
Commission # 2408899
My Comm. Expires Jun 23, 2026

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc. (PLSI) Dinuba, CA – Employee List

Employee Name
Magarin-Pascua, Merla
Lucatero, Gerardo
Monje Blanco, Cecilio
Garcia, Omar
Peregrina, Cristobal T
Ponce, Dalila
Gutierrez-Zarate, Floriberto
Valenzuela, Carlos
Murillo, Javier
Trinidad, Christine
Solorio, Rafael
Schutz, Paul D
Garcia, Maria Adriana
Elenes, Marco Antonio
Murillo, Larry
Urzua, Natalia
Nunez Gutierrez, Ernesto
Gaytan, Enoel
Martinez Lopez, Guadalupe
Gonzalez, Nelda E
Uyeg, Lemuel H
Pantoja, Diego Emilio
Romero, John
Tapia, Jimmy Alfred
Cazares Garcia, Jose A. Alexis
Banda, Paz
Aguilera, Martin
Pantoja Sanchez, Jose Jesus
Alvarez, Petra
Castillo, Rosemarie
Gecha Jr, Macario Calma
Gecha, Zenaida Ylagan
Avilez, Miguel A
Villasenor, Evelyn M
Cardosa, Raul
Flores Cruz, Ricardo
Orosco, Luis Miguel
Izaola-bravo, Javier
Estigoy, John Michael

Chavez, Matthew Jonah
Castillo, Steven C
Solorio, Joaquin
Marmolejo, Jorge Luis
Uribe, Richard O
Guzman, Elizabeth
Wilson, Kristopher
Saldana, Amalia
Velasquez, Claudia Patricia
Carrillo, Mariela
Ortiz Sahagun, Jose Ricardo
Gaona, Rodolfo
Flores, Julian Alexander
Villagomez, Alejandra
Sandoval, Angela Denise
Ortega, Rebecca
Salazar, Jasmine N
Corpus, Angela Berenice
Aguilera, Felipe D
Ortega, Carlos
Perez Ramos, Joel
Mejia Alva, Richard R
Pasillas, Gigi
Gaona Martinez, Vanessa
Fernandez, Joseph
Araujo, Evelyn
Fennell, Isaiah Thomas
Mandrell, Donald
Hicks, Greg
Gonzalez, Clarissa Cherie
Corpus, Iliana L
Perea, Maria L
Orozco, Lilia Lilia
Alejandro, Nicolas James
Hernandez, Maria Del Refugio
Zepeda, Jonathan
Torres, Yadira
Renteria, Juan Manuel
Vela, Jake
Luna, Carlos Armando
Carlos, Jeralyn L

Meza, Alejandra
Tostado, Fatima Loza
Reyna, Jose L
Aviles, Ernesto
Aguila, Vicky
Meraz, Eva Angelina
Diaz, Miguel
Cervantes, Salvador
Carlos, Imelda C
Diaz, Rogelio G
Armenta, Cynthia L
Uribe, Tina M
Aguirre, Cristina G
Segura, Rangel
Orosco, Jesusita Elena
Rios Lopez, Melissa Ann
Ramos, Ricardo
Ramirez, Maria M
Diaz, Miguel Alejandro
Hernandez, Maria
Rocha, Michael S
Salazar, Jose Luis
Ponce, Gabriela V
Romero, Esther M
Mendoza, Espectacion
Teso, Tommy
Hernandez, Billy
House, Kenneth
Robles, Ivan
Velasquez, Jeffrey
Viveros, Orlando
Manzo, Sylvia
Cruz, Julian
Chavez, Yulisa
Garcia, Maria del Carmen
Maldonado Lopez, Destiny
Flores Duran, Claudia Guadalupe
Santos, Covina
Madrigal, Alejandro
Carrillo Godina, Joseline
Rodriguez, Samantha
Arreguin, Eric
Davila, Christian
Virgen, Beatriz

Garcia Vera, Mireya
Pureco Cortez, Christian
Juarez, Jesus
Pineiro, Yazmin
Sanchez, Eduardo
Galban Flores, Raymond
Gutierrez, Claudia
Martinez, Alejandro
Figueroa Zamora, Brian
Orosco, Arturo
Piceno, Jose
Brenes Cerpa, Daniel
Martinez, Antonio
Rojas, Agustin
Galindo, Noe
Reynosa, Mario
Gutierrez, Miguel
Barajas, Anthony
Guerra, Alejandro
Velasquez, Fernando
Valdez, Alexander
Tejeda, Matthew
Villagomez, Jovanny
Mingming, Nellie
Sanchez Trujillo, Francisco
Arzate, Jennifer
Rodriguez, Alejandro
Morales, Daniel
Montes Martinez, Anthony
Coria, Jackeline
Moreno Carrillo, Eduardo
Martinez, Daisy
Hernandez, Juan
Gutierrez, Nathan
Garcia, Gilberto

13C

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01221	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 1905 Lakewood Drive

City: Boone State: IA Zip: 50036

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 515-433-1700 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Jonathan Doss

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: jon.doss@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I/II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy

Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054
Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132
Name: Solventum US LLC
Address: 2510 Conway Ave E Ste 75-6W City: Maplewood State: MN Zip: 55144
Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: 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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply, Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651.686.1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

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

Date

Board Use Only	Date Received: 5/15/25	Amount: $1000 CK

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

1905 Lakewood Drive, Boone, IA 50036

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

05/11/2024 - 05/10/2027
Period of Accreditation

6673

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Supply, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address:	1031 Mendota Heights Road St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	20-4404128
State of Incorporation:	Minnesota - #1737876-2 (3/1/2006)

Robert Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Kevin Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Leslie Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Effective 10/13/2022

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/16/2024

Steve Simon
Secretary of State
State of Minnesota

IOWA BOARD OF PHARMACY
6200 PARK AVENUE, SUITE 100
DES MOINES, IA 50321-1270
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

2026

Third-Party Logistics Provider License No.80002

ISSUED 02/05/2025

EXPIRES 03/31/2026

LICENSE STATUS: Current/Active

MAILING ADDRESS
Patterson Logistics Services Inc
Attn: Regulatory Licensing
1031 Mendota Heights Rd
St Paul,MN 55120

LICENSED LOCATION
Patterson Logistics Services Inc
1905 Lakewood Dr
Boone, IA 50036

Facility Manager: Jonathan David Doss

IOWA BOARD OF PHARMACY
6200 PARK AVENUE, SUITE 100
DES MOINES, IA 50321-1270
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

CSA 2027

CERTIFICATE OF REGISTRATION
IOWA CONTROLLED SUBSTANCES ACT

REGISTRATION NUMBER 2210301
DRUG SCHEDULES REGISTERED 33N45

REGISTRATION ISSUED 02/05/2025
REGISTRATION EXPIRES 03/31/2027
REGISTRATION STATUS: Current/Active

NAME, MAILING ADDRESS
Patterson Logistics Services Inc
Attn: Regulatory Licensing
1031 Mendota Heights Rd
St Paul MN 55120

NAME, REGISTERED LOCATION
Patterson Logistics Services Inc
1905 Lakewood Dr
Boone IA 50036

Distributor

COUNTY 8

Jonathan David Doss, Responsible Individual

DEA REGISTRATION NO. RP0380523

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0380523	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
1905 LAKEWOOD DRIVE
BOONE, IA 500367604

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
RP0380523	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
1905 LAKEWOOD DRIVE
BOONE, IA 500367604

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)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0380523	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
1905 LAKEWOOD DRIVE
BOONE, IA 500367604

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2025

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

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

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	4,000,000
	OTHER:							$	
A	**AUTOMOBILE LIABILITY**			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X **UMBRELLA LIAB** X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	**(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

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

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K41888489

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1905 Lakewood Drive, Boone, IA 50036 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Halls Mill Road, Whitehouse Station, NJ 08889-3454 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 25, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable): _____
Physical Address: 1905 Lakewood Drive
City: Boone State: IA Zip: 50036
Mailing Address (if different from physical address): 1031 Mendota Heights Road, Attn: Regulatory Licensing
City: Saint Paul State: MN Zip: 55120
Telephone: 515-433-1700 Website: www.pattersoncompanies.com
Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Jonathan Middle: David Last: Doss
Alias(es, nicknames, name changes, etc.): _____
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X
Mailing Address: [redacted]
City: Boone State: IA Zip: [redacted]
Telephone: [redacted] Email: jon.doss@pattersoncompanies.com
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)	
Des Moines Area Community College			
Address	**City**	**State**	**Zip**
1300 Des Moines	Des Moines	IA	50309
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Madrid High School			
Address	**City**	**State**	**Zip**
8** N Kennedy Avenue	Madrid	IA	50156
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			

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
08/2008 - present	[redacted]	Boone	IA	[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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.		08/2018 - present	
Business Address	**City**	**State**	**Zip**
1905 Lakewood Drive	Boone	IA	50036
Phone	**Title**	**Number of Employed Hours**	
515-433-1700	Operations Manager	6000+	
Description of Duties			
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.			

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.

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				

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

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

Section 8: 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? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, 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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

Jonathan Doss
Original Signature (electronic, copies or stamps not accepted)

5/27/25
Date

I, Jonathan Doss, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

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

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

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.

Jonathan Doss
Print Name (First, Last)

Jonathan Doss
Original Signature (electronic, copies or stamps not accepted)

5/27/25
Date

Board Use Only	Date Received:

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: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01221

Physical Address: 1905 Lakewood Drive

City: Boone State: IA Zip: 50036

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 515-433-1700 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Jonathan Middle: David Last: Doss

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

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

Mailing Address: [redacted]

City: Boone State: IA Zip: [redacted]

Telephon: [redacted] Email: jon.doss@pattersoncompanies.com

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)	
Des Moines Area Community College			
Address	**City**	**State**	**Zip**
1300 Des Moines Street	Des Moines	IA	50309
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Madrid High School			
Address	**City**	**State**	**Zip**
599 N Kennedy Avenue	Madrid	IA	50156
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			

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
08/08-present	[redacted]	Boone	IA	[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: 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)	
Patterson Logistics Services Inc.			08/18-present	
Business Address		**City**	**State**	**Zip**
1905 Lakewood Drive		Boone	IA	50036
Phone	**Title**		**Number of Employed Hours**	
515-433-1700	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

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.

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				

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

Make copies of this page OR use a separate piece of paper 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?		✓

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

N/A

Jonathan Doss
Original Signature (electronic, copies or stamps not accepted)

4/24/25
Date

I, Jonathan Doss, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JD I am at least 21 years of age;
3. JD 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. JD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JD 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. JD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jonathan Doss

Print Name (First, Last)

Jonathan Doss

Original Signature (electronic, copies or stamps not accepted)

4/24/25

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.

Jonathan Doss

Print Name (First, Last)

Jonathan Doss

Original Signature (electronic, copies or stamps not accepted)

4/24/25

Date

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

State of Iowa, ss. County of Boone

I, Jonathan Doss, 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.

Jonathan Doss

Original Signature

4/24/25

Date

Subscribed and Sworn to before me this 24 day of April.

Tina Marie Myers

Notary Public Signature

NOTARIAL SEAL IOWA

TINA MARIE MYERS
Commission Number 815823
My Commission Expires
March 15. 2028

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc. (PLSI) Boone, IA – Employee List

Employee Name
Hiles, Cory
Treganza, Nathan M
Wickman, Christopher Thomas
Laughlin, Douglas
Elsner, Edwin Jacob
Morgan, Luke
Kimrey, Jackson Timothy
Doss, Jonathan
Titus, Sharon L
Swan, Jason Michael
Miller, Cody Allen
Myers, Tina M
Green, Ashley
Myers, Kaleb I
Burke, Cameron Mitchel
Haleen, Andrew
Jones, Angela
Hilsabeck, Hillary Rose Marie
Fitzpatrick, Michael D
Kluender, Karl Ronald
Irvine, Joshua Thomas
Myers, Laura Esther
Caskey, Jennifer
Smith, Marcie
Dasilva, Moises
Munson, Jamin
Clayton, Traci R
Wilkening, Colton E
Jensen, Chris M
Marks, Danny R
Knapp, Kaylin
Grimes, Jonah
Rhoades, Sandra Kay
Reynolds, Manuela Judy
Brogden, Kallie Maia
Thornton, Kerrigan Anne Clara
Crook, Tyler Lee
Lee, Jenny
Wingert, Scott Edward
Browning, Neyma Edith
Duncan, Shawn

Luzadder, Teresa Marie
Newbold, Brady
Ertz, Jennifer
Anderson, Michael
Outersky, Frank W
Good, Aaron Thompson
Erb, Douglas M
Peterson, Ryioko S
Rampton, Tyler
Kinnetz, Austin
Miller, Caldwell
Nation, Hilary
Witt, Timothy J
Wildt, Stephen
Tilley, Carrie Marie
Dotzler, Colby
Sloter, Caleb
Sloter, Isaac
Purscell, Mackenzie
Roberts, Ezra
Hodge, Adelfa
Crook, Jakob
Honkomp, Hunter
Boothroyd, Ty
Elsberry, Creeda
Wilkening, Halle
Rather, Deana
Gordon, Rowena
Davis, Jaelyn
Johnson, Kjersti
Hernandez, Jose
Jones, Coltin
Nardini, Nicole
Searcy, Cameron
Anderson, Bryce
Kahler, Brandon

13D

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01483	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 925 Carolina Pines Blvd., Suite B

City: Blythewood State: SC Zip: 29016

Mailing Address (if different from physical address): 1031 Mendota Heights Rd. Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 803-691-2202 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Richard Easler

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: richard.easler@pattersoncompanies.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [3]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I and Class II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

5/14/2025
Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy
Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054

Name: A-dec
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132

Name: Solventum US LLC
Address: 2510 Conway Ave. E Ste 75-6W City: Maplewood State: MN Zip: 55144

Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: 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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply,Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Rd.
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

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

5/14/2025

Date

Board Use Only	Date Received: 5/15/25	Amount: $400.00

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

925 Carolina Pines Blvd, Ste B, Blythewood, SC 29016

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/16/2023 -11/15/2026
Period of Accreditation

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Supply, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address:	1031 Mendota Heights Road St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	20-4404128
State of Incorporation:	Minnesota - #1737876-2 (3/1/2006)

Robert J. Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Kevin M. Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Leslie B. Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Effective 10/13/2022

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/16/2024



Steve Simon
Secretary of State
State of Minnesota

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

PATTERSON LOGISTICS SERVICES, INC.

925 CAROLINA PINES BLVD SUITE B
BLYTHEWOOD, SC 29016

PY .16417 PTP

Third Party Logistics Provider

License Expires on
06/30/2025

Heather C. Harris

Heather C. Harris, Board Chair

Archie "Artie" McKnight, Vice Chair

Effective Date
06/17/2024

Traci Collier

Traci Collier, Board Administrator

To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx

License must be displayed publicly.

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

Controlled Substances Registration Verification

Welcome to the SC DPH Bureau of Drug Control Verification page. All fields are not required.

Enter search criteria.

Registration Number 40-16417

Name (last, first) Enter name...

Company Name Enter company name...

City Enter city...

County Select county...

State Select state...

Search Clear Form Print Listing

Registration Number	Name/Address	County	Issuance Date	Expiration Date	Schedules
4016417	PATTERSON LOGISTICS SERVICES, INC 925 CAROLINA PINES BLVD STE B BLYTHEWOOD, SC 29016	RICHLAND	2/15/2007	4/1/2026	22N33N45

Showing 1 to 1 of 1 entries

The maximum number of results is limited to 25. If you are unable to view the data you are looking for, please refine your search.
Verification Disclaimer: This is to attest to the accuracy of the information contained on the website and to verify that the information is updated at least daily.
The information on this site is primary source verification, and is non-modifiable by outside entities.

For additional information, contact: (803) 896-0636 Fax (803) 896-0627

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DPH.SC.gov
This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0349224	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES INC
925 CAROLINA PINES BLVD
STE B
BLYTHEWOOD, SC 290167926

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
RP0349224	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES INC
925 CAROLINA PINES BLVD
STE B
BLYTHEWOOD, SC 290167926

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)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

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

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

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 FAX (A/C, No): 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 0
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 25,000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER	
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N	N/A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$ 1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits	See Above

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

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K41888507**

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **925 Carolina Pines Blvd., Suite B, Blythewood, SC 29016** (Address of Applicant/Principal), as PRINCIPAL, and **Federal Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Indiana** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **202B Halls Mill Road, Whitehouse Station, NJ 08889-3454** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **February 25, 2025** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable): _____

Physical Address: 925 Carolina Pines Blvd, Suite B

City: Blythewood State: SC Zip: 29016

Mailing Address (if different from physical address): 1031 Mendota Heights Road, Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 803-691-2202 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Richard Middle: Keith Last: Easler

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

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

Mailing Addres[redacted]

City: Leesville State: SC Zip: [redacted]

Telephon[redacted] Email: richard.easler@pattersoncompanies.com

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)	
Saluda High School		09/1987 - 05/1990	
Address	**City**	**State**	**Zip**
160 Ivory Key Road	Saluda	SC	29138
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			

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
04/2024 - Present	[redacted]	Leesville	SC	[redacted]
05/1995 - 04/2024		Leesville	SC	
From - To (MM/YY – MM/YY)		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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			07/2001 - Present	
Business Address		**City**	**State**	**Zip**
925 Carolina Pines Blvd, Suite B		Blythewood	SC	29016
Phone	**Title**		**Number of Employed Hours**	
803-691-2202	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

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.

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				

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

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

Section 8: 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? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, 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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

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

I, Richard Easler, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

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

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

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 Easler
Print Name (First, Last)

Richard Easler
Original Signature (electronic, copies or stamps not accepted)

5/23/25
Date

Board Use Only	Date Received:

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: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01483

Physical Address: 925 Carolina Pines Blvd., Suite B

City: Blythewood State: SC Zip: 29016

Mailing Address (if different from physical address): 1031 Mendota Heights Rd. Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 803-691-2202 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Richard Middle: Keith Last: Easler

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

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

Mailing Address: [redacted]

City: Leesville State: SC Zip: [redacted]

Telephon[redacted] Email: richard.easler@pattersoncompanies.com

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)	
Saluda High School		09/1987 - 05/1990	
Address	**City**	**State**	**Zip**
160 Ivory Key Road	Saluda	SC	29138
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			

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
04/2024 - Present	[redacted]	Leesville	SC	[redacted]
05/1995 - 04/2024		Leesville	SC	

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)	
Patterson Logistics Services, Inc.			07/2001-Present	
Business Address		**City**	**State**	**Zip**
925 Carolina Pines Blvd., Suite B		Blythewood	SC	29016
Phone	**Title**		**Number of Employed Hours**	
803-691-2202	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

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.

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				

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

Make copies of this page OR use a separate piece of paper 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?		✓

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

N/A

Richard Eagler
Original Signature (electronic, copies or stamps not accepted)

5/2/25
Date

I, Richard Easler, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RE I am at least 21 years of age;
3. RE 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. RE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RE 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. RE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Richard Easler

Print Name (First, Last)

Richard Easler

Original Signature (electronic, copies or stamps not accepted)

5/2/25

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.

Richard Easler

Print Name (First, Last)

Richard Easler — 5/2/25

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

---

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

State of South Carolina, ss. County of Richland

I, Richard Easler, 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.

Richard Easler — 5/2/25

Original Signature — **Date**

Subscribed and Sworn to before me this 2nd day of May 2025

Rashode Addison

Notary Public Signature

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc.
Bythewood, SC – Employee List

Employee List
Easler, Richard Keith
Robinson, Pamela
Coleman, Stanley
Hopkins, Eugene
Miller, Enos J
Herrmann, Troy Joseph
Sapp, Corinthia
Jackson, Jacob B
Carter, Jerry L
Worzalla, Ashley R
Roberts, Tracey M
Donald, Charlene Denise
Addison, Rasheda D
Cox, Anthony Dwayne
Stewart, Roosevelt J
Brazell, Glenda F
Stokes, Emiliano T
Hammett, Kendrix
Lewis, Willie
Keo, Rachana Chhom
Stack, Angelo
Sawmadal, Loretta Maxwell
Benjamin, Charles Alonzo
Miller, Melisa
Hudson Jr, Nathaniel
Simmons, Jernell Nixon
Springman, Angela N
Bratton, Stephanie
Leneau, Chanell Tatiana
Burton, Andrea W
Johnson, Chesica Vernita
McKnight, Jacqueline Sabrina
Glover, Quintera Kyanna
Glover, Willie Derion
Shiver, Kelan
Maple, Naialah Jhanel
Burton, Jacqueline Geneva
Cokely, Deanya
Drayton Jr, Leroy
Stewart, Michael Eric
Clegg, Amy
Reynolds, Audrey T
Cole, JoAnn

Garner, Christopher R
Daniels, Toduario Antione
Lewis, Christyn
Sampson, Kimberly Dawn
Lee, Jerred
Jones, Jakira
Lee-Burns, Shanelle
Lawhorn, Jordan
Urena, Jose
Golson, Angelique
Carraway, Dewayne
Gary, Janelle
Tobon Sr, Jason
White, Terri
Williams, Robert
Eison, Demarcus
Roberts, Abigail
Tobon, Amy
Daniels, Shadaria
Patton, Bahsil
Smith, William
Lacy, Bernard
Dalloul, Ramzi
Outen, Maggie
Harris, Ricky
Roberts, Lesley
Hall, Valorie
Sherman, El-Amin
Stewart, Chasity
Moulton, April
Sampson, Latisha
Watson, Marissa
Pardo, Ameriya
Benbow, Lindee
Ancrum, Zaylan
Shakur, Mahoni
Patterson, Iesha
Samuels, Kyree
Leysath, Herbert
Jackson, Javonte
McMillan, A'lasha
Douglas, Alexander
Luna, Mark
Ransome, Darrin
Pridgeon, Justin
Burdett, Quinn
Crawford jr, Fernando
Scott, Steven

Benbow, Jabrandis
Patterson, Jayla
Huling, Terry James
Ashford, Cameryn
Robinson, Angel

13E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 01239	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 6419 South 228th Street, Suite 101

City: Kent State: WA Zip: 98032

Mailing Address (if different from physical address): 1031 Mendota Heights Rd. Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 803-691-2202 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): John Benson

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: john.benson@pattersoncompanies.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I and Class II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

5/14/2025
Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy

Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054

Name: A-dec
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132

Name: Solventum US LLC
Address: 2510 Conway Ave. E Ste 75-6W City: Maplewood State: MN Zip: 55144

Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: 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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply,Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Rd.
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner **owning more than 10% of the business** stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

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

5/14/2025

Date

Board Use Only	Date Received: 5/15/25	Amount: $1,000.00

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

6419 South 228th Street, Suite 101, Kent, WA 98032

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/05/2023 - 11/04/2026
Period of Accreditation

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company: Patterson Dental Supply, Inc.
Address: 1031 Mendota Heights Road
Saint Paul, MN 55120
Ownership: 100%
FEIN: 41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address: 1031 Mendota Heights Road
St. Paul, MN 55120
Phone Number: 651-686-1600
FEIN: 20-4404128
State of Incorporation: Minnesota - #1737876-2 (3/1/2006)

Robert J. Rajalingam **Chief Executive Officer**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Kevin M. Barry **Chief Financial Officer**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Leslie B. Korsh **Corporate Secretary**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/16/2024

Steve Simon
Secretary of State
State of Minnesota

Washington State Department of Health

This organization

Patterson Logistics Services

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

Operated by: **Patterson Logistics Services Inc**

Controlled Substance

Located at: **6419 S 228th St Ste 101**
Kent, WA 98032-1874

Secretary

Status
ACTIVE

Credential Number
PHWH.FX.00058990

Effective Date
10/01/2024

Expiration Date
09/30/2025

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0351736	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
6419 SOUTH 228 STREET
SUITE 101
KENT, WA 98032

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
RP0351736	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
6419 SOUTH 228 STREET
SUITE 101
KENT, WA 98032

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)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

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

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

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 FAX (A/C, No): 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	4,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

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

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K41888490**

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **6419 South 228th Street, Suite 101, Kent, WA 98032** (Address of Applicant/Principal), as PRINCIPAL, and **Federal Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Indiana** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **202B Halls Mill Road, Whitehouse Station, NJ 08889-3454** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **February 25, 2025** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

Combined: FED-VIG-PI-WFIC-AAIC (rev. 11-19)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable): _____

Physical Address: 6419 South 228th Street, Suite 101

City: Kent State: WA Zip: 98032

Mailing Address (if different from physical address): 1031 Mendota Heights Road, Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 253-850-4200 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: John Middle: Carlton Last: Benson

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

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

Mailing Address: [redacted]

City: Puyallup State: WA Zip: [redacted]

Telephone: [redacted] Email: John.Benson@pattersoncompanies.com

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)	
Enumclaw High School		05/2010 - 09/2014	
Address	**City**	**State**	**Zip**
226 Semanski St S	Enumclaw	WA	98022
Diploma/Degree obtained, if any			
Graduated			

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			

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
03/2020 - present	[redacted]	Puyallup	WA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/2017 - 03/2020		Kent	WA	
From - To (MM/YY – MM/YY)		City	State	
06/2013 - 10/2017		Enumclaw	WA	
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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			05/2022 - Present	
Business Address		**City**	**State**	**Zip**
6419 South 228th Street, Suite 101		Kent	WA	98032
Phone	**Title**		**Number of Employed Hours**	
253-850-422	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			09/2016 - 05/2022	
Business Address		**City**	**State**	**Zip**
6419 South 228th Street, Suite 101		Kent	WA	98032
Phone	**Title**		**Number of Employed Hours**	
253-850-4200	Supervisor		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

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.

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				

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

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

Section 8: 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? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, 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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5-23-2025
Date

I, John Benson, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

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

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

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.

John Benson
Print Name (First, Last)

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

5-23-2025
Date

Board Use Only	Date Received:

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: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01239

Physical Address: 6419 South 228th Street, Suite 101

City: Kent State: WA Zip: 98032

Mailing Address (if different from physical address): 1031 Mendota Heights Rd. Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 253-850-4200 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: John Middle: Carlton Last: Benson

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

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

Mailing Address: [redacted]

City: Puyallup State: WA Zip: [redacted]

Telephone: [redacted] Email: John.Benson@pattersoncompanies.com

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)	
Enumclaw High School		May/2010 - 09/2014	
Address	**City**	**State**	**Zip**
226 Semanski St S	Enumclaw	WA	98022
Diploma/Degree obtained, if any			
Graduated			

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			

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
03/2020 - present	[redacted]	Puyallup	WA	[redacted]
10/17 - 03/20		Kent	WA	
06/13 - 10/17		Enumclaw	WA	

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)	
Patterson Logistics Services, Inc.			05/22 - present	
Business Address		**City**	**State**	**Zip**
6419 South 228th Street, Suite 101		Kent	WA	98032
Phone	**Title**		**Number of Employed Hours**	
253-850-4200	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			09/16 - 05/22	
Business Address		**City**	**State**	**Zip**
6419 South 228th Street, Suite 101		Kent	WA	98032
Phone	**Title**		**Number of Employed Hours**	
253-850-4200	Supervisor		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

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.

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			

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

Make copies of this page OR use a separate piece of paper 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?		✓

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-25-2025
Date

I, John Benson, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JB I am at least 21 years of age;
3. JB 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. JB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JB 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. JB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Benson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-25-2025

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.

John Benson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-29-2025

Date

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

State of Washington, ss. County of King

I, John Benson, 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

4-29-2025

Date

Subscribed and Sworn to before me this 29 day of April, 2025.

Notary Public Signature

BECKY ANDERSON
Notary Public
State of Washington
Commission # 23031439
My Comm. Expires Oct 6, 2027

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc.
Kent, WA – Employee List

Employee Name
Bassi, Virender K
Parr, Alysia Dawn
Mironov, Andrey Yuryevich
Cartwright, Dan C
Simmons, Jessica L
Tili, Elaine Faafouina
Benson, John C
Luther, Jodi L
Bueling, Julie A
Clark, Sammy D
Patterson, Errold
Perez-Gomez, Corina
McDowell, Rory
Ramos, Roxanne Rosalie
Alokoa, Ketty D
Heminna, Mohamed
Daniel, Gary
Guitron, Maricela
Tab, Chhoeub
Neneiya, Jane
Skilling, Tulpe
Funaki, Lupeau Pualani
Hassan, Mohamed Abdi
Rodriguez, Steve Vecino
Atonio, Peleiupu Samantha
Fili, Melepaea
Martin, Amelia Tonga
Kong, Veronica Chan
Hogan, Clifford
Mongkeya, Shra Chalsey
Anderson, Rebecca
de Vera, Roger
Nonan, Elsie
Ned, Lucy
Nithan, Ikaika-Brett
Ned, Luna-ladiva
Martin, Patrick
Star, Shania
Fili, Semisi
William, Robert
Brooks, Kathleen R
Zapata, Jorge

Searles, Austin
Nena, Billy
Altamirano, Edson
Rodriguez-Andrade, Elio
Carmona, Alexis
Galletch, Quinn
Phillip, Erica
Taulung, AJ

13F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01744	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 7055 Cleveland Road

City: South Bend State: IN Zip: 46628

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 574-472-5800 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Kevin Mock

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: kevin.mock@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I/II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

5/6/25

Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy

Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054

Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132

Name: Solventum US LLC
Address: 2510 Conway Ave E Ste 75-6W City: Maplewood State: MN Zip: 55144

Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: 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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply, Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651.686.1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

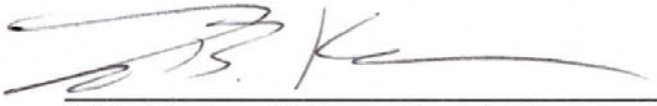
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application



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

5/6/25

Date

Board Use Only	Date Received: 5/15/25	Amount: $1,000.00

NABP ACCREDITED

DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

7055 Cleveland Rd, South Bend, IN 46628

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/06/2022 - 12/05/2025

Period of Accreditation

6788

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company: Patterson Dental Supply, Inc.
Address: 1031 Mendota Heights Road
Saint Paul, MN 55120
Ownership: 100%
FEIN: 41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address: 1031 Mendota Heights Road
St. Paul, MN 55120
Phone Number: 651-686-1600
FEIN: 20-4404128
State of Incorporation: Minnesota - #1737876-2 (3/1/2006)

Robert Rajalingam **Chief Executive Officer**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Kevin Barry **Chief Financial Officer**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Leslie Korsh **Corporate Secretary**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Effective 10/13/2022

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/16/2024



Steve Simon
Secretary of State
State of Minnesota

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

Registration Number	Expire Date
94000063A	09/30/2026

Patterson Logistics Services Inc
7055 Cleveland Road
South Bend IN 46628

Eric J. Holcomb
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

Third Party Logistics Provider

Registration Number	Expire Date
94000063A	09/30/2026

Patterson Logistics Services Inc

Signature

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61101371B	12/31/2025

DRUG SCHEDULES

1	2	2N	3	3N	4	5
			Yes	Yes	Yes	Yes

Patterson Logistics Services Inc
7055 Cleveland Road
South Bend IN 46628

Eric J. Holcomb
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

CSR

Registration Number	Expire Date
61101371B	**12/31/2025**

Patterson Logistics Services Inc

Signature

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0414146	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
7055 CLEVELAND ROAD
SOUTH BEND, IN 466287724

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
RP0414146	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
7055 CLEVELAND ROAD
SOUTH BEND, IN 466287724

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)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0414146	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
7055 CLEVELAND ROAD
SOUTH BEND, IN 466287724

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

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

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

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	4,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N	N / A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

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

CERTIFICATE HOLDER
Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

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

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K41888477**

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **7055 Cleveland Road, South Bend, IN 46628** (Address of Applicant/Principal), as PRINCIPAL, and **Federal Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Indiana** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **202B Halls Mill Road, Whitehouse Station, NJ 08889-3454** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **February 25, 2025** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable): _____

Physical Address: 7055 Cleveland Road

City: South Bend State: IN Zip: 46628

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 651-686-1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Kevin Middle: Willis Last: Mock

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

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

Mailing Addres[redacted]

City: Berrien Springs State: MI Zip[redacted]

Telephon[redacted] Email: kevin.mock@pattersondental.com

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)	
Siena Heights University		09/07-08/08	
Address	**City**	**State**	**Zip**
1247 E Siena Heights Drive	Adrian	MI	49921
Diploma/Degree obtained, if any			
Bachelors in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Lake Michigan College		08/04-05/07	
Address	**City**	**State**	**Zip**
2755 E. Napier Avenue	Benton Harbor	MI	49022
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Southwestern Michigan College		08/95-12/01	
Address	**City**	**State**	**Zip**
58900 Cherry Grove Road	Dowagiac	MI	49047
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Berrien Springs High School		09/91-05/95	
Address	**City**	**State**	**Zip**
201 Sylvester Avenue	Berrien Springs	MI	49103
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
08/04 - present	[redacted]	Berrien Springs	MI	[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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			05/22 - present	
Business Address		**City**	**State**	**Zip**
7055 Cleveland Road		South Bend	IN	46628
Phone	**Title**		**Number of Employed Hours**	
574-472-5794	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			02/14 - 05/22	
Business Address		**City**	**State**	**Zip**
7055 Cleveland Road		South Bend	IN	46628
Phone	**Title**		**Number of Employed Hours**	
574-472-5794	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

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.

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				

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

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

Section 8: 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? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, 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 # N/A . **Provide all the following *where applicable*:**

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

23 May 2025
Date

I, Kevin Mock, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

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

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

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.

Kevin Mock
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

23 May 2025
Date

Board Use Only	Date Received:

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: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01744

Physical Address: 7055 Cleveland Road

City: South Bend State: IN Zip: 46628

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 651.686.1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Kevin Middle: Willis Last: Mock

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

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

Mailing Address: [redacted]

City: Berrien Springs State: MI Zip: [redacted]

Telephone: [redacted] Email: kevin.mock@pattersondental.com

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)	
Siena Heights University			
Address	**City**	**State**	**Zip**
1247 E Siena Heights Drive	Adrian	MI	49921
Diploma/Degree obtained, if any			
Bachelors in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Berrien Springs High School			
Address	**City**	**State**	**Zip**
201 Sylvester Avenue	Berrien Springs	MI	49103
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			

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
08/04 - present	[redacted]	Berrien Springs	MI	[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: 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)	
Patterson Logistics Services, Inc.			05/22 - present	
Business Address		**City**	**State**	**Zip**
7055 Cleveland Road		South Bend	IN	46628
Phone	**Title**		**Number of Employed Hours**	
574-472-5794	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			02/14 - 05/22	
Business Address		**City**	**State**	**Zip**
7055 Cleveland Road		South Bend	IN	46628
Phone	**Title**		**Number of Employed Hours**	
574-472-5794	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

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.

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				

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

Make copies of this page OR use a separate piece of paper 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?		✓

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

N/A



Original Signature (electronic, copies or stamps not accepted)

29 APRIL 2025

Date

I, Kevin Mock, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KM I am at least 21 years of age;
3. KM 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. KM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KM 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. KM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kevin Mock
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

29 April 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.

Kevin Mock

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

29 April 2025

Date

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

State of Indiana, ss. County of St Joseph

I, Kevin Mock, 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

29 April 2025

Date

Subscribed and Sworn to before me this 29th day of April 2025

Notary Public Signature

SANA MANSOUR
Notary Public
St Joseph County - State of Indiana
Commission Number NP0760799
My Commission Expires Jan 7, 2033

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc. (PLSI) South Bend, IN – Employee List

Employee Name
Smeltzer, Chad
Lea, Jeffrey Jacob
Sult, Michael
Gorbitz, Emory Joseph
Tomaszewski, William Allen
Meiszberg, Brett
Roach, Clinton Lee
Mock, Kevin W
Kohler, Matthew
Giacherio, David John
Clayton, Brandon A
Wirebaugh, Jeremy D
Poorman, John E
Daly, Peter L
Vantornhout, Jeffrey
Booker, Laura J
Nelson, Lisa
Laurence, Adam A
Ford, Cherie J
Walz, Richard S
Ruess, Andrew Douglas
Barker, Joel A
Robinson, Matthew
Kelly, David A
Robinson, Kenneth Morgan
Treash, Lauren
Jackson, Chance
Lentz, Steven
Marshall, Andrew
Brown, Edward
Howard, Richard W
Kucharski, David
Austin, Nicolas
Williams, Joshua
Cabanaw, Shannon Renee
Green, William Robert
Hawkins, Willie I
Treash, Wendy R
Wirebaugh, Katherine Ann
Kowalski, Catherine Ann
Johnson, Crystal L
Schonbok, Debra
Marvin, Todd
Meyers, McKay

Sniadecki, David
Frisz, Scott J
Page, Jarrell L
Macri, Craig A
Vicsek, Angel J
Mullen, Leaha R
Dampier, Myron D
Taylor, Zachary B
Lopez, Marcos
Luccki, Angela Marie
Lopez, Christopher A
Piekarski, Patrick Michael
Dodge, Jody Ann
Metcalf, Annette
Kalu, Adrian
Kilberts, Alona D
Jacinto, Jack C
Adams, Jeffrey T
Spells, Lekia Mitsha
McLean, Lisa Marie
Lambert, Jason Wade
Wallace, Brittany Colleen
Howard, Ronald
Eiland, Jacquelyn Alexas
Davis, Michael C
Jackson, Johnathan R
Willard-Cantrell, Heidi Marie
Cowham, Blake Alan
Fussell, Tyler Zachary
Walton, Kyle
Clark, Kathleen
Fischer, Timothy
Collier, Nailah A
Smith, Darren M
Jordanek, Adam Joseph
Fischer, Eric
Watchorn, Travis
Austin, Steven
Beaty, Samuel Isaac
Nowicki, Dominic
Crawford, Chykeem
Douglass, Melissa
Williams, George
Fischer, Jennifer
Coy, Jennifer Ann
Kasprzak, Jasmin
Brazier, Sheila

Vivero, Erika
Horvath, Kyle
Hillring, Tracy
Viramontes, Mario
Ortega, Jesus
DeLaurelle, Siyara
Vargas, Oscar
Hix, Jordan
Terrones, Joshua
Martinez, Giselle
Jimenez, Sebastian
Miramontes, Sebastian
Jimenez, Jaime
Maxie, Dalvin Bryant
DeLuna, Isaac
Schmidtke, Aliyah
Causevic, Belmin
Trindade, Adrianna
Anderson, Will
Guzman, Javier
Coria, Andres
Mendoza, Luis
Pacheco, Alexis
Flores, Daniel
Semak, Brandon
Sanchez, Kevin
Johnson, Jonah
Spodnick, Caleb
Geates, Aiden
Petersen, Daniel
Ortega Diaz, Jose
Schmidtke, Evan
Ruiz, Alvaro
Young, Travis
Trancoso, Adrian
Miramontes, Ricardo

14

14A

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01236	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Dental Supply, Inc.

Physical Address: 6555 S Tenaya Way, #100

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 702-731-4267 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Jessica Jacob

Licensing Company Email: faciltiylicensing@pattersoncompa DR Email: jessie.jacob@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Medical Class I and Medical Class II devices.	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Universities/Research		■ Others: Virtual Wholesaler - No product onsite.

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 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 # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Kristin L. Dingler

Original Signature (electronic, copies or stamps not accepted)

5/14/2025

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132

Name: Solventum US, LLC
Address: 2510 Conway Avenue, Ste 75-6W City: Maplewood State: MN Zip: 55144

Name: Ivoclar North America
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Name: Sirona Dental Systems, LLC
Address: 13320-B, Ballantyne Corporate Place City: Charlotte State: NC Zip: 28277

Section 4: 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:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Holdings, Inc.
Corporation/Organization Name: Patterson Dental Supply, Inc.
Mailing Address: Attn: Regulatory Licensing, 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Dental Supply, Inc.

Facility Name

Kristin L. Dietzler

Print Name of Authorized Person Submitting Application

Kristin L. Dietzler

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

5-14-2025

Date

Board Use Only	Date Received: 5/19/25	Amount: $1000-cc

Maria Herrera

From: Facility Licensing <facilitylicensing@pattersoncompanies.com>
Sent: Wednesday, May 28, 2025 2:12 PM
To: Maria Herrera
Cc: Karau, Kelley
Subject: RE: Nevada Out-of-State Wholesaler Application-Patterson Dental Supply, Inc.
Attachments: PDSI - Salt Lake City - NV(WS) - WH01542 - MDEG (Mortensen-signed) - CHOW.pdf; PDSI - Roseville - NV(WS) - WH01358 - MDEG (Montoya-signed) - CHOW.pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; PDSI - Las Vegas - NV(WS) - WH01236 - MDEG (Jacob-signed) - CHOW.pdf; Patterson - COI - General Liability - Exp 11.01.2025 .pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; NV - KO7562019 Las Vegas NV 432.pdf; PDSI - Roseville - NV(WS) - WH01358 - Cara Montoya DR Applic Signed.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

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

Dear Ms. Herrera, in response to your deficiency email below for Patterson Dental Supply, Inc. - please find the following:

For all applications, WH01542 (SLC,UT), WH01358 (Roseville, CA), WH02259 (Mesa, AZ), & WH01236 (Las Vegas, NV)

- The completed MDEG Administrator applications for each of the Licenses identified above.
- A copy of the Patterson Companies, Inc. – COI that covers all subsidiaries of Patterson Companies, Inc.
- Confirming FDA Labeler code for Patterson Dental Supply, Inc. as: Labeler DUNS is: 006962500

WH02259 – Patterson Dental Supply, Inc. – DR Tyler Banks

- An updated Designated Representative application that includes a completed Section 6.

WH01236 – Patterson Dental Supply, Inc. (Las Vegas NV)

- An updated Surety Bond #KO7562019 with required signatures.

WH01358 – Patterson Dental Supply, Inc. (Roseville CA – DR Cara Montoya)

- Please note: The DR application for Cara Montoya has an incorrect email address listed on page 2. Please update email to: cara.montoya@pattersondental.com
- An updated copy of the Designated Rep application for Cara Montoya is attached.

An official website of the United States government Here's how you know

FDA

Current through May 22, 2025

You have searched Finished drug products

Search Results: *'50227'*

Back to Search Page

Showing 1 to 1 of 1 entries (filtered from 14 total entries) Show 50 entr

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product N
Mepivacaine	50227-1080-5	30mg/mL	INJECTION, SOLUTION	SUBMUCOSAL	ANDA088387	Patterson Dental Supply, Inc.	50227-108

Previous 1 Next

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Holdings, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	20-3380268
State of Incorporation:	Minnesota

PATTERSON DENTAL SUPPLY, INC. – Officer List

Corporate Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	41-1833619
State of Incorporation:	Minnesota - #9C-524 (3/22/1996)

Robert J. Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Kristin L. Dietzler	**President**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Kevin M. Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Leslie B. Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Effective 4/22/2025

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Dental Supply, Inc.
Date Filed:	03/22/1996
File Number:	9C-524
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/30/2024

Steve Simon
Secretary of State
State of Minnesota

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

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

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

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	4,000,000
	OTHER:							$	
A	**AUTOMOBILE LIABILITY**			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X **UMBRELLA LIAB** X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N	N/A		100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N			100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	**(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

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

CERTIFICATE HOLDER
Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

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

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K07562019

Application/License No. WH01236

Patterson Dental Supply Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6555 S. Tenaya Way, Suite 100, Las Vegas, NV 89113 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 525 W. Monroe, Chicago, IL 60661 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1 2006 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of October, 20 06.

APPLICANT/PRINCIPAL
Patterson Dental Supply Inc.

Authorized Representative

SURETY COMPANY
Westchester Fire Insurance Company

Surety Company's Representative

Cynthia L. Hanak, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent 10/3/06
Countersigned for Nevada By
Marsh USA, Inc.
Michele Robertson, Resident Agent

ACKNOWLEDGMENT BY SURETY

STATE OF Missouri }
City of St. Louis } ss.

On this 2nd day of October, 2006, before me personally appeared Cynthia L. Hanak, known to me to be the Attorney-in-Fact of Westchester Fire Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

My Commission Expires: November 15, 2009.

(Seal) KAREN L. ROIDER
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI, ST. LOUIS CITY
MY COMMISSION EXPIRES 11-15-
COMMISSION #05401561

Karen L. Roider
Notary Public in the State of Missouri
City of St. Louis

S-0230/GEEF 2/98

Power of Attorney

WESTCHESTER FIRE INSURANCE COMPANY

1143373

324011

Know all men by these presents: That **WESTCHESTER FIRE INSURANCE COMPANY**, a corporation of the State of New York, having its principal office in the City of Atlanta, Georgia, pursuant to the following Resolution, adopted by the Board of Directors of the said Company on November 8, 1999, to wit:

"RESOLVED, that the following Rules shall govern the execution for the Company of bonds, undertakings, recognizances, contracts and other writings in the nature thereof.

(1) That the President, any Senior Vice President, any Vice President, and Assistant Vice President, or any Attorney-in-Fact, may execute for and on behalf of the Company any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof, the same to be attested when necessary by the Corporate Secretary, or any Assistant Corporate Secretary, and the seal of the Company affixed thereto; and that the President, any Senior Vice President, any Vice President or any Assistant Vice President may appoint and authorize any other Officer (elected or appointed) of the Company, as Attorneys-In-Fact to so execute or attest to the execution of all such writings on behalf of the Company and to affix the seal of the Company thereto.

(2) Any such writing executed in accordance with these Rules shall be as binding upon the Company in any case as though signed by the President and attested to by the Corporate Secretary.

(3) The signature of the President, or a Senior Vice President, or a Vice President, or an Assistant Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted pursuant to this Resolution, and the signature of a certifying Officer and the seal of the Company may be affixed by facsimile to any certificate of any such power, and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company.

(4) Such other Officers of the Company, and Attorneys-In-Fact shall have authority to certify or verify copies of this Resolution, the By-Laws of the Company, and any affidavit or record of the Company necessary to the discharge of their duties.

(5) The passage of this Resolution does not revoke any earlier authority granted by Resolutions of the Board of Directors."

Does hereby nominate, constitute and appoint PAMELA A. BEELMAN, HEIDI A. NOTHEISEN, CYNTHIA L. HANAK, DEBRA C. SCHNEIDER, JOANN R. FRANK, KAREN L. ROIDER and SANDRA L. HAM all of the City of Saint Louis, State of Missouri, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Ten Million Dollars ($10,000,000) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and ackowledged by the regularly elected officers of the Company at its principal office.

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the corporate seal of the said **WESTCHESTER FIRE INSURANCE COMPANY**, this 17th day of March, 2006.

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 17th day of March, A.D. 2006, before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia, came Stephen M. Haney, Vice-President of the **WESTCHESTER FIRE INSURANCE COMPANY** to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

KATHLEEN TIRRI NOTARY PUBLIC COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
Kathleen Tirri, Notary Public
Philadelphia, Philadelphia County
My commission expires September 22, 2007

Notary Public

I, the undersigned Secretary of **WESTCHESTER FIRE INSURANCE COMPANY**, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Secretary, and affixed the corporate seal of the Corporation, this 2nd day of October 2006.

George D. Mulligan, Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER March 17, 2008.

FORM NO. 88005

[redacted] OF THIS DOCUMENT LISTS VARIOUS SECURITY FEATURES ■ THAT WILL PROTECT AGAINST COPY COUNTERFEIT AND ALTERATION. ■

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Dental Supply, Inc. MDEG License # (if applicable): _____

Physical Address: 6555 S Tenaya Way, #100

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 702-731-4267 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Jessica Middle: Johana Last: Jacob

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

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

Mailing Addres: [redacted]

City: Las Vegas State: NV 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)	
Valley View High School		09/1990 - 09/1994	
Address	**City**	**State**	**Zip**
13135 Nason St	Moreno Valley	CA	92555
Diploma/Degree obtained, if any			
Graduated			

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			

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
06/2005 - Ongoing	[redacted]	Las Vegas	NV	[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: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			06/2021 - Ongoing	
Business Address		**City**	**State**	**Zip**
6555 S Tenaya Way, #100		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
701-731-4267	TechEdge Services Coordinator		6000+	
Description of Duties				
Manages TechEdge technicians and service order life-cycle, ensuring prompt and effective service scheduling, optimizing operational efficiency. Actively aware of daily operations of wholesaler.				

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.

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			

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

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

Section 8: 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? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, 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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/23/2025
Date

I, Jessica Jacob, certify that as the MDEG Administrator for

Patterson Dental Supply, Inc.,

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

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

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.

Jessica Jacob
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/23/2025
Date

Board Use Only	Date Received: _____

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: Patterson Dental Supply, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01236

Physical Address: 6555 S Tenaya Way, #100

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 702-731-4267 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Jessica Middle: Johana Last: Jacob

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

Date of Birt[redacted] SSN or ITI[redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City: Las Vegas State: NV Zip[redacted]

Telephone[redacted] Email: jessie.jacob@pattersondental.com

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)	
Valley View High School		09/1990 - 09/1994	
Address	**City**	**State**	**Zip**
13135 Nason St	Moreno Valley	CA	92555
Diploma/Degree obtained, if any			
Graduated			

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			

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
06/2005 - Ongoing	[redacted]	Las Vegas	NV	[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: 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)	
Patterson Dental Supply, Inc.			06/2021 - Ongoing	
Business Address		**City**	**State**	**Zip**
6555 S. Tenaya Way, #100		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
701-731-4267	TechEdge Services Coordinator		6000+	
Description of Duties				
Manages TechEdge technicians and service order life-cycle, ensuring prompt and effective service scheduling, optimizing operational efficiency. Actively aware of daily operations of wholesaler.				

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.

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				

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

Make copies of this page OR use a separate piece of paper 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?		✔

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 # _____. Provide all the following *where applicable*:

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/23/2025
Date

I, Jessica Jacob, **certify that as the designated representative for**

Patterson Dental Supply, Inc.,

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.

Jessica Jacob

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/23/2025

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.

Jessica Jacob

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/23/2025

Date

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

State of Nevada, ss. County of Clark

I, Jessica Jacob, 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

04/24/2025

Date

Subscribed and Sworn to before me this 24 day of April 2025.

Notary Public Signature

Notary Public - State of Nevada
COUNTY OF CLARK
LILITH LAUZURICA
(Seal)
My Appointment Expires
FEBRUARY 17, 2029
No. 25-1330-01

PATTERSON DENTAL

1031 Mendota Heights Road

Saint Paul, MN 55120

Patterson Dental Supply, Inc.
Las Vegas NV – Employee List

Legal Name
Kankelborg, Ryan J
Aird, John R
Castro, Vincent J
Jacob, Jessica Johana
Johnson, Justin Paul
Mays, Stanley Calvin
Lamoure, Jennifer A
Winfield, Kirsten
Tipper, Kyle
Grelecki, Michael

15

15A

Back To Dashboard

Renewal Application
Pharmacist

Application Fee : $200.00
Convenience Fee : $10.00
License Number : 21068
License Type : Pharmacist
New Expiration Date : 10/31/2027

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

(•) Active ( ) Inactive [Proceed to Renew]

Personal Information

First Name : Alan
Middle (initial only) : Michael
Last Name : Kruger
License # : 21068

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Brooksville Pharmaceutical Inc
Military Address : [ ]
Street : 16140 Flight Path Drive
Country : United States
City : Brooksville
State : Florida
Zip : 34604
Practice Phone : [redacted]
Practice Fax : (XXX) XXX-XXXX

[ ] Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : [ ]
Street : [redacted]
Country : United States
City : Port St Lucie
State : Florida
Zip : 34986
Home Phone : (XXX) XXX-XXXX
Cell Phone : [redacted]
Email Address : [redacted]
Fax : (XXX) XXX-XXXX
Sex : Male
Practice License Number:
Specialty:

[x] Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

(•) **I DO NOT** have a Nevada Business license number.

( ) **I HAVE APPLIED** for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.

( ) I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :
Business License # :

Child Support Information – Check appropriate answer

- (●) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ( ) Are you the subject of a court order for the support of a child? (If "yes", answer question 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?

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable	( ) Yes (●) No
Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable	( ) Yes (●) No
Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	( ) Yes (●) No

Legal Information

1. Since your last renewal or recent licensure 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? ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ◉ Yes ○ No

```
Oregon   $150  June 2024, N.J. Sept 2024   $2,000     Ohio  May 12, 2025
```

Document Name	Document Type	Date	Link	Action
Case 2024-0070	Legal - Question 3	10/06/2025	Document Details	
Case 2024-0070 Explaination	Legal - Question 3	10/06/2025	Document Details	
Kruger NJ Consent Order 09 26 2024	Legal - Question 3	10/06/2025	Document Details	
Kruger NJ Consent Order Explaination	Legal - Question 3	10/06/2025	Document Details	
Ohio Case A-2025-0118	Legal - Question 3	10/06/2025	Document Details	
Ohio Explaination for Nevada 2025	Legal - Question 3	10/06/2025	Document Details	

Document Name : Document Type : Legal - Question 3

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Select Date : 05/12/2025

Case # : Summary Suspension 05 12 2025

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? (•) Yes ( ) No

Ohio May 12, 2025, I have had a Ohio license for only 2 months. I became PIC for Ohio in Brooksville Pharmaceutical Inc in March 2025. Ohio has an issue with them from 2024 when I was not there. We are represented by Pharmacy Legal counsel.We are innocent until proven guilty. I am told the Pharmacy will pay a fine and be allowed to mail compounds back into Ohio. We presently mail the same suspected compound to 35 other states with no issues.

Document Name	Document Type	Date	Link	Action
Ohio Case A-2025-0118	Legal - Question 4	10/06/2025	Document Details	

Document Name :

Document Type : Legal - Question 4

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Sno	Name	Action
1	Ohio Case A-2025-0118 (1).pdf	

Click here to complete Upload | Cancel

Board Administrative Action :

State : Select

Date : 05/12/2025

Case # : 2025-0118

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

CE Hours

Active ☑

By checking this box you certify you have completed ALL required CE Hours due for the 2023/2025 Renewal period. (Dated from Nov. 1, 2023 – Oct. 31, 2025; 1.25hrs per mo.). The exemption period is 2 years after graduation only.

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Alan Kruger

Date Of Application : 10/06/2025

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2025 to 10/31/2027	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method :	Credit / Debit Card
Application Fees :	200
Transaction Fee :	10
Late Fees :	0
Reference Number :	121278714922
InvoiceDate :	10/06/2025

Paid

Pay & Submit

Letter of Explanation for a Professional Fitness "Yes" Answer

Use this form only to explain and document any professional fitness "Yes" answers. A "Yes" answer is not necessarily disqualifying but concealing one may be.

Each "Yes" answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check "Yes" to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple "Yes" answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.

1	⇦ **Write the professional fitness question number you are answering "Yes" to in the box.**

Location of Incident:	New Jersey	**Date of Incident:**	9/26/2024
Explanation of Incident: **When in doubt, disclose and explain.** **Make copies as necessary.**	Consent Order Agreement fine of $2,000 because I didn't inform N.J. Board on renewal of a non-pharmacy Arrest in 2015. Answer: My Employer's Lawyer was supposed to mail Court Doc's to N.J. Board and did NOT. I should not have been fined $1,000 for 2019 but I waived my Rights to a Hearing.		

Did you attach all applicable documents associated with this incident?

- ☐ Court orders
- ☒ Consent agreements
- ☐ Disciplinary actions
- ☒ Charging documents
- ☐ Court records
- ☐ Fitness to practice
- ☐ All other documentation related to this incident
- ☐ I have additional incidents for this "Yes" answer, or "Yes" answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:	Alan M Kruger	**PL Code:**	
Signature:	Alan M Kruger	**Date:**	10/21/24

You must submit one form for each "Yes" answer. Make copies of this form as necessary.

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
PO BOX 45013
NEWARK, NJ 07101

MATTHEW J. PLATKIN
Attorney General

CARI FAIS
Acting Director

September 26, 2024

Certified Mail: 7020 1810 0001 5643 0644

Alan Kruger
28RI02099100
[redacted]

Re: Uniform Penalty Letter/ Misrepresentation on Pharmacist renewal

Dear Mr. Kruger,

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning your misrepresentation on the 2017 and 2019 Pharmacist renewals.

Upon review of all available information, the Board has determined to issue a fine of $2,000 for misrepresentation on the 2017 and 2019 Pharmacist renewals.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation for disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

PAY A PENALTY IN THE AMOUNT OF $2,000 for misrepresenting on the 2017 and 2019 Pharmacist renewals. (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit documentation concerning the charges of failure to complete all required continuing education in a timely manner. You should be aware that in making its final decision, the Board may, if unlawful activity has been

proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

Very truly yours,



Anthony Rubinaccio, R.Ph.
Executive Director

CERTIFICATION

I, Alan M Kruger, hereby acknowledge that I have read and reviewed the Board's letter regarding misrepresentation on the pharmacy technician application.

Please Check One:

[✓] I acknowledge the conduct which has been charged and agree to:

1. **Pay a penalty in the amount of $2,000** for misrepresenting on the 2017 and 2019 Pharmacist renewals (to be paid upon signing of this Certification). I am aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents.

2. **Return this letter with the Certification page signed and the selected box checked.**

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[✓] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

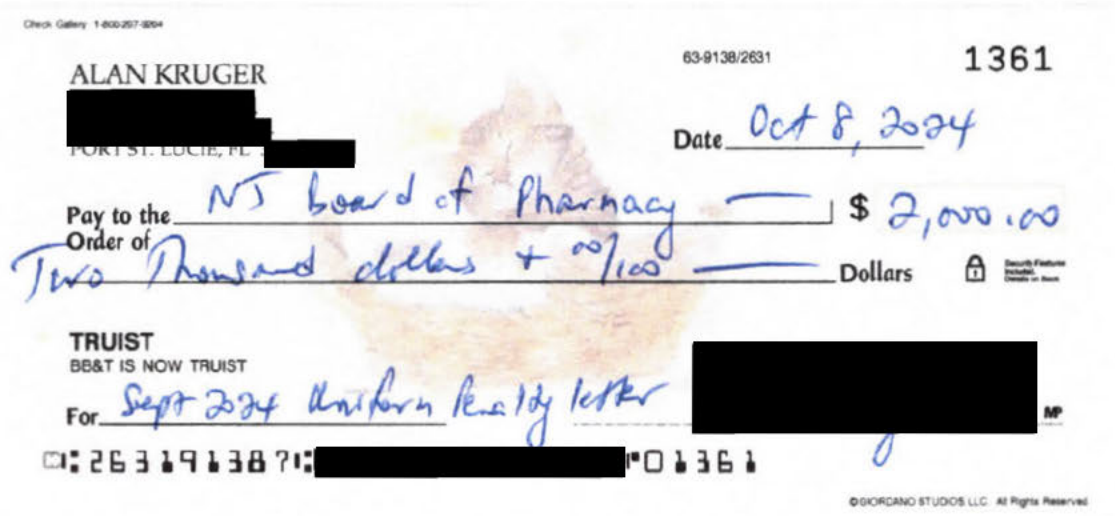
Alan M Kruger
(Signature)

Dated: 10/8/2024

ALAN M Kruger
(Print Name)

Ref: Alan Kruger
28RI02099100
[redacted]

AR/NB



Check Gallery 1-800-257-9264

ALAN KRUGER
[redacted]
PORT ST. LUCIE, FL [redacted]

63-9138/2631

1361

Date Oct 8, 2024

Pay to the Order of NJ board of Pharmacy $ 2,000.00

Two Thousand dollars + 00/100 Dollars

TRUIST
BB&T IS NOW TRUIST

For Sept 2024 Uniform Penalty letter [redacted] MP

⑆263191387⑆ [redacted] ⑈0136⑈

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Registered: Notice of Opportunity for Hearing - Brooksville Pharmaceuticals (A-2024-0502 & A-2025-0118)

From: Jennifer.Nelson@pharmacy.ohio.gov (jennifer.nelson@pharmacy.ohio.gov)

To: [redacted]@aol.com

Date: Monday, May 12, 2025 at 09:33 AM EDT

REGISTERED EMAIL™ | CERTIFIED DELIVERY

This is a Registered Email™ message from **Jennifer.Nelson@pharmacy.ohio.gov**.

Dear Brooksville Pharmaceuticals and Alan Michael Kruger, RPh:

Attached to this email are two documents that were issued by the Ohio Board of Pharmacy today, May 12, 2025:

1. Summary Suspension/Notice of Opportunity for Hearing
2. Attachment A – Brooksville unapproved prescription sales April 18, 2024, to on or about April 17, 2025- CONFIDENTIAL

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the Ohio Board of Pharmacy, if you request such a hearing within thirty (30) days of the date of the service of this notice.

Please respond to this email to confirm receipt of the Summary Suspension/Notice of Opportunity for Hearing issued by the Ohio Board of Pharmacy on May 12, 2025.

Kind Regards,

Ohio Board of Pharmacy

Jennifer Nelson
Legal Administrative Assistant
77 South High Street, 17th Floor
Columbus, OH 43215
O: 614-466-4143
Jennifer.Nelson@pharmacy.ohio.gov

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988 SUICIDE & CRISIS LIFELINE Ohio

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NOH_SS.Brooksville Pharmaceuticals.05.12.2025.pdf
286kB

Brooksville Pharmaceuticals, Attachment A.pdf
313.5kB

-THIS IS A RED INK STAMP-
I certify this to be a true and exact copy of the original document on file with the Ohio State Board of Pharmacy.
Steven W. Schierholt, Esq., Executive Dir.
Date 5/12/2025
-MUST HAVE BOARD SEAL TO BE OFFICIAL-

SUMMARY SUSPENSION/NOTICE OF OPPORTUNITY FOR HEARING
TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS LICENSE

IN THE MATTER OF:

CASE NOS. A-2025-0118
A-2024-0502

Brooksville Pharmaceuticals
c/o Alan Michael Kruger, RPh
[redacted]
Brooksville, FL[redacted]

License No. 02-42000206

May 12, 2025

Dear Brooksville Pharmaceuticals and Alan Michael Kruger, RPh:

You are notified, in accordance with Section 119.07 of the Revised Code, the State of Ohio Board of Pharmacy (Board) hereby SUMMARILY SUSPENDS Brooksville Pharmaceuticals' (Brooksville) license as a Terminal Distributor of Dangerous Drugs (TDDD), under authority of Sections 4729.57 and 4729.571 of the Ohio Revised Code.

Furthermore, the Board finds that based upon the facts set forth in the Allegations Section, there is clear and convincing evidence of a danger of immediate and serious harm to others due to Brooksville's method used to possess or distribute dangerous drugs. As such, the Board summarily suspends Brooksville's license as a Terminal Distributor of Dangerous Drugs.

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code (ORC) 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 Sections 4729.54 and 4729.55 of the ORC to practice as a TDDD in the state of Ohio. Additionally, Section 4729.57 of the Revised Code grants the Board the authority to impose a monetary penalty or forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or $1,000 if the acts committed have not been classified as an offense by the ORC.

2. Pursuant to Section 4729.571(A)(1) of the ORC and the rules adopted thereunder, the Board has the authority to suspend a terminal distributor's license without a hearing if it determines that there is clear and convincing evidence of a danger of immediate and serious harm to others due to the method used by the terminal distributor to possess or distribute dangerous drugs.

3. Brooksville Pharmaceuticals, located at 16140 Flight Path Drive, Brooksville, Florida, a 503A Pharmacy, is a licensed TDDD under license number 02-42000206 and lists Alan Michael Kruger, RPh, license number 03-445139, as the Responsible Person.

ALLEGATIONS

1. From on or about April 18, 2024, to on or about April 17, 2025, Brooksville dispensed 580 compounded prescriptions that lack USP/NF monograph, are not drug substances that are components of approved drugs, and do not appear on the 503A bulk substances list into Ohio, as set forth in Attachment A, attached hereto and incorporated as though fully set forth herein. Of those 580 prescriptions, 153 prescriptions were for compounded retatrutide. Brooksville did not have an Ohio licensed responsible person until March 3, 2025.

2. On or about July 22, 2024, a Board Specialist sent a records request for a list of all prescriptions shipped into Ohio from July 22, 2021, to July 21, 2024, to Brooksville. As of August 5, 2024, the Board had not received a response. A Board Specialist called Brooksville on August 5, 2024, August 14, 2024, and August 20, 2024, to check on the records. The Board sent a letter to Brooksville on August 23 ,2024, regarding their duty to cooperate with records requests. The requested records were received on August 26, 2024.

3. Brooksville is a non-resident pharmacy engaged in drug compounding and shipping into Ohio. Brooksville did not have an Ohio-licensed pharmacist as its Responsible Person from on or about August 1, 2021, to on or about March 3, 2025. Brooksville shipped approximately 14,503 compounded drugs into Ohio during this time.

POTENTIAL VIOLATIONS OF LAW

1. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of section 3715.52 of the ORC, prohibited acts, each, a misdemeanor of the fourth degree, each punishable by a maximum penalty of $2,000 if committed by an organization: The following acts and causing them are prohibited:

    a. The manufacture, sale, or delivery, holding or offering for sale of any food, drug, device, or cosmetic that is adulterated[1] or misbranded, ORC Section 3715.52(A)(1); and/or

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[1] ORC Section 3715.63 states: A drug or device is adulterated within the meaning of sections 3715.01 and 3715.52 to 3715.72 of the Revised Code, if any of the following apply: 1. It consists, in whole or in part, of any filthy, putrid, or decomposed substance, ORC Section 3715.63(A)(1); and/or 2. It has been produced, processed, prepared, packed, or held under unsanitary conditions whereby it may have been contaminated with filth, or whereby it may have been rendered injurious to health, ORC Section 3715.63(A)(2); and/or 3. It is a drug and its container is composed, in whole or in part, of any poisonous or deleterious substance that may render the contents injurious to health, ORC Section 3715.63(A)(3); and/or 4. It purports to be or is represented as a drug the name of which is recognized in the United States pharmacopoeia and national formulary, or any supplement to them, and its strength differs from or its quality or purity falls below the standard set forth in those compendiums. A determination as to strength, quality, or purity shall be made in accordance with the tests or methods of assay set forth in the compendiums, or in the absence or inadequacy of such tests or methods of assay, those prescribed under the authority of the "Federal Food, Drug, and Cosmetic Act." A drug recognized in the compendiums is not adulterated under this division because it differs from the standard of strength, quality, or purity set forth for that drug in the compendiums, if the difference in strength, quality, or purity is plainly stated on its label. Whenever a drug is recognized in both the homoeopathic pharmacopoeia of the United States and in the United States pharmacopoeia and national formulary, including their supplements, it shall be subject to the requirements of the United States pharmacopoeia and national formulary unless it is labeled and offered for sale as a homoeopathic drug, in which case it shall be subject to the provisions of the homoeopathic pharmacopoeia of the United States and not to those of the United States pharmacopoeia

b. The adulteration or misbranding of any food, drug, device, or cosmetic, ORC Section 3715.52(A)(2); and/or

c. The sale, delivery for sale, holding for sale, or offering for sale of any article in violation of section 3715.61 or 3715.65 of the Revised Code, ORC Section 3715.52(A)(4).

2. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of Section 3715.65(A) of the ORC, effective April 15, 2005, No person shall sell, deliver, offer for sale, hold for sale, or give away any new drug unless an application with respect to the drug has become effective under section 505 of the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, each violation is a misdemeanor of the fourth degree, each violation punishable by a maximum penalty of $2,000 if committed by an organization.

3. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of Section 2925.09(A) of the ORC, effective March 22, 2019, no person shall administer, dispense, distribute, manufacture, possess, sell, or use any drug, other than a controlled substance, that is not approved by the United States food and drug administration, or the United States department of agriculture, each violation is a felony of the fifth degree, each violation punishable by a maximum penalty of $7,500 if committed by an organization.

4. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:5-2-01 of the OAC, as effective March 1, 2019, and April 25, 2022, each violation punishable by a maximum penalty of $1,000:

   a. 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, OAC Rule 4729:5-2-01(E)(4); and/or

   b. The responsible person shall be 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, OAC Rule 4729:5-2-01(E)(6).

5. Such conduct as set forth in the Allegations Section, if proven, constitutes a violation of each of the following divisions of Section 4729.57(B) of the ORC, as effective September 29, 2017, and April 4, 2023, each violation punishable by a maximum penalty of $1,000:

   a. Violating any rule of the board, ORC Section 4729.57(B)(2); and/or

   b. Violating any provision of this chapter, ORC Section 4729.57(B)(3); and/or

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and national formulary, ORC Section 3715.63(A)(5); and/or 5. It is not subject to the provisions of division (A)(5) of this section, and its strength differs from or its purity or quality falls below that which it purports or is represented to possess, ORC Section 3715.63(A)(6).

c. Except as provided in section 4729.89 of the Revised Code, violating any provision of the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, or Chapter 3715. of the Revised Code, ORC Section 4729.57(B)(4); and/or

d. Any other cause for which the board may impose discipline as set forth in rules adopted under section 4729.26 of the Revised Code, ORC Section 4729.57(B)(10).

6. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:5-8-03 of the OAC, Compliance, as effective February 1, 2022, each violation punishable by a maximum penalty of $1,000:

   a. A nonresident terminal distributor of dangerous drug shall comply with all the statutory requirements of the state of Ohio set forth in Chapters 4729., 3719., 3715., and 2925. of the Revised Code for all drugs sold, dispensed or personally furnished into this state, unless the licensee can demonstrate that such compliance would cause the nonresident terminal distributor of dangerous drugs to violate either the statutory or regulatory requirements of the state in which it is located or federal statutory or regulatory requirements, OAC Rule 4729:5-8-03(E); and/or

   b. A nonresident terminal distributor of dangerous drugs shall operate in compliance with all applicable laws, regulations and standards set forth by the United States food and drug administration and the United States drug enforcement administration, OAC Rule 4729:5-8-03(H); and/or

   c. A nonresident terminal distributor of dangerous drugs shall supply, within three business days of a request, all information needed by the board of pharmacy to carry out its responsibilities as a licensing, regulatory, and drug law enforcement agency of the state of Ohio, OAC Rule 4729:5-8-03(J); and/or

   d. A nonresident terminal distributor of dangerous drugs shall supply, within three business days of a request, all information needed by the board of pharmacy and any local, state, or federal agency to carry out its responsibilities in enforcing the federal and state laws governing the distribution of drugs in the state of Ohio, OAC Rule 4729:5-8-03(K).

7. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of Rule 4729:5-8-04(G)(1) of the OAC, Drugs compounded by a nonresident pharmacy, a pharmacy licensed as a non-resident pharmacy that is engaged in drug compounding shall have an Ohio licensed pharmacist as the responsible person on its license, as effective February 1, 2022, each violation punishable by a maximum penalty of $1,000:

8. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:5-2-01 of the OAC, Responsible Person of a Terminal Distributor, as effective March 1, 2019, and April 25, 2022, each violation punishable by a maximum penalty of $1,000:

a. 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, OAC Rule 4729:5-2-01(A)(2); and/or

b. 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, OAC Rule 4729:5-2-01(A)(3).

c. 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, OAC 4729:5-2-01(E)(4); and/or

d. The responsible person shall be 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, OAC 4729:5-2-01(E)(6).

9. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:5-4-01 of the OAC, as effective April 25, 2022, each violation punishable by a maximum penalty of $1,000:

a. Violating any rule of the board, OAC Rule 4729:5-4-01(B)(2); and/or

b. Violating any provision of Chapter 4729. of the Revised Code, OAC Rule 4729:5-4-01(B)(3); and/or

c. Except as provided in section 4729.89 of the Revised Code, violating any provision of the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, or Chapter 3715. of the Revised Code, OAC Rule 4729:5-4-01(B)(4); and/or

d. Falsely or fraudulently promoting to the public a dangerous drug, except that nothing in this rule prohibits a terminal distributor of dangerous drugs from furnishing information concerning a dangerous drug to a health care provider or another licensed terminal distributor, OAC Rule 4729:5-4-01(B)(6); and/or

e. Commission of an act that constitutes a misdemeanor that is related to, or committed in, the person's professional practice, OAC Rule 4729:5-4-01(B)(18); and/or

f. The method used by the terminal distributor to store, possess or distribute dangerous drugs poses serious harm to others, OAC Rule 4729:5-4-01(B)(23).

10. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:5-4-01 of the OAC, as effective March 1, 2019, each violation punishable by a maximum penalty of $1,000:

    a. Violating any rule of the board, OAC Rule 4729:5-4-01(B)(2); and/or

    b. Violating any provision of Chapter 4729. of the Revised Code, OAC Rule 4729:5-4-01(B)(3); and/or

    c. Except as provided in section 4729.89 of the Revised Code, violating any provision of the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, or Chapter 3715. of the Revised Code, OAC Rule 4729:5-4-01(B)(4); and/or

    d. Falsely or fraudulently promoting to the public a dangerous drug, except that nothing in this rule prohibits a terminal distributor of dangerous drugs from furnishing information concerning a dangerous drug to a health care provider or another licensed terminal distributor, OAC Rule 4729:5-4-01(B)(6); and/or

    e. Commission of an act that constitutes a misdemeanor that is related to, or committed in, the person's professional practice, OAC Rule 4729:5-4-01(B)(20); and/or

    f. The method used by the terminal distributor to store, possess or distribute dangerous drugs poses serious harm to others, OAC Rule 4729:5-4-01(B)(25).

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the Ohio Board of Pharmacy, if you request such a hearing within thirty (30) days of the date of the service of this notice.

IF YOU DESIRE A HEARING, such request shall either be mailed to the Ohio Board of Pharmacy, Attn: Legal, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126 or an e-mail request may be sent to legal@pharmacy.ohio.gov (**please note faxes will not be accepted**). **YOUR REQUEST MUST BE RECEIVED ON OR PRIOR TO THE 30TH DAY FOLLOWING THE SERVICE DATE OF THIS NOTICE.** Please note that if you submit a request via email, your request will be acknowledged within one business day of receipt. If you do not receive an acknowledgment, please contact the Board offices at 614-466-4143 and request the legal department. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing; and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you. **If you are a business entity, including but not limited to a corporation, limited liability company, or a limited partnership, you must be represented at the hearing by an attorney licensed to practice in the state of Ohio.**

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the 30th day following the service of this notice, the Ohio Board of Pharmacy, upon

consideration of the aforementioned allegations against you, may take action without such a hearing, and may adopt a final order that contains the board's findings. In the final order, the board may impose any of the sanctions listed in division RC 4729.57(A).

If you have questions regarding the Chapter 119. Administrative Hearing process, please e-mail your questions to legal@pharmacy.ohio.gov or call the Board office at 614-466-4143 and ask for the legal department.

BY ORDER OF THE OHIO BOARD OF PHARMACY

Steven W. Schierholt, Esq., Executive Director

SWS/jak/jrn

Attached:
Attachment A – Brooksville unapproved prescription sales April 18, 2024, to on or about April 17, 2025- **CONFIDENTIAL**

Oct 6, 2025

Dear Nevada Board of Pharmacy

I, Alan M. Kruger, Florida Pharmacist License PS38800 since 2004 and New Jersey Pharmacist License 28RI02099100 since 1990. I am renewing my Nevada Pharmacist License 21068 for 2025|2026.

I am hereby submitting a letter from Ohio Board of Pharmacy dated May 12, 2025. (I have only been an Ohio Licensed Pharmacist since March 3, 2025.) I am Brooksville Pharmaceutical Pharmacy's Ohio PIC contact working P/T for them in Brooksville, Florida. I have worked for Brooksville Pharmaceutical for a few years. They are one of the largest Compounding Pharmacies in Florida. We are FDA Certified and every lot of compounds are sent to Colorado for complete testing before being released via mail to the specific Patient.

We compound GLP-1 weight loss compounds via a legal Florida doctors order. As you know there is controversy about compounding these meds.

Florida has no issue with Retatrutide but Ohio did on May 12, 2025 sending them and me a Suspension Order. Ohio is upset we compounded 153 prescriptions of Retatrutide from 4/18/24 to 4/17/25.

I have been the Ohio PIC since 3/2/25 to 4/17/25 for Brooksville Pharmaceutical. All Compounds are treated the same and my orders come from 2 Experienced Pharmacist owners who are on Staff.

I am told there are over 100 Cases to BE HEARD.

Brooksville Pharmacy and I are represented by Legal Counsel, and our case should be in November 2025. No date has been given.

I have not notified Florida Board because we are innocent until Proven Guilty.

I most certainly will inform Florida with the final outcome of this issue when it is resolved.

Thank You.

Alan Kruger RPh

Alan Kruger RPH

LIC 21068

Oregon
Tina Kotek, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR, 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.compliance@bop.oregon.gov
www.oregon.gov/pharmacy

June 6, 2024

ALAN MICHAEL KRUGER
[redacted]
PORT SAINT LUCIE FL [redacted]

RE: Case Number 2024-0070

Enclosed is a copy of the completed consent order for case number 2024-0070 which has been finalized as of 6/05/2024. Please retain this copy with your records.

All items received: *Please note that the required items have been received.*

If you have any questions, or need further assistance, please contact our office at pharmacy.compliance@bop.oregon.gov. Please provide your name, your preferred contact information, case number as it appears above, and your concerns.

Sincerely,

Brianne Efremoff, Pharm.D., R.Ph.
Compliance Director

RECEIVED
MAY 24 2024
OREGON BOARD OF PHARMACY
Check # 1339
Receipt: 404913
AEF

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of	)	Case No. 2024-0070
ALAN MICHAEL KRUGER	)	CONSENT ORDER
Licensee	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action ("Notice") regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee neither admits nor denies that the facts alleged in the above-noted Notice are true, that the licensee's conduct violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. Licensee shall pay a civil penalty in the amount of $1,000 with $850 stayed pending compliance with the terms of this Consent Order and no similar violation for three (3) years. The $150 civil penalty not stayed shall be paid within ten days from the date this Consent Order becomes final. If Licensee violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty.

2. Failure of the licensee to comply with any requirement of the order in this matter is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure

verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Alan Michael Kruger
Licensee (License No. RPH-0015484)

5/16/2024
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.
Compliance Director

6/5/2024
Date

BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of	)	Case No. 2024-0070
ALAN MICHAEL KRUGER, R.Ph.	)	NOTICE OF PROPOSED DISCIPLINARY ACTION
Licensee	)	

The Oregon Board of Pharmacy proposes to discipline your license pursuant to ORS 689.445, 689.405, 689.135, and 689.145, because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as alleged below:

On or about 4/18/2019, you made fraudulent statements or misrepresented the facts submitted to the Oregon Board of Pharmacy during the course of renewing your licensure as a pharmacist.

The Board of Pharmacy license application you completed requires that you respond fully and truthfully to questions. You answered 'no' to the question that asked, "Within the last three years, have any disciplinary actions been taken against, or are any pending against, your Pharmacist license or registration in any state other than Oregon?"

Despite the language of the application, you failed to disclose the disciplinary action taken by the Kansas Board of Pharmacy on 1/23/2019 (Summary Order of Denial; Case No. 18-099) in which your application for a Kansas pharmacist license was denied.

By answering "No" to the question indicated above, you failed to answer all questions completely, accurately, and honestly on the application for licensure and this is grounds for discipline under OAR 855-019-0205(1)[1] and OAR 855-001-0035(1)[1], ORS 689.405(1)(i), ORS 689.445(1)(d)(A), and ORS 689.832(1).

Based on these alleged violations and pursuant to the authority outlined above, the Board proposes to impose a $1,000 civil penalty upon you.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150

[1] Rules cited were those in place at time of conduct

6871

Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 21-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 21 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

NOTICE TO ACTIVE DUTY SERVICEMEMBERS: Active duty service members have a right to stay these proceedings under the federal Service members Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil. The Oregon Military Department does not have a toll-free phone number.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

4/24/24
Date

DATE OF MAILING 4/24/24

6872

15B

Back To Dashboard

Renewal Application
Pharmacist

Application Fee :	$200.00
Convenience Fee :	$10.00
License Number :	22316
License Type :	Pharmacist
New Expiration Date :	10/31/2027

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

(•) Active ( ) Inactive [Proceed to Renew]

Personal Information

First Name : Martin

Middle (initial only) : James

Last Name : Farrell

License # : 22316

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address : ☐

Street : NA

Country : United States

City : NA State : Pennsylvania Zip : 19083

Practice Phone : (800) 476-7496 Practice Fax : (610) 497-4371

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : [redacted]

Country : United States

City : Havertown State : Pennsylvania Zip : [redacted]

Home Phone : (XXX) XXX-XXXX Cell Phone : [redacted]

Email Address : [redacted] Fax : (XXX) XXX-XXXX

Sex : Male

Practice License Number: 22316 Specialty:

☑ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

(•) **I DO NOT** have a Nevada Business license number.

( ) **I HAVE APPLIED** for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.

( ) I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

- (●) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ( ) Are you the subject of a court order for the support of a child? (If "yes", answer question 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?

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable	( ) Yes (●) No
Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable	( ) Yes (●) No
Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	( ) Yes (●) No

Legal Information

1. Since your last renewal or recent licensure 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?	( ) Yes (●) No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?	( ) Yes (●) No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?	( ) Yes (●) No
4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	(●) Yes ( ) No

On April 29, 2025 the Pennsylvania Board of Pharmacy approved the consent agreement. I received a copy of the consent agreement on May 5, 2025. At the time of the approval, the civil penalty had been paid, and the CE credits had been completed. I notified the Nevada Board of Pharmacy via email on June 4, 2025. On August 21, 2025 I spoke with a board investigator regarding the consent agreement and confirmed the information. I am no longer working with Boothwyn Pharmacy and am currently not working as a pharmacist.

Document Name	Document Type	Date	Link	Action
Consent Agreement	Legal - Question 4	10/23/2025	Document Details	
Consent Agreement	Legal - Question 4	10/23/2025	Document Details	

Document Name : Document Type : Legal - Question 4

Document : Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload | Cancel

Board Administrative Action :

State : Select Date : 04/29/2025

Case # : 24-54-017144

Criminal Action :

State : Select Date : MM/DD/YYYY

Case # :

County : Court :

CE Hours

Active ☑

By checking this box you certify you have completed ALL required CE Hours due for the 2023/2025 Renewal period. (Dated from Nov. 1, 2023 – Oct. 31, 2025; 1.25 hrs./mo.). The exemption period is 2 years after graduation only.

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Martin Farrell

Date Of Application : 10/23/2025

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2025 to 10/31/2027	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Transaction Fee : 10

Late Fees : 0

Reference Number : 121306909311

InvoiceDate : 10/23/2025

Paid

Pay & Submit

Gmail Marty Farrell [redacted]

Notification of Consent Agreement – Martin Farrell, License # 22316

1 message

Marty Farrell [redacted] Wed, Jun 4, 2025 at 11:30 PM
To: teambc@pharmacy.nv.gov

Dear Nevada Board of Pharmacy,

I am writing to formally notify your Board of Pharmacy of a disciplinary action taken by the Pennsylvania State Board of Pharmacy involving my pharmacist license, in accordance with your reporting requirements for licensed pharmacists.

The action resulted in a consent agreement entered on April 29, 2025, which included the completion of specific continuing education (CE) requirements. I am pleased to report that all CE requirements have been completed. The consent agreement was received on May 5, 2025.

Attached you will find:

- A copy of the consent agreement
- Documentation confirming completion of CE requirements

Please let me know if any additional documentation is required to satisfy your state's reporting obligations. I remain fully committed to upholding professional standards and maintaining compliance across all jurisdictions in which I am licensed.

Sincerely,
Martin Farrell
License #: 22316

PA CONSENT ORDER CASE NO 24-54-017144.pdf
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DEPARTMENT OF STATE

Bureau of Professional and Occupational Affairs
Legal Office – Prosecution Division
P.O. Box 69521
Harrisburg, PA 17106-9521
www.dos.pa.gov

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0008028170 MAY 01 2025

Martin James Farrell, RPh
[redacted]
Havertown, PA [redacted]

3011

record 5-5-2025
NOP

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NOP 5-9-25

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF GENERAL COUNSEL

Nathan C. Giunta
Prosecuting Attorney

ngiunta@pa.gov
Prosecution Division

April 29, 2025

Martin James Farrell, RPh
[redacted]
Havertown, PA [redacted]

RE: *Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs v. Martin James Farrell, RPh*, Case No. 24-54-017144

Dear Mr Farrell:

Enclosed is a copy of a Consent Agreement and Order approved and adopted by the State Board of Pharmacy at its meeting on April 29, 2025. Accordingly, this case is now closed.

Thank you for your cooperation with the resolution of this matter.

Sincerely,

//s// Nathan C. Giunta

Nathan C. Giunta
Prosecuting Attorney
Commonwealth of Pennsylvania
Department of State

NCG/sv

Enclosure: Consent Agreement

COPY

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**	
vs.	**Case No. 24-54-017144**
Martin James Farrell, RPh, **Respondent**	

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **Martin James Farrell, RPh** ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, act of September 27, 1961, P.L. 1700, No. 699 ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or 63 Pa.C.S. Chapter 31 ("Chapter 31"), 63 Pa.C.S. §§ 3101-3118.

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following license to practice as a pharmacist in the Commonwealth of Pennsylvania: license no. RP447897, which was originally issued on July 26, 2013, and which is currently set to expire on September 30, 2026.

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Prothonotary Filed On:
May 01 2025 08:31 AM
Department of State

STIPULATED FACTS

3. Respondent admits the following:

a. Absent additional Board action, Respondent's license may be continually renewed or reactivated upon the filing of the required documentation and payment of the applicable fees.

b. Respondent's address is: [redacted]

c. The Respondent was hired by Boothwyn Pharmacy in March of 2021 as a staff pharmacist.

d. The Respondent became the Pharmacist in Charge (PIC) in October of 2023.

e. The Respondent, as the PIC, was responsible for supervising several compounding pharmacists.

f. The Respondent and several other compounding pharmacists would receive certificates of analysis from different laboratory contractors.

g. The certificates contained endotoxin level and sterility tests for various products including equine glucosamine injections.

h. The Respondent, along with the pharmacist he supervised, would be responsible for reviewing the certificates of analysis to confirm the levels were within the acceptable ranges.

i. The Respondent was responsible to initiate the Boothwyn Pharmacy protocol each time the Respondent received out of specification test results.

j. Boothwyn's protocols required the following:

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(1) Respondent was to notify the President and Vice President of the out of specification results.

(2) Respondent was to notify/ contact any customer who received product from the out of specification batch.

k. The Respondent received these protocols when he was hired by Boothwyn Pharmacy.

l. In April and May of 2024, the Respondent received several out of specification certificates of analysis for equine glucosamine injections that were analyzed by ARL Laboratory for Boothwyn Pharmacy.

m. The Respondent documented, in call logs, that he contacted customers who received these batches of medication.

n. In September of 2024, the United States Food and Drug Administration (FDA) conducted an inspection of Boothwyn Pharmacy.

o. During the inspection the FDA inspectors requested certificates of analysis from the Respondent for the equine glucosamine injections.

p. The FDA inspectors informed the Vice President of Boothwyn Pharmacy that the Respondent submitted three (3) questionable certificates of analysis.

q. Following a review of the certificates of analysis, compared to the originals, it was discovered that the endotoxin levels were changed before being provided to the FDA inspectors.

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r. On or about November 13, 2024, the Respondent was interviewed by Professional Compliance Investigator Michael Mannetta (PCI Mannetta) and stated the following:

(1) In April and May of 2024, several of the Respondent's supervisees received out of specification endotoxin test results for equine glucosamine injections.

(2) The Respondent informed the supervisees he would take care of the matter; however, the Respondent did not initiate the escalation protocol required by Boothwyn Pharmacy.

(3) PCI Mannetta asked the Respondent why the escalation protocol was not initiated and the Respondent stated that he did not believe it was a fair test and the laboratories used endotoxin levels for humans, rather than horses, as the standard.

(4) The Respondent stated that he discussed endotoxin levels with several customers in the past and all reported that horses experienced no negative side effects from slightly elevated endotoxin levels.

(5) PCI Mannetta asked the Respondent about why and how he altered the certificated of analysis for the FDA inspection.

(6) The Respondent stated he used Adobe and altered the endotoxin levels to make it appear the results were within specifications.



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(7) The Respondent also generated a false call log to make it appear he provided notice to customers when he was notified that the original test results were out of specification.

MITIGATION

4. Respondent offers the following in mitigation, which the Commonwealth neither admits nor denies:

a. See Attachment "A"

AUTHORITY OF THE BOARD

5. The Board is authorized to suspend or revoke, or otherwise restrict Respondent's license under sections 5(a and/or b) & (8) of the Act, 63 P.S. §§ 390-5(a and/or b) & 390-8; impose a civil penalty upon Respondent under section 8(15.1) of the Act, 63 P.S. § 390-8(15.1), or 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation upon Respondent under 63 Pa.C.S. § 3108(b)(5).

SUMMARY OF DISCIPLINE

6. The following encapsulates the discipline as set forth in the Proposed Order:

- Respondent shall pay a **CIVIL PENALTY** of **$17,500.00**.
- Respondent's license will be placed on **PROBATION FOR 6 MONTHS**.
- Respondent will complete 12 hours of **CONTINUING EDUCATION** on the topics of Ethics / Record Keeping / Patient Safety.

PROPOSED ORDER



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7. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. **VIOLATIONS**: Respondent violated the Act at section 5(a)(12) of the Act, 63 P.S. § 390-5(a)(12), in that Respondent failed to conform to, the standards

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of acceptable and prevailing pharmacy practice, by manipulating endotoxin test results on documents that were provided to FDA inspectors during an inspection.

b. **CIVIL PENALTY:** Respondent shall pay a civil penalty of seventeen thousand five hundred dollars ($17,500.00) as follows:

(1) Payment of the civil penalty is subject to the following terms:

(2) The full civil penalty shall be tendered to the prosecution division of the Department of State with the executed consent agreement;

(3) The civil penalty shall be paid by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.);

(4) Payment shall be valid for a period of at least 180 days and shall be made payable to the "Commonwealth of Pennsylvania"; and

(5) Respondent agrees that payment shall only be made by one of the methods indicated and shall not be made by uncertified personal or corporate check.

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c. **SUSPENSION:** All licenses, registrations, certificates, approvals, permits or any other authorizations issued by the Board (hereinafter referred to collectively as "authorizations to practice the profession") to Respondent are hereby **SUSPENDED** for a period of six (6) months.

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d. During any period of active suspension, Respondent shall surrender Respondent's wall certificate, biennial renewal certificate, and wallet card (or affidavit of their loss or destruction) by mailing them to:

Nathan C. Giunta Prosecuting Attorney Bureau of Professional and Occupational Affairs P.O. Box 69521 Harrisburg, PA 17106-9521

Upon the effective date of the Consent Agreement, and during any period of active suspension, Respondent shall cease and desist from practicing as a pharmacist in the Commonwealth of Pennsylvania and shall not hold out or otherwise indicate that Respondent is a Board licensee in any matter during any period of active suspension.

e. **PROBATION:** The **SUSPENSION** of Respondent's authorizations to practice the profession shall be **IMMEDIATELY STAYED IN FAVOR OF PROBATION,** subject to the following terms and conditions:

f. **GENERAL TERMS OF PROBATION:**

(1) Respondent shall abide by and obey all federal and state laws, including, but not limited to, statutes, rules and regulations.

(2) The filing of criminal charges, other than summary traffic violations, or the initiation of a professional disciplinary matter against Respondent shall constitute a violation of this Order.

(3) The address for Respondent's Department of State, Bureau of Enforcement and Investigation (BEI) Probation Compliance Officer is:

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Probation Compliance Officer
Bureau of Enforcement and Investigation
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-7228

(4) Unless otherwise directed, Respondent, Respondent's professional employer, and any other person needing or required to make reports under this Order concerning Respondent's practice and contact information, shall cause those reports, data or other information to be provided to the probation compliance officer.

(5) Respondent shall notify the probation compliance officer, in writing, within twenty (20) days of the following:

(i) the filing of criminal charges;

(ii) the disposition of any criminal charge including, but not limited to, a conviction, an admission of guilt, a nolo contendere plea, the imposition of probation without verdict, a disposition in lieu of trial or entry into an Accelerated Rehabilitative Disposition (ARD) program;

(iii) the initiation of a professional disciplinary matter or any disciplinary action imposed by the professional licensing authority of any state or jurisdiction; and

(iv) any other legal action (civil or administrative) pertaining to the practice of the profession at issue.

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(6) Respondent shall notify the probation compliance office, in writing, within (20) twenty days of the Board's adoption of this Consent Agreement, of any actions set forth in the preceding paragraph that occurred within one (1) year prior to the Board's adoption of this Consent Agreement.

(7) Respondent shall cooperate with the Commonwealth and the BEI, in the monitoring, supervision, and investigation of Respondent's compliance with the terms and conditions of this Order.

(8) Respondent shall cause to be submitted at Respondent's own expense written reports, records, and verifications of actions that may be required by the Commonwealth and BEI.

(9) Respondent shall:

(i) provide written notice to the probation compliance officer of the name(s) and address(es) of the place(s) at which Respondent will practice within seventy-two (72) hours of the Board's adoption of this Consent Agreement;



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(ii) provide written notice to the probation compliance officer, within seventy-two (72) hours of any change in the name(s) and address(es) of the place(s) at which Respondent will practice;

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(iii) provide written notice to the probation compliance officer, within seventy-two (72) hours of a change in Respondent's home address or telephone number; and

(iv) electronically update the Board's records within seventy-two (72) hours of a change of Respondent's address and telephone number on file with the Board.

(10) If self-employed, Respondent shall submit a written verification of self-employment, along with substantiating documentation, to the probation compliance officer within fifteen (15) days of adoption of this Consent Agreement by the Board or within fifteen (15) days of becoming self-employed.

(11) Respondent consents to the release by the Commonwealth or BEI of any information or data produced as a result of this probation to any professional employer or prospective professional employer.

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(12) Respondent shall not falsify, misrepresent, or make material omission of any information submitted pursuant to this Order.

(13) Respondent's failure to fully cooperate and successfully comply with the terms and conditions of probation shall be deemed a violation of this Order.

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(14) Respondent shall make a written request for reinstatement to non-probationary status at the end of the minimum probationary period to:

Board Counsel State Board of Pharmacy P.O. Box 69523 Harrisburg, PA 17106-9523

(15) Reinstatement may be subject to administrative requirements.

(16) Reinstatement to non-probationary status shall be subject to the Board's determination that Respondent has complied with all terms and conditions of the probation imposed by this Order. The Board reserves the right to schedule a hearing to determine Respondent's compliance.

g. **REMEDIAL EDUCATION**: Prior to the expiration of the probationary period, Respondent shall attend and successfully complete at least twelve (12) hours of remedial education on the topic(s) of Ethics/ Record Keeping / Patient Safety. Respondent shall comply with the following terms and conditions pertaining to completion of the remedial education:



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(1) The remedial education required by this Order shall be in compliance with either the initial education or the continuing education regulations of the Board;

(2) If any remedial education course requires Respondent to take an examination, Respondent must pass the examination(s);

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(3) The remedial education required by this Order shall be successfully completed by October 31, 2025;

(4) Respondent shall submit acceptable proof of successful completion of the remedial education to the Board's Executive Secretary **prior to applying for reinstatement of Respondent's license to unrestricted status**;

(5) Acceptable proof of completion of the remedial education shall consist of an official school transcript or a certificate, printout or letter prepared by the provider indicating successful completion of the course(s). Such proof shall contain course titles, completion dates, final grade (if graded), and number of class hours or credits awarded;

(6) **Respondent shall note the case number of this matter on any documentation submitted to the Executive Secretary.** The address for the Board's Executive Secretary is:



COPY

Sara Trimmer & Christina Townley, Executive Secretary State Board of Pharmacy 2525 N 7th St PO Box 2649 Harrisburg, PA 17105-2649

(7) The remedial education required by this Order shall be in addition to any continuing education requirements for the renewal of any license, registration, certificate, approval, authorization, or permit issued by the Board (hereinafter referred to collectively as "authorizations to practice the profession");

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(8) Respondent may not utilize the remedial education required by this Order to satisfy any initial or continuing education requirement for Respondent's authorizations to practice the profession;

(9) Following the successful completion of the remedial education required by this Order, Respondent shall be subject to a non-random audit of continuing education upon the next renewal or reactivation of Respondent's authorizations to practice the profession; and

(10) Respondent shall bear the responsibility of all costs incurred in complying with the terms of this Order, including production of records.

h. Respondent shall bear the responsibility of all costs incurred by Respondent in complying with the terms of this Order, including production of records;



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i. **VIOLATION OF PROBATIONARY ORDER DUE TO FAILURE TO PROVIDE PROOF OF SUCCESSFUL COMPLETION OF REMEDIAL EDUCATION:** If Respondent fails to submit acceptable proof of successful completion of the Remedial Education by the end of the probationary period as required by this Consent Agreement, Respondent's license to practice as a pharmacist and any and all authorizations to practice the profession issued by the Board and held by Respondent shall be **IMMEDIATELY AND INDEFINITELY SUSPENDED**, without further hearing, until such time as Respondent does provide

DOS Prothonotary
May 01 2025

the Board's Executive Secretaries with acceptable proof of successful completion of the Remedial Education as required by this Consent Agreement.

j. **VIOLATION(S) OF PROBATION FOR REASONS OTHER THAN FAILURE TO TIMELY COMPLETE REMEDIAL EDUCATION:** Notification of a violation of the terms or conditions of this Consent Agreement and Order shall result in the **IMMEDIATE VACATING** of the stay order, **TERMINATION** of the period of probation, and **ACTIVATION** of the entire period of suspension of Respondent's authorizations to practice the profession in the Commonwealth of Pennsylvania as follows:

(1) The prosecuting attorney for the Commonwealth shall file with the Board a Petition which alleges that Respondent has violated any terms or conditions of this Consent Agreement and Order other than failure to complete the Ordered remedial education in a timely manner;



(2) Upon a probable cause determination that Respondent has violated any of the terms or conditions of this Consent Agreement and Order, the Board shall, without holding a formal hearing, issue a preliminary order vacating the stay of the suspension in this matter, terminating the period of probation and activating the entire period of suspension of Respondent's authorizations to practice the profession, without credit for any period of suspension stayed in favor of probation;

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(3) Notification of the Board's Preliminary Order shall be mailed to Respondent within three (3) days of its issuance by certified mail and first-class mail postage prepaid, sent to the last registered address on file with the Board. If service by mail is unsuccessful, the Commonwealth is authorized to attempt service by personal service and/or publication of legal notice in a newspaper of general circulation in the county of Respondent's last known address.

(4) Within twenty (20) days of mailing of the notification of the Board's action, Respondent may answer the Commonwealth's Petition and request that a formal hearing be convened concerning Respondent's alleged violation of probation, in which Respondent may seek relief from the Preliminary Order activating the suspension. **The answer shall be set forth in numbered paragraphs corresponding to the numbered paragraphs of the Petition. Respondent shall admit or deny each of the allegations set forth in the paragraphs in the Petition**. Any answer submitted in this matter must be filed with the

003 Prothonotary
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Prothonotary for the Department of State via one of the following methods:

By E-mail:	**By Mail:**	**By Facsimile:**
ra-prothonotary@pa.gov	Prothonotary Department of State 2400 Thea Dr PO Box 60130 Harrisburg, PA 17106-0130	(717)772-1892

(5) **Respondent shall send a copy of the answer, request for hearing, and all subsequent filings in the matter to the prosecuting attorney for the Commonwealth named in the Petition;**

(6) If a request for a formal hearing is received from Respondent, the Board shall convene a formal hearing within forty-five (45) days from the date of the Board's receipt of Respondent's request for a formal hearing;

(7) If Respondent files an answer and request for a hearing within the twenty (20) day period, the Preliminary Order activating the suspension shall remain in effect unless and until the Board issues a determination favorable to Respondent after holding the formal hearing;

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(8) The facts and averments in paragraphs 2 & 3 and findings of the Board in paragraph 7(a) of this Consent Agreement and Order shall be deemed admitted and uncontested for purposes of the hearing;

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(9) If the Board after such hearing makes a determination adverse to Respondent, the Board will issue a Final Order activating the suspension of Respondent's license and imposing any additional disciplinary measures it deems appropriate;

(10) If a request for a formal hearing is not received from Respondent within the prescribed twenty (20) day period, the Board's Preliminary Order shall become a Final Order twenty (20) days after the date of its mailing;

(11) If the stay is terminated, Respondent shall still comply with all terms and conditions of probation during the active suspension, other than those terms and conditions pertaining to the active practice of the profession. Continued failure by Respondent to comply with the unaffected terms and conditions of probation shall result in further disciplinary action against Respondent;

k. Respondent's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action.

l. **VIOLATION(S) OF PROBATION**: Notification of a violation of the terms or conditions of this Consent Agreement and Order shall result in the **IMMEDIATE VACATING** of the stay order, **TERMINATION** of the period of probation, and **ACTIVATION** of the entire period of suspension of Respondent's authorizations to practice the profession in the Commonwealth of Pennsylvania as follows:

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DOS Prothonotary:
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(1) The prosecuting attorney for the Commonwealth shall file with the Board a Petition which alleges that Respondent has violated any terms or conditions of this Consent Agreement and Order other than failure to complete the Ordered remedial education in a timely manner;

(2) Upon a probable cause determination that Respondent has violated any of the terms or conditions of this Consent Agreement and Order, the Board shall, without holding a formal hearing, issue a preliminary order vacating the stay of the suspension in this matter, terminating the period of probation and activating the entire period of suspension of Respondent's authorizations to practice the profession, without credit for any period of suspension stayed in favor of probation;

(3) Notification of the Board's Preliminary Order shall be mailed to Respondent within three (3) days of its issuance by certified mail and first-class mail, postage prepaid, sent to the last registered address on file with the Board. If service by mail is unsuccessful, the Commonwealth is authorized to attempt service by personal service and/or publication of legal notice in a newspaper of general circulation in the county of Respondent's last known address.

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(4) Within twenty (20) days of mailing of the notification of the Board's action, Respondent may answer the Commonwealth's

DOS Prothonotary
May 01 2025
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Petition and request that a formal hearing be convened concerning Respondent's alleged violation of probation, in which Respondent may seek relief from the Preliminary Order activating the suspension. **The answer shall be set forth in numbered paragraphs corresponding to the numbered paragraphs of the Petition. Respondent shall admit or deny each of the allegations set forth in the paragraphs in the Petition.** Any answer submitted in this matter must be filed with the Prothonotary for the Department of State via one of the following methods:

By E-Mail:	**By Mail**	**By Facsimile:**
ra-prothonotary@pa.gov	Prothonotary Department of State 2400 Thea Dr PO Box 60130 Harrisburg, PA 17106-0130	(717)772-1892



(5) Respondent shall send a copy of the answer, request for hearing, and all subsequent filings in the matter to the prosecuting attorney for the Commonwealth named in the Petition;

(6) If a request for a formal hearing is received from Respondent, the Board shall convene a formal hearing within forty-five (45) days from the date of the Board's receipt of Respondent's request for a formal hearing;

(7) If Respondent files an answer and request for a hearing within the twenty (20) day period, the Preliminary Order activating

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the suspension shall remain in effect unless and until the Board issues a determination favorable to Respondent after holding the formal hearing;

(8) The facts and averments in paragraphs 2and 3 and findings of the Board in paragraph 7(a) of this Consent Agreement and Order shall be deemed admitted and uncontested for purposes of the hearing;

(9) If the Board after such hearing makes a determination adverse to Respondent, the Board will issue a Final Order activating the suspension of Respondent's license and imposing any additional disciplinary measures it deems appropriate;

(10) If a request for a formal hearing is not received from Respondent within the prescribed twenty (20) day period, the Board's Preliminary Order shall become a Final Order twenty (20) days after the date of its mailing;

(11) If the stay is terminated, Respondent shall still comply with all terms and conditions of probation during the active suspension, other than those terms and conditions pertaining to the active practice of the profession. Continued failure by Respondent to comply with the unaffected terms and conditions of probation shall result in further disciplinary action against Respondent;

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m. Respondent's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action.

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n. This Order constitutes disciplinary action by the Board. This Order will be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action.

o. This case shall be deemed settled and discontinued upon the Board issuing an order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

8. Respondent agrees that this Consent Agreement and Order shall be admitted into evidence, without objection, in any proceeding before the Department of State.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

9. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter and the following rights related to that hearing: to be represented by counsel; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any adverse final decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

10. Respondent acknowledges the right to consult with and be represented by private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. To the extent that Respondent is not represented by legal counsel, Respondent has knowingly elected to proceed without the assistance of legal counsel.

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WAIVER OF CLAIMS

11. Should the Board vote not to adopt the Order proposed in this Consent Agreement, the presentation and consideration of this Consent Agreement shall not prejudice the Board or any of

DOS Prothonotary:
May 01 2025
6900

its members from further participation in the adjudication of this matter. Respondent expressly waives the right to raise any claims or issues, including any and all constitutional claims or issues, which may arise or have arisen during the review, presentation and deliberation of this Consent Agreement. These claims or issues include, but are not limited to, bias, the commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Board, in its discretion, recommending a different sanction based upon the facts set forth in the Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at a hearing unless otherwise separately stipulated.

LIMITS ON MODIFICATION OF ORDER

12. Respondent agrees not to seek modification of the Order adopting and implementing this Consent Agreement without first obtaining the express written permission from the prosecution division. Any modification is at the sole discretion of the Board.

AGREEMENT NOT BINDING UNTIL APPROVED

13. This Consent Agreement is between the Commonwealth and Respondent. The Office of General Counsel has approved this Consent Agreement as to form and legality. The disciplinary provisions of this Consent Agreement do not take effect unless and until the Board issues an order adopting this Consent Agreement.

COPY

ENTIRE AGREEMENT

14. This Consent Agreement contains the entire agreement between the parties. There are no other terms, obligations, covenants, representations, statements, or conditions, oral or otherwise, of any kind whatsoever concerning this agreement.

DOS Prothonotary
May 01 2025
6901

AGREEMENT DOES NOT PREVENT FUTURE DISCIPLINE

15. Nothing in this Order shall preclude the prosecution division of the Department of State from filing charges, or the Board from imposing disciplinary or corrective measures, for violations or facts not contained in this Consent Agreement.

VERIFICATION OF FACTS AND STATEMENTS

16. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

/s/ Nathan C. Giunta
Nathan C. Giunta
Prosecuting Attorney

DATED: 4/9/2025

Martin James Farrell, RPh
Respondent

DATED: 03-27-2025

(24-54-017144)

COPY

MOT
5-9-25

DOS Prothonotary:
May 01 2025
6902

BOOTHWYN PHARMACY

Attachment A

November 14, 2024

Subject: Role Reassignment and Disciplinary Action Following Recent Investigation Findings

Dear Martin,

Following a thorough investigation conducted in collaboration with both the U.S. Food and Drug Administration (FDA) and the Pennsylvania Board of Pharmacy, which concluded on November 13, 2024, Boothwyn Pharmacy has identified serious concerns regarding your actions related to document integrity. Specifically, this investigation revealed that your actions jeopardized the integrity of compounded medications at Boothwyn Pharmacy and compromised the ethical and professional standards our establishment upholds.

The findings disclosed multiple violations of Boothwyn Pharmacy's Standard Operating Procedures (SOP) for the evaluation of Out-of-Specification (OOS) results, SOP QA.CAPA.016.001 Variance & OOS Investigations, as well as non-compliance with the Boothwyn Pharmacy Handbook Section 3.6-Personal Code of Conduct page 31 and 32, which clearly outlines the required procedures for escalating concerns. These protocols are essential to ensure the accountability and integrity of our pharmacy operations.

The gravity of this matter cannot be understated. Altering documentation and failing to adhere to escalation protocols represent severe breaches of professional conduct. Such actions undermine the trust placed in Boothwyn Pharmacy by regulatory agencies, our clients, and the broader healthcare community.

As a result of these findings, effective immediately, you will be relieved of your position as Pharmacist in Charge and reassigned to the role of Administrative Pharmacist. In this capacity, you will focus on administrative tasks and formula management while working closely with Ali Zerafati, who will assume the role of Pharmacist in Charge. This transition aims to uphold the operational integrity of Boothwyn Pharmacy and ensure compliance with all applicable regulations moving forward.

COPY

Additionally, as part of your reassignment:

- You will undergo a 90-day probationary period, during which you will not engage in activities involving sensitive documents or records that could impact on the integrity of our compounds, results, or reputation.
- You are required to complete 20 hours of coursework in ethics, with a focus on FDA regulations and ethical practices in pharmacy, within this probationary period. Failure to comply with this requirement will result in termination of employment. Human Resources will set up the modules.

DOS Prothonotary
May 01 2025

Boothwyn Pharmacy

- You will be required to schedule and attend a bi-weekly appointment with our Human Resources Director to assess your progress with these directives.
- Any future violations related to document integrity or ethical breaches will lead to immediate termination.

This decision reflects Boothwyn Pharmacy's commitment to professional integrity and adherence to regulatory standards. We expect your full cooperation and dedication in adhering to these terms as we work to restore and uphold the trust of our clients and regulatory partners.

Sincerely,

John Howell

John Howell, Executive Vice President of Operations
Boothwyn Pharmacy

Cc: Louis Micolucci, CEO; Arthur Dustman, COO and President



DDS Prothonotary:
May 01 2025

CPE Monitor Statement

Printed: 03/19/2025 03:47:48 PM

Participant Name:
Martin James Farrell

NABP e-Profile ID: 650055

Provider Information:
VCU Health Continuing Education

Activity Information

Activity Title: The Ethical, Legal, and Regulatory Foundations of Pharmacy Compounding

Activity Date: 11/18/2024

ACPE UAN: JA4008237-0000-23-051-H07-P

Topic Designator: Compounding

Contact Hours (CEU): 15.00 (1.500)

Live Hours: 0.00

Home Hours: 15.00

Activity Type: Knowledge-based

COPY

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Clerk of Circuit Court & Prothonotary
May 01 2025

CPE Monitor Statement

Printed: 03/27/2025 01:08:48 PM

Participant Name:

Martin James Farrell

NABP e-Profile ID: 650055

Provider Information:

National Pharmacy Technician Association (NPTA)

Activity Information

Activity Title: Ethics and Law in Pharmacy Practice

Activity Date: 11/14/2024

ACPE UAN: 0384-9999-23-064-H03-P

Topic Designator: Law Related to Pharmacy Practice

Contact Hours (CEU): 2.00 (0.200)

Live Hours: 0.00

Home Hours: 2.00

Activity Type: Knowledge-based

COPY

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DOS Prothonotary
May 01 2025

CPE Monitor Statement

Printed: 03/19/2025 03:47:52 PM

Participant Name:
Martin James Farrell

NABP e-Profile ID: 650055

Provider Information:
American College of Apothecaries, Inc.

Activity Information

Activity Title: Priority of Pharmacy Ethics in Healthcare

Activity Date: 11/18/2024

ACPE UAN: 0201-9999-22-035-H04-P

Topic Designator: Pharmacy Administration

Contact Hours (CEU): 1.00 (0.100)

Live Hours: 0.00

Home Hours: 1.00

Activity Type: Knowledge-based

COPY

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FILED Prothonotary
May 01 2025

CPE Monitor Statement

Printed: 03/19/2025 03:47:55 PM

Participant Name:
Martin James Farrell

NABP e-Profile ID: 650055

Provider Information:
NBLS, Inc.

Activity Information

Activity Title: FWA Prevention and General Compliance in the Pharmacy

Activity Date: 12/23/2024

ACPE UAN: 0664-0000-24-006-H03-P

Topic Designator: Law Related to Pharmacy Practice

Contact Hours (CEU): 1.00 (0.100)

Live Hours: 0.00

Home Hours: 1.00

Activity Type: Knowledge-based

COPY

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FILED Prothonotary
May 01 2025

CPE Monitor Statement

Printed: 03/19/2025 03:48:01 PM

Participant Name:
Martin James Farrell

NABP e-Profile ID: 650055

Provider Information:
NBLS, Inc.

Activity Information

Activity Title: HIPAA Compliance for the Pharmacy (2024)

Activity Date: 12/23/2024

ACPE UAN: 0664-0000-23-021-H03-P

Topic Designator: Law Related to Pharmacy Practice

Contact Hours (CEU): 1.00 (0.100)

Live Hours: 0.00

Home Hours: 1.00

Activity Type: Knowledge-based

COPY

MCR
5446

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Clerk of Prothonotary
May 01 2025

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania **Bureau of Professional and** **Occupational Affairs**	
vs.	**Case No.** **24-54-017144**
Martin James Farrell, RPh, **Respondent**	

ORDER

AND NOW, this 29th day of April 2025, the **STATE BOARD OF PHARMACY** ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 7, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Arion R Claggett

ARION R. CLAGGETT
ACTING COMMISSIONER

BY ORDER:
STATE BOARD OF PHARMACY

CHRISTINE ROUSSEL, PHARM.D., R.PH.
CHAIRPERSON

For the Board: Sean C. Barrett, Esquire

For the Commonwealth: Nathan C. Giunta, Esquire
Prosecution Division
PO Box 69521
Harrisburg, PA 17106-9521

COPY

Respondent: Martin James Farrell, RPh
[redacted]
Havertown, PA [redacted]

Date of mailing: 5/1/2025

Farrell245417144ca021524neg.docx

DOS Prothonotary
May 01 2025

16

16A

NEVADA STATE BOARD OF PHARMACY

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

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

Section 1: General Information

First: Baylee Middle: [redacted] Ann Last: Watkins

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

Mailing Address: [redacted]

City: Elko State: NV Zip: 89801

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Albertsons Pharmacy License #: PH04404

Address: 2582 Idaho St

City: Elko State: NV Zip: 89801

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: Penn Foster High School Graduation Date OR Date GED obtained (mm/yy): 07/24

Address: 3133 W frye Rd Suite 215

City: Chandler State: AZ Zip: 85226

Section 5: 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.)		X
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.)		X
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.)		X

Section 6: 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.)		X
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?	X	

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	Initials BW	
	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 registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
[redacted] 7/23/23	8/5/24	WV	Elko	Elko
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
[redacted]		Elko district Court		
Reason/Charge Possess schedule I or II controlled substance less than 14 grams				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below: On July 23.2023 at 9:34 pm a routine Traffic Stopped occured. The driver got arressted for not having a valid drivers license. I also did not hold a valid license so they began towing process. during the process they did an inventory search of the vehicle. While they searched they found psilocybin mushrooms. Since the car was in my name I had plead guilty even though they were the drivers.

Bayllie Matthias
Original Signature (electronic, copies or stamps not accepted)

7/15/2025
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/10/2023	7/18/2025	NV	~~EL~~ Elko	Elko
Case # [redacted]		Governing, licensing, Arresting Presiding Body/Agency/Court: Elko Justice municipal		
Reason/Charge: Driving under the influence. Minor in possession of Alcohol				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below: On nov 11th I was driving under the influence and got stopped for failure to maintain straight line. Its still in process but on July 18th 2025 I will be pleading guilty. provided they wont cancel.

Original Signature (electronic, copies or stamps not accepted)

7/15/2025
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.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Baylee Watkins
Print Name

Baylee Watkins
Original Signature (electronic, copies or stamps not accepted)

7/15/2025
Date

Board Use Only	Date Received: 8/28/25	Amount: $50-MD19-7703941571

Case No. [redacted]

Dept. No. 2

FILED

2025 AUG 19 AM 10:58

4th JUDICIAL DISTRICT COURT

CLERK ____ DEPUTY

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT

OF THE STATE OF NEVADA, IN AND FOR THE COUNTY OF ELKO

STATE OF NEVADA,

Plaintiff,

vs.

BAYLEE ANN WATKINS,

Defendant.

/

ORDER FOR DISCHARGE AND DISMISSAL

ORDER SEALING RECORDS

On May 20, 2024, the court accepted Defendant Baylee Ann Watkins's plea of guilty to one count conspiracy to commit possession of a controlled substance, a gross misdemeanor. The court subsequently entered its order deferring judgment and placed Defendant on probation for a period of 12 months.

On July 11, 2025, the Division of Parole and Probation filed a petition to dismiss the proceedings against Defendant, discharge Defendant from probation, and set aside Defendant's "conviction."

On August, 18, 2025, the court held a hearing on the petition. At the conclusion of the hearing, the court stated it would enter orders honorably discharging Defendant from probation and dismissing this action. The court will also seal all records of this action. *See* NRS 176.211(6).

Therefore, the court enters the following orders:

1. Defendant Baylee Ann Watkins is honorably discharged from probation.
2. These proceedings are dismissed.
3. All records of this action are sealed.

DATED this 18 day of August, 2025.

The Honorable Alvin R. Kacin
District Judge/Department 2

CERTIFICATE OF SERVICE

Pursuant to Nev. R. Civ. P. 5(b), I certify that I am an employee of Alvin R. Kacin, District Judge, Fourth Judicial District Court, Department 2, and that on this 19 day of August, 2025, served by the following method of service:

(X) Regular US Mail	( ) Overnight UPS
( ) Certified US Mail	( ) Overnight Federal Express
( ) Registered US Mail	( ) Email
( ) Overnight US Mail	( ) Hand Delivery
( ) Personal Service	(X) Box in Clerk's Office

a true copy of the foregoing document addressed to:

Elko County District Attorney's Office
[Box in Clerk's Office]

Baylee Watkins
[redacted]
Elko, NV [redacted]
[Regular US Mail]

Division of Parole and Probation
[Box in Clerk's Office]

Maritza Martinez
(Name)

(Signature)

CASE SUMMARY

CRIMINAL

CASE NO. JCM-23-6246

THE STATE OF NEVADA Vs. BAYLEE ANN WATKINS

Location:	Justice
Judicial Officer:	Drake, Bryan
Filed on:	11/10/2023
Elko County District	M-23-02026
Attorney's Office:	
Elko County Jail:	23EL01577
Elko County Sheriff's Office:	23EL20505
Elko Justice Court:	23-6246

CASE INFORMATION

Case Type: **Misdemeanor**

Case Status: **07/18/2025 Post Disposition**

Offense	Statute	Deg	Date
Jurisdiction: **Elko County**			
1. DUI, (1ST)	484C.110	M	11/10/2023
PCN: NVELSO04014050C ACN: 23EL01577			
BAC Status:			
BAC Level: 0.00			
Arrest: 11/10/2023 EC-SO - Elko County Sheriff's Office			
2. MINOR IN POSS ALC BEV IN PUBLIC	202.020.2	M	11/10/2023
PCN: NVELSO04014050C ACN: 23EL01577			
Arrest: 11/10/2023 EC-SO - Elko County Sheriff's Office			
3. DRIVE W/REV DRV-LIC FOR DUI	483.560.2	M	11/10/2023
PCN: NVELSO04014050C ACN: 23EL01577			
Arrest: 11/10/2023 EC-SO - Elko County Sheriff's Office			
3. FAIL MAINTAIN/IMPROP LANE CHG/USE SIGNAL	484B.223.1	M	11/10/2023
PCN: NVELSO04014050C			
4. DRIVE W/O DRV-LIC	483.550	M	11/10/2023
PCN: NVELSO04014050C			

Statistical Closures

07/18/2025 Guilty Plea with Sentence (before trial)

Bonds

Surety Bond #FCS5-2672153 $2,115.00
11/14/2023 Surety Bond Posted
07/18/2025 Exonerated
Counts: 1, 2, 3

DATE — CASE ASSIGNMENT

Current Case Assignment

Case Number	[redacted]
Court	Justice
Date Assigned	11/10/2023 12:52 PM
Judicial Officer	Drake, Bryan

PARTY INFORMATION

Plaintiff THE STATE OF NEVADA

Fick, Walter F.
Retained

Defendant WATKINS, BAYLEE ANN
** *Confidential Address* **

ARESHENKO, RAY
Court Appointed
775-300-7594(W)

DATE — EVENTS & ORDERS OF THE COURT

EVENTS

16B

NEVADA STATE BOARD OF PHARMACY

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

Y

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

Section 1: General Information

First: Katherine Middle: Rene Last: Rodriguez

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

Mailing Address: [redacted]

City: Fernley State: NV Zip: [redacted]

Telephone [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: Walgreens

Address: 1280 Hwy 95A North

City: Fernley State: NV Zip: 89408

Name of Program Director:

Signature of Program Director:

Section 3: Employment Information

Pharmacy Name: Walgreens License #: PH0274I

Address: 1280 Hwy 95A North

City: Fernley State: NV Zip: 89408

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: Visalia Adult School Graduation Date OR Date GED obtained (mm/yy): 06-12

Address: 3110 E Houston Ave

City: Visalia, CA 93292 State: CA Zip: 93292

Section 5: 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.)		X
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.)		X
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.)		X

Section 6: 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.)		X
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 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** KR	
	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 registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12-3-05		CA		TULARE
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
DCM156064				
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I no longer struggle like I did 20 years ago with addiction. I have 12 years clean and have learned from all my mistakes. I wish I didnt have all this baggage but I do. All Im needing is to get past it and continue to progress in my life. Thank you.

Kellen Reedy

Original Signature (electronic, copies or stamps not accepted)

9-3-25

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10-31-07		CA		TULARE
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
DCM193183				
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I Regret my Stupidity but I have learned from my past and am a better person for it. 12 years sober now and I have completed a program as well.

Kallie Rodriguez
Original Signature (electronic, copies or stamps not accepted)

9.3.25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10-23-07				TULARE
Case # DCM192715		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I was struggling with an addiction that I no longer struggle with. Ive completed a program and changed my life 100% for the better. I have 12 years sober.

Katlynn Rodney

Original Signature (electronic, copies or stamps not accepted)

9-3-25

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8-15-2014		CA		TULARE
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
VCM 305844				
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I struggled with an addiction and have since then completed a drug program and have been clean for about 12 years.

Kallen Rodriguez
Original Signature (electronic, copies or stamps not accepted)

9-3-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10-1-2014		CA		TULARE
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
VCM307252				
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I was young and dumb. In a very bad place in my life and struggled with an addiction I no longer struggle with. I have been sober for 12 years

Kaitlin Rodriguez
Original Signature (electronic, copies or stamps not accepted)

9-3-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10.23.04	3.29.05	CA	OROSF	TULARE
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
TCF 140399A				
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I was driving around in a stolen car and I knew it was stolen. I was young and dumb and I regret it completley. I served 180 days in county jail.

Kathrin Rodriguez
Original Signature (electronic, copies or stamps not accepted)

9.3.25
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.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Katherine Rodriguez

Print Name

Original Signature (electronic, copies or stamps not accepted)

9-2-25

Date

Board Use Only	Date Received: 9/3/25	Amount: $50 ck 1051

Superior Court of California
County of Tulare

Register of Actions

DCM156064: People vs. Valencuela, Katherine Rene
Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 12/06/2005**

Party

Defendant: Katherine Valenzuela — Deputy Public Defender

Criminal Filing

Filing Date	Filing Type/Category	Disposition
12/06/2005	Complaint-Misdemeanor: Drug Offense	Conviction: Nolo Plea on 12/14/2005

Charges

Violation Date			Disposition
12/03/2005	Misdemeanor	Ct. 1 HS11550(a) - Use/Under Influence Of Controlled Substance	Conviction: Nolo Plea on 12/14/2005

Sentences

Ct: 1 HS11550(a) Use/Under Influence Of Controlled Substance

12/14/2005	County Jail	$0.00	90 Days	Status: Imposed on 12/14/2005

Documents

Date Filed	Document Type	Additional Information	Filed By
12/06/2005	Minutes (Converted)		Clerk
12/12/2005	Complaint		District Attorney
12/14/2005	Minutes (Converted)		Clerk

Scheduled Events

Event Date	Event Type	Result	Judge
12/06/2005	Arraignment: Complaint	Not Guilty Plea Entered	Stephen Drew
12/14/2005	Pretrial Conference	Heard: Defendant Sentenced	Ronn Couillard

Case Disposition

Disposition Date	Disposition Type
12/14/2005	Conviction: Nolo Plea

DCM193183: People vs. Valenzuela, Katherine Rene

Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 10/31/2007**

Documents

Date Filed	Document Type	Additional Information	Filed By
10/31/2007	Complaint		District Attorney
10/31/2007	Document Other	Cite Letter	District Attorney
11/19/2007	Minutes (Converted)		Clerk
11/28/2007	Minutes (Converted)		Clerk
12/12/2007	Minutes (Converted)		Clerk
01/10/2008	Notice of Hearing	Notice to appear	Probation Officer
01/10/2008	Certificate	& affidavit	Probation Officer
01/17/2008	Minutes (Converted)		Clerk
01/31/2008	Minutes (Converted)		Clerk
06/27/2008	Certificate	& affidavit	Probation Officer
06/27/2008	Notice of Hearing	Notice to appear	Probation Officer
07/03/2008	Minutes (Converted)		Clerk
07/21/2008	Minutes (Converted)		Clerk
07/28/2008	Minutes (Converted)		Clerk
08/17/2009	Minutes (Converted)		Clerk
11/16/2009	Minutes (Converted)		Clerk
02/22/2010	Minutes (Converted)		Clerk
06/29/2010	Notice	Statement of Account	Clerk
09/03/2010	Failure to Pay Notice		Clerk

Scheduled Events

Event Date	Event Type	Result	Judge
11/19/2007	Arraignment: Complaint	Recovery Court Referred	Stephen Drew
12/12/2007	Proof	Heard: Orders Made	James Hollman
11/28/2007	Recovery Court Suitability/Sentencing	Recovery Ct Accepted	Darryl Ferguson
01/17/2008	Recovery Court VOP: Arraignment	Probation Reinstated	Glade Roper
07/21/2008	Drug Court VOP: Sentencing	Drug Court Acceptance	Gary Paden
07/03/2008	Recovery Court VOP: Arraignment	Recovery Ct Disqualified	Glade Roper
07/28/2008	Drug Court Review	Heard: Orders Made	Gary Paden
01/31/2008	Proof	Heard: Orders Made	Glade Roper
08/17/2009	Drug Court Review	Heard: Orders Made	Gary Paden
11/16/2009	Drug Court Review	Heard: Continued (Orders Made)	Gary Paden
02/22/2010	Drug Court Review	Drug Court Successful Completion	Gary Paden

Case Disposition

Disposition Date	Disposition Type
11/19/2007	Conviction: Nolo Plea

Superior Court of California
County of Tulare

Register of Actions

DCM193183: People vs. Valenzuela, Katherine Rene

Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 10/31/2007**

Party

Defendant: Katherine Valenzuela

Criminal Filing

Filing Date	Filing Type/Category	Disposition
10/31/2007	Complaint-Misdemeanor: Drug Offense	Conviction: Nolo Plea on 11/19/2007

Charges

Violation Date			Disposition
08/08/2007	Misdemeanor	Ct. 1 HS11550(a) - Use/Under Influence Of Controlled Substance	Guilty Plea: Recovery Ct Referral on 11/28/2007
08/08/2007	Misdemeanor	Ct. 2 HS11364(a) - Possession of a Smoking Device	Guilty Plea: Recovery Ct Referral on 11/28/2007

Sentences

Ct: 1 HS11550(a) Use/Under Influence Of Controlled Substance

11/28/2007	Fines and Fees - Judge Ordered	$655.00		Status: Imposed on 11/28/2007
07/21/2008	Community Service	$0.00	300 Hours	Status: Imposed on 07/21/2008

Probation

07/21/2008	Probation: Drug Court	5 Years	Status: Imposed on 07/21/2008

DCM192715: People vs. Valenzuela, Kathrine Rene Rodriguez

Misdemeanor - Misdemeanor: Drug Offense

Filing Date: 10/23/2007

Documents

Date Filed	Document Type	Additional Information	Filed By
10/23/2007	Complaint		District Attorney
10/23/2007	Minutes (Converted)		Clerk
10/30/2007	Minutes (Converted)		Clerk
11/14/2007	Minutes (Converted)		Clerk
11/28/2007	Minutes (Converted)		Clerk
01/10/2008	Notice of Hearing	Notice to appear	Probation Officer
01/10/2008	Certificate	& affidavit	Probation Officer
01/17/2008	Minutes (Converted)		Clerk
01/31/2008	Minutes (Converted)		Clerk
06/27/2008	Certificate	& affidavit	Probation Officer
06/27/2008	Notice of Hearing	Notice to appear	Probation Officer
07/03/2008	Minutes (Converted)		Clerk
07/21/2008	Minutes (Converted)		Clerk
07/28/2008	Minutes (Converted)		Clerk
08/17/2009	Minutes (Converted)		Clerk
11/16/2009	Minutes (Converted)		Clerk
02/22/2010	Minutes (Converted)		Clerk
06/29/2010	Notice	Statement of Account	Clerk
09/03/2010	Failure to Pay Notice		Clerk

Scheduled Events

Event Date	Event Type	Result	Judge
11/14/2007	Recovery Court Suitability/Sentencing	Recovery Ct Accepted	Gary Paden
10/23/2007	Arraignment: Complaint	Not Guilty Plea Entered	Stephen Drew
10/30/2007	Pretrial Conference	Heard: Defendant Pled/Set Sentence	Stephen Drew
11/28/2007	Proof	Probation Reinstated	Darryl Ferguson
01/17/2008	Recovery Court VOP: Arraignment	Probation Reinstated	Glade Roper
07/21/2008	Drug Court VOP: Sentencing	Drug Court Acceptance	Gary Paden
07/03/2008	Recovery Court VOP: Arraignment	Recovery Ct Disqualified	Glade Roper
07/28/2008	Drug Court Review	Heard: Orders Made	Gary Paden
01/31/2008	Proof	Heard: Orders Made	Glade Roper
11/16/2009	Drug Court Review	Heard: Continued (Orders Made)	Gary Paden
08/17/2009	Drug Court Review	Heard: Orders Made	Gary Paden
02/22/2010	Drug Court Review	Drug Court Successful Completion	Gary Paden

Case Disposition

Disposition Date	Disposition Type
10/30/2007	Conviction: Guilty Plea

Superior Court of California
County of Tulare

Register of Actions

DCM192715: People vs. Valenzuela, Kathrine Rene Rodriguez
Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 10/23/2007**

Party

Defendant: Kathrine Valenzuela Rodriguez — Deputy Public Defender

Criminal Filing

Filing Date	Filing Type/Category	Disposition
10/23/2007	Complaint-Misdemeanor: Drug Offense	Conviction: Guilty Plea on 10/30/2007

Charges

Violation Date			Disposition
10/19/2007	Misdemeanor	Ct. 1 HS11550(a) - Use/Under Influence Of Controlled Substance	Guilty Plea: Recovery Ct Referral on 11/14/2007
10/19/2007	Misdemeanor	Ct. 2 HS11364(a) - Possession of a Smoking Device	Guilty Plea: Recovery Ct Referral on 11/14/2007

Sentences

Ct: 1 HS11550(a) Use/Under Influence Of Controlled Substance

11/14/2007	Fines and Fees - Judge Ordered	$655.00		Status: Imposed on 11/14/2007
07/21/2008	Community Service	$0.00	300 Hours	Status: Imposed on 07/21/2008

Probation

07/21/2008	Probation: Drug Court	5 Years	Status: Imposed on 07/21/2008

VCM305844: People vs. Rodriguez, Katherine Renee

Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 09/09/2014**

Documents

Date Filed	Document Type	Additional Information	Filed By
09/09/2014	Complaint		District Attorney
09/17/2014	Minutes (Converted)		Clerk
10/03/2014	Minutes (Converted)		Clerk
10/07/2014	Minutes (Converted)		Clerk
10/07/2014	Minute Order Amended		Clerk
10/31/2014	Minutes (Converted)		Clerk
11/21/2014	Document Other	Probation Terms and Conditions	Probation Department
11/21/2014	Minutes (Converted)		Clerk
01/09/2015	Minutes (Converted)		Clerk
02/06/2015	Minutes (Converted)		Clerk
03/06/2015	Minutes (Converted)		Clerk
04/03/2015	Minutes (Converted)		Clerk
05/01/2015	Minutes (Converted)		Clerk
05/29/2015	Minutes (Converted)		Clerk
06/05/2015	Minutes (Converted)		Clerk
06/19/2015	Minutes (Converted)		Clerk
12/19/2016	CR Minutes ARR/PT		Clerk
12/29/2016	Warrant (Recall Slip)	1297398	Clerk
12/29/2016	Arrest/Bench Warrant - Party		Clerk
03/08/2017	CR Minutes ARR/PT		Clerk
03/14/2017	CR Minutes ARR/PT		Clerk
04/06/2017	CR Minutes ARR/PT		Clerk

Scheduled Events

Event Date	Event Type	Result	Judge
09/17/2014	Arraignment: Complaint	Fail to Appear - Bench Warrant Issued	Jennifer Shirk
10/31/2014	Recovery Court Suitability/Sentencing	Continued: Court	Valeriano Saucedo
11/18/2014	Hearing: Other	Matter Off Calendar-B/F Court Date	Stephen Sillman
10/03/2014	Arraignment: Complaint	Not Guilty Plea Entered	Stephen Sillman
11/21/2014	Recovery Court Suitability/Sentencing	Recovery Ct Accepted	Valeriano Saucedo
10/07/2014	Expedited Case Disposition	Recovery Court Referred	Ronn Couillard
01/09/2015	Proof	Heard: Continued (Orders Made)	Valeriano Saucedo
03/06/2015	OTP Review	Heard: Continued (Orders Made)	Valeriano Saucedo
04/03/2015	OTP Review	Heard: Continued (Orders Made)	Valeriano Saucedo
05/01/2015	OTP Review	Fail to Appear - Bench Warrant Held	Valeriano Saucedo
05/29/2015	OTP Review	Heard: Continued (Orders Made)	Kathryn Montejano
06/05/2015	OTP Review	Continued: Court	Kathryn Montejano
06/19/2015	Further Proceedings	Recovery Ct Disqualified	Kathryn Montejano
02/06/2015	OTP Review	Heard: Continued (Orders Made)	Valeriano Saucedo
12/28/2016	VOP: Arraignment	Fail to Appear - Bench Warrant Issued	Nathan Leedy
03/08/2017	VOP: Arraignment	Heard: VOP Denied	Nathan Leedy
03/21/2017	VOP: Pretrial	Continued: Defendant	Nathan Leedy
04/18/2017	VOP: Pretrial	Probation Reinstated	Nathan Leedy

Case Disposition

Disposition Date	Disposition Type
10/07/2014	Conviction: Guilty Plea

Superior Court of California
County of Tulare

Register of Actions

VCM305844: People vs. Rodriguez, Katherine Renee

Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 09/09/2014**

Party

Defendant: Katherine Rodriguez — Deputy Public Defender

Criminal Filing

Filing Date	Filing Type/Category	Disposition
09/09/2014	Complaint-Misdemeanor: Drug Offense	Conviction: Guilty Plea on 10/07/2014

Charges

Violation Date			Disposition
08/15/2014	Misdemeanor	Ct. 1 HS11364.1(a)(1) - Possession of a Smoking Device	Conviction: Guilty Plea on 11/21/2014

Sentences

Ct: 1 HS11364.1(a)(1) Possession of a Smoking Device

11/21/2014	Fines and Fees - Judge Ordered	$885.00	Status: Imposed on 11/21/2014

Probation

11/21/2014	Probation: Summary	3 Years	Status: Reinstated on 04/18/2017

TCM141262: People vs. Valenzuela, Katherine Renee

Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 02/23/2005**

Case Disposition

Disposition Date	Disposition Type
03/20/2005	Conviction: Nolo Plea

Superior Court of California
County of Tulare

Register of Actions

TCM141262: People vs. Valenzuela, Katherine Renee

Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 02/23/2005**

Party

Defendant: Katherine Valenzuela — Deputy Public Defender

Criminal Filing

Filing Date	Filing Type/Category	Disposition
02/23/2005	Complaint-Misdemeanor: Drug Offense	Conviction: Nolo Plea on 03/30/2005

Charges

Violation Date			Disposition
02/19/2005	Misdemeanor	Ct. 1 HS11550(a) - Use/Under Influence Of Controlled Substance	Conviction: Nolo Plea on 03/30/2005

Sentences

Ct: 1 HS11550(a) Use/Under Influence Of Controlled Substance

03/30/2005	County Jail	$0.00	90 Days	Status: Imposed on 03/30/2005

Probation

03/30/2005	Probation: Summary	60 Months	Status: Imposed on 03/30/2005

Documents

Date Filed	Document Type	Additional Information	Filed By
02/23/2005	Minutes (Converted)		Clerk
02/24/2005	Complaint		District Attorney
03/01/2005	Minutes (Converted)		Clerk
03/29/2005	Minutes (Converted)		Clerk
11/01/2005	Minutes (Converted)		Clerk
11/02/2005	Order	VOP	Clerk
12/14/2005	Minutes (Converted)		Clerk

Scheduled Events

Event Date	Event Type	Result	Judge
03/29/2005	Sentencing Hearing	Heard: Defendant Pled/Sentenced	Walter Gorelick
03/01/2005	Pretrial Conference	Heard: Continued (Orders Made)	Walter Gorelick
02/23/2005	Arraignment: Complaint	Heard: Continued (Orders Made)	Stephen Drew
11/01/2005	Review Hearing	Fail to Appear - Bench Warrant Issued	Walter Gorelick
12/14/2005	Failure to Appear	Probation Terminated	Ronn Couillard

VCM307252: People vs. Rodriguez, Katherine Renee

Felony - Felony: Drug Offense **Filing Date: 10/03/2014**

Case Disposition

Disposition Date	Disposition Type
10/07/2014	Conviction: Guilty Plea

VCM307252: People vs. Rodriguez, Katherine Renee

Felony - Felony: Drug Offense **Filing Date: 10/03/2014**

Documents

Date Filed	Document Type	Additional Information	Filed By
10/03/2014	Complaint		District Attorney
10/03/2014	Minutes (Converted)		Clerk
10/07/2014	Fingerprint Form (CR-100)		Clerk
10/07/2014	Minutes (Converted)		Clerk
10/07/2014	Minute Order Amended		Clerk
10/21/2014	Transcript	change of plea 10-07-14	Other
10/31/2014	Minutes (Converted)		Clerk
11/18/2014	Document Other	DOJ LABS	District Attorney
11/18/2014	Minutes (Converted)		Clerk
11/21/2014	Document Other	Probation Terms and Conditions	Probation Department
11/21/2014	Minutes (Converted)		Clerk
01/09/2015	Minutes (Converted)		Clerk
02/06/2015	Minutes (Converted)		Clerk
03/06/2015	Minutes (Converted)		Clerk
03/24/2015	Petition for Reclassification pursuant to PC1170.18		Public Defender
04/02/2015	Response to Petition pursuant to PC1170.18		District Attorney
04/03/2015	Order	Re: Petition under Proposition 47	Public Defender
04/03/2015	Minutes (Converted)		Clerk
05/01/2015	Minutes (Converted)		Clerk
05/29/2015	Minutes (Converted)		Clerk
06/05/2015	Minutes (Converted)		Clerk
06/19/2015	Minutes (Converted)		Clerk
12/19/2016	CR Minutes ARR/PT		Clerk
12/29/2016	Warrant (Recall Slip)	1297397	Clerk
12/29/2016	Arrest/Bench Warrant - Party		Clerk
03/08/2017	CR Minutes ARR/PT		Clerk
03/14/2017	CR Minutes ARR/PT		Clerk
04/06/2017	CR Minutes ARR/PT		Clerk

Scheduled Events

Event Date	Event Type	Result	Judge
11/18/2014	Hearing: Other	Heard: Orders Made	Stephen Sillman
10/31/2014	Recovery Court Suitability/Sentencing	Continued: Court	Valeriano Saucedo
10/03/2014	Arraignment: Complaint	Not Guilty Plea Entered	Stephen Sillman
10/15/2014	Preliminary Examination	Matter Off Calendar-B/F Court Date	James Hollman
10/07/2014	Expedited Case Disposition	Recovery Court Referred	Ronn Couillard
11/21/2014	Recovery Court Suitability/Sentencing	Recovery Ct Accepted	Valeriano Saucedo
01/09/2015	Proof	Heard: Continued (Orders Made)	Valeriano Saucedo
03/06/2015	OTP Review	Heard: Continued (Orders Made)	Valeriano Saucedo
04/03/2015	OTP Review	Heard: Continued (Orders Made)	Valeriano Saucedo
04/03/2015	Reclassification Hearing 1170.18	Defendant Resentenced to Misd/Inf	Valeriano Saucedo
05/01/2015	OTP Review	Fail to Appear - Bench Warrant Held	Valeriano Saucedo
05/29/2015	OTP Review	Heard: Continued (Orders Made)	Kathryn Montejano
06/05/2015	OTP Review	Continued: Court	Kathryn Montejano
06/19/2015	Further Proceedings	Recovery Ct Disqualified	Kathryn Montejano
02/06/2015	OTP Review	Heard: Continued (Orders Made)	Valeriano Sauced
12/28/2016	VOP: Arraignment	Fail to Appear - Bench Warrant Issued	Nathan Leedy
03/08/2017	VOP: Arraignment	Not Guilty Plea Entered	Nathan Leedy
03/21/2017	Pretrial Conference	Continued: Defendant	Nathan Leedy
04/18/2017	Pretrial Conference	Probation Reinstated	Nathan Leedy

Superior Court of California
County of Tulare

Register of Actions

VCM307252: People vs. Rodriguez, Katherine Renee
Felony - Felony: Drug Offense

Filing Date: 10/03/2014

Party

Defendant: Katherine Rodriguez — Deputy Public Defender

Criminal Filing

Filing Date	Filing Type/Category	Disposition
10/03/2014	Complaint-Felony: Drug Offense	Conviction: Guilty Plea on 10/07/2014

Charges

Violation Date			Disposition
10/01/2014	Reduced Misdemeanor 1170.18	Ct. 1 HS11377(a) - Possess Controlled Substance	Conviction: Guilty Plea on 11/21/2014

Sentences

Ct: 1 HS11377(a) Possess Controlled Substance

11/21/2014	Fines and Fees - Judge Ordered	$1,050.00	Status: Imposed on 11/21/2014

Probation

11/21/2014	Probation: Summary	3 Years	Status: Reinstated on 04/18/2017

TCF140399A: People vs. Valenzuela, Katherine Rene

Felony - Felony: Property Offense

Filing Date: 02/03/2005

Documents

Date Filed	Document Type	Additional Information	Filed By
02/03/2005	Complaint		District Attorney
02/22/2005	Minutes (Converted)		Clerk
02/25/2005	Probation Officer Report	Local Record Check	Clerk
03/01/2005	Minutes (Converted)		Clerk
03/15/2005	Report and Recommendation	Prob Sent Report	Clerk
03/29/2005	Minutes (Converted)		Clerk
10/19/2005	Notice Non-Compliance	FTC: 40 Vol Hrs by 09-28-05	Clerk
10/28/2005	Order	VOP	Clerk
12/05/2005	Minutes (Converted)		Clerk
12/13/2005	Memorandum	VOP	Probation Officer
12/14/2005	Minutes (Converted)		Clerk
04/09/2006	Receipt	for terms & conditions of probation	Clerk
10/18/2007	Certificate	& affidavit	*Probation Officer*
10/18/2007	Order	VOP warrant	Probation Officer
10/18/2007	Warrant	control #612087; $20,000	Probation Officer
10/23/2007	Minutes (Converted)		Clerk
10/30/2007	Minutes (Converted)		Clerk
11/14/2007	Minutes (Converted)		Clerk

Scheduled Events

Event Date	Event Type	Result	Judge
03/01/2005	Preliminary Hearing Confirmation	Heard: Continued (Orders Made)	Walter Gorelick
03/08/2005	Preliminary Examination	Not Heard: Vacated	Walter Gorelick
02/22/2005	Arraignment: Complaint	Heard: Continued (Orders Made)	Walter Gorelick
03/29/2005	Sentencing Hearing	Defendant Sentenced No Argument	Walter Gorelick
12/14/2005	VOP: Pretrial	Probation Reinstated	Ronn Couillard
12/05/2005	VOP: Arraignment	Heard: Continued (Orders Made)	Walter Gorelick
10/30/2007	VOP: Pretrial	Heard: Orders Made	Stephen Drew
10/23/2007	VOP: Arraignment	Heard: Orders Made	Stephen Drew
11/14/2007	VOP: Pretrial	Probation Reinstated	Gary Paden

Case Disposition

Disposition Date	Disposition Type
03/29/2005	Conviction: Nolo Plea

Superior Court of California
County of Tulare

Register of Actions

TCF140399A: People vs. Valenzuela, Katherine Rene
Felony - Felony: Property Offense **Filing Date: 02/03/2005**

Party

Defendant: Katherine Valenzuela — Deputy Public Defender

Criminal Filing

Filing Date	Filing Type/Category	Disposition
02/03/2005	Complaint-Felony: Property Offense	Conviction: Nolo Plea on 03/29/2005

Charges

Violation Date			Disposition
10/23/2004	Felony	Ct. 1 VC10851(a) - Take Vehicle Without Owners Consent	Conviction: Nolo Plea on 03/29/2005
10/23/2004	Felony	Ct. 2 PC496d(a) - Possess Stolen Vehicle/Vessel/etc.	Dismissal on 03/29/2005
11/04/2005	Misdemeanor	Ct. 3 VC40509.1 - Failure to Comply with Court Order	Failure to Comply Released on 12/14/2005

Sentences

Ct: 1 VC10851(a) Take Vehicle Without Owners Consent

03/29/2005	Restitution Fine	$330.00		Status: Imposed on 03/29/2005
03/29/2005	County Jail	$0.00	180 Days	Status: Imposed on 03/29/2005

Probation

03/29/2005	Probation: Formal	3 Years	Status: Imposed on 11/14/2007

Superior Court of California
County of Tulare

Register of Actions

TCF140399A: People vs. Valenzuela, Katherine Rene

Felony - Felony: Property Offense **Filing Date: 02/03/2005**

Party

Defendant: Katherine Valenzuela — Deputy Public Defender

Criminal Filing

Filing Date	Filing Type/Category	Disposition
02/03/2005	Complaint-Felony: Property Offense	Conviction: Nolo Plea on 03/29/2005

Charges

Violation Date			Disposition
10/23/2004	Felony	Ct. 1 VC10851(a) - Take Vehicle Without Owners Consent	Conviction: Nolo Plea on 03/29/2005
10/23/2004	Felony	Ct. 2 PC496d(a) - Possess Stolen Vehicle/Vessel/etc.	Dismissal on 03/29/2005
11/04/2005	Misdemeanor	Ct. 3 VC40509.1 - Failure to Comply with Court Order	Failure to Comply Released on 12/14/2005

Sentences

Ct: 1 VC10851(a) Take Vehicle Without Owners Consent

03/29/2005	Restitution Fine	$330.00		Status: Imposed on 03/29/2005
03/29/2005	County Jail	$0.00	180 Days	Status: Imposed on 03/29/2005

Probation

03/29/2005	Probation: Formal	3 Years	Status: Imposed on 11/14/2007

Superior Court of California
County of Tulare

Register of Actions

DCM188909: People vs. Valenzuela, Kathrine Renee

Misdemeanor - Misdemeanor: Drug Offense **Filing Date: 08/15/2007**

Party

Defendant: Kathrine Valenzuela — Deputy Public Defender

Criminal Filing

Filing Date	Filing Type/Category	Disposition
08/15/2007	Complaint-Misdemeanor: Drug Offense	Conviction: Guilty Plea on 10/30/2007

Charges

Violation Date			Disposition
06/24/2007	Misdemeanor	Ct. 1 HS11550(a) - Use/Under Influence Of Controlled Substance	Guilty Plea: Recovery Ct Referral on 11/14/2007

Sentences

Ct: 1 HS11550(a) Use/Under Influence Of Controlled Substance

11/14/2007	Fines and Fees - Judge Ordered	$655.00		Status: Imposed on 11/14/2007
07/21/2008	Community Service	$0.00	300 Hours	Status: Imposed on 07/21/2008

Probation

07/21/2008	Probation: Drug Court	5 Years	Status: Imposed on 07/21/2008

16C

Y

NEVADA STATE BOARD OF PHARMACY

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

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

Section 1: General Information

First: Rachel Middle: Ann Last: Wright

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

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Walgreens License #: PH01127

Address: 7599 W Lake Mead Blvd

City: Las Vegas State: NV Zip: 89128

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

High School Name: Gateway Christian Graduation Date OR Date GED obtained (mm/yy): 05/2004

Address: 4070 Macon Rd

City: Memphis State: TN Zip: 38122

Section 5: 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 6: 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 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.	Initials BW	
	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 registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/1/2019	11/1/2019	TN	Memphis	Shelby
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
19026939		Shelby County		
Reason/Charge				
Possession of Drug paraphenelia/Unlawful possession of weapon Possession of controled substance				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
NA			NA	
Name of Business/Industry/Entity				
NA				

Provide explanation below:

Case # 09714518-01 Filed 4/30/2009
Driving under/influence Intox/drugs
Fail to exercise due care
Reckless driving

Case # 04641953-01 Filed 8/13/2004
Sell/give liqour to a minor

Case # NA Fraudulent Tags/ Drug paraphenelia
2022 Collierville TN

Case # NA Shoplifting 2024 Little Rock Arkansas

Rachel Wright
Original Signature (electronic, copies or stamps not accepted)

9/21/25
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.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Rachel Ann Wright
Print Name

Rachel Wright
Original Signature (electronic, copies or stamps not accepted)

9/21/25
Date

Board Use Only	Date Received: 10/7/25	Amount: 50-MO-19-763050530

LITTLE ROCK DISTRICT COURT

CERTIFIED DOCKET

Cases as of
10/16/2025 09:45 AM

CITY DOCKET

Case Id	Description	Filing Date
LRCR-24-668	STATE V RACHEL ANN VICTORIA WRIGHT	02-12-24

CASE TYPE: CITY DOCKET CRIMINAL
LITTLE ROCK DISTRICT COURT

End Date	Party Type	ID	Party Name	Payplan	Balance
	JUDGE	DJ60L1	DISTRICT JUDGE OF LITTLE ROCK DISTRICT COURT	CRIM158214	$0.00
				218189	
				387698	
				190827	$0.00
				136878	
				192523	
				133453	$0.00
				192101	
				109986	$0.00
				154866	
				218187	
	DEFENDANT	947404666	WRIGHT, RACHEL ANN VICTORIA		

Service Documents	Signed	Served?	Date	Event Description	Service Reason

WRIGHT, RACHEL ANN VICTORIA [redacted]

Address Type: MA Since: 02-03-24
[redacted]
LITTLE ROCK AR 72211

Violation 1 Citation#2024-016014 Age at Violation: [redacted] Plea:05-09-24 NO PLEA
5-36-103(b)(4)(A)THEFT OF PROPERTY <= $1,000 Disp:11-05-24 DISMISSED
Level: MA CLASS A MISDEMEANOR
Violation Date 02-09-24
Violation Time 19:30:00

Filing Dat	Docket Entry	Filing Party		
02-12-24	ARREST/DISPOSITION REPORT LDI	WRIGHT, RACHEL ANN VICTORIA	LDISBELL	12-FEB-24
02-12-24	1ST APPEARANCE SCHEDULED LDI		LDISBELL	12-FEB-24
03-01-24	COURT APPEARANCE NOTICE GIVEN		MMMATHIS	01-MAR-24
03-01-24	TRIAL SCHEDULED		TRWILSON2	01-MAR-24
03-01-24	EVENT HELD PD R NEAL, NG PLEA, TRIAL 05/09/2024, NOTICE GIVEN		TRWILSON2	01-MAR-24
03-13-24	MOTION DISCOVERY		TLKEENE	14-MAR-24
05-02-24	MOTION DISCOVERY		LDISBELL	03-MAY-24
05-02-24	RESPONSE/REPLY Motion for Discovery		LDISBELL	03-MAY-24
05-02-24	SUBPOENA ISSUED		MMKASPER	03-MAY-24
05-07-24	SUBPOENA SERVED BRISHA WILLIAMS..EMAILED 050724 N.O.		CMOROURKE	07-MAY-24
05-09-24	REPORT/STATUS SCHEDULED		TRWILSON2	09-MAY-24
05-09-24	EVENT HELD PD R NEAL, NEG'D NO PLEA, PTD 11/05/2024, BARRED FROM WALMART (SHACKLEFORD RD)		TRWILSON2	09-MAY-24
11-05-24	EVENT HELD CASE DISMISSED		MMMATHIS	05-NOV-24
11-05-24	CASE CLOSED		MMMATHIS	05-NOV-24

5	UNLAWFUL POSS WEAPON	39-17-1307	Misdemeanor C	11/01/2019

Bond Settings

Setting Date
11/2/2019

Bond

Bond Type	Bond Number	Bond Amount	Current Bond Status
Released on own Recognizance		$0.00	Posted

Disposition Events

03/02/2020 Disposition

Judicial Officer
Anderson, William Bill

1	POSSESSION OF DRUG PARAPHERNALIA	Nolle Prosequi no Court Costs
2	POSSESSION OF DRUG PARAPHERNALIA	Nolle Prosequi no Court Costs
3	POSSESSION OF DRUG PARAPHERNALIA	Nolle Prosequi no Court Costs
4	POSS OF CONT SUBSTANCE	Found Guilty, Guilty Plea
5	UNLAWFUL POSS WEAPON	Nolle Prosequi no Court Costs

03/02/2020 Confinement

4	POSS OF CONT SUBSTANCE	Confinement

Affidavit

11/01/2019 Division Assignment Completed By 24 Hr Clerk

11/01/2019 Custody Released From The Case

11/02/2019 Bond Posted

11/04/2019 Arraignment ▾

Judicial Officer
Anderson, William Bill

Hearing Time
9:00 AM

Result
Continued

11/06/2019 Attorney ▾

Judicial Officer
Anderson, William Bill

Hearing Time
9:00 AM

Result
Continued

12/16/2019 Final Setting for Attorney ▾

Judicial Officer
Anderson, William Bill

Hearing Time
9:00 AM

Result
Continued

01/13/2020 Report to Court ▾

Judicial Officer
Anderson, William Bill

Hearing Time
9:00 AM

Result
Continued

02/21/2020 Disposition ▾

Case Information

09714518-01 | The State of Tennessee vs RACHEL A WRIGHT

Case Number	Court	Judicial Officer
09714518-01	Division 15	Lambert-Ryan, Loyce
File Date	Case Type	Case Status
04/30/2009	Misdemeanor Citation	Disposed

Party

State of Tennessee
The State of Tennessee

Race
Other

Defendant
WRIGHT, RACHEL A

DOB
[redacted]

Race
White

Address
[redacted]

Active Attorneys
Lead Attorney
BALLIN, MARVIN EARL
Retained

Charge

Charges
WRIGHT, RACHEL A

	Description	Statute	Level	Date
1	DRIVING U/INFLUENCE INTOX/DRUGS	55-10-401	Misdemeanor A	05/07/2009

Effective Date: 01/08/2010

Agency: Shelby County Correctional Center

Term: 11 Months 29 Days

Suspended Term: 11 Months 27 Days

Credit for Time Served

Custody Date: 12/16/2009

Credit Term: 0 Month 2 Days 0 Hour

Comments: 3 DYS CS 06/16/10 PAYING 400.00 TODAY RPT 5PM

Probation

Supervised, Term 0 Year 11 Months 29 Days 0 Hour

Supervised By: Justice Network

Events and Hearings

04/30/2009 Case Filed

05/28/2009 Arraignment ▾

Hearing Time
9:00 AM

07/02/2009 Report to Court ▾

Hearing Time
9:00 AM

08/06/2009 Report to Court ▾

Hearing Time
9:00 AM

09/17/2009 Final Setting for Report ▾

Hearing Time
9:00 AM

12/16/2009 Sentenced ▾

3	RECKLESS DRIVING	Sentenced

Condition - Adult
1. License Revoked, LCRV: 12 Months, 01/08/2010-12/16/2009, Active 12/16/2009

Condition - Adult
1. Alcohol Safety, 01/08/2010-06/16/2010, Closed 06/16/2010

12/16/2009 Sentenced ▾

2	FAIL TO EXERCISE DUE CARE	Sentenced

Condition - Adult
1. License Revoked, LCRV: 12 Months, 01/08/2010-12/16/2009, Active 12/16/2009

Condition - Adult
1. Alcohol Safety, 01/08/2010-06/16/2010, Closed 06/16/2010

12/16/2009 Sentenced ▾

1	DRIVING U/INFLUENCE INTOX/DRUGS	Sentenced

Condition - Adult
1. License Revoked, LCRV: 12 Months, 01/08/2010-12/16/2009, Active 12/16/2009

Condition - Adult
1. Alcohol Safety, 01/08/2010-06/16/2010, Active 06/16/2010

Condition - Adult
1. Conversion, CONFINEMENT: 11 Month(s) 29 Day(s) CREDIT: 0 Month(s) 2 Day(s) 0 Hour(s) SUSPENDED: 11 Month(s) 27 Day(s) PROBATION: 11 Month(s) 29 Day(s) , 01/08/2010, Active 12/16/2009

Incarceration

Type: Local Confinement

Case Information

09714518-01 | The State of Tennessee vs RACHEL A WRIGHT

Case Number
09714518-01
File Date
04/30/2009

Court
Division 15
Case Type
Misdemeanor Citation

Judicial Officer
Lambert-Ryan, Loyce
Case Status
Disposed

Party

State of Tennessee
The State of Tennessee

Race
Other

Defendant
WRIGHT, RACHEL A

DOB
[redacted]

Race
White

Address
[redacted]

Active Attorneys ▾
Lead Attorney
BALLIN, MARVIN EARL
Retained

Charge

Charges
WRIGHT, RACHEL A

	Description	Statute	Level	Date
1	DRIVING U/INFLUENCE INTOX/DRUGS	55-10-401	Misdemeanor A	05/07/2009

2	FAIL TO EXERCISE DUE CARE	55-8-136	Misdemeanor C	05/07/2009
3	RECKLESS DRIVING	55-10-205	Misdemeanor B	05/07/2009

Disposition Events

12/16/2009 Plea

Judicial Officer
Judge, Converted

1	DRIVING U/INFLUENCE INTOX/DRUGS	Not Guilty

12/16/2009 Plea

Judicial Officer
Judge, Converted

2	FAIL TO EXERCISE DUE CARE	Not Guilty

12/16/2009 Plea

Judicial Officer
Judge, Converted

3	RECKLESS DRIVING	Not Guilty

12/16/2009 Disposition

1	DRIVING U/INFLUENCE INTOX/DRUGS	Found Guilty, Guilty Plea

12/16/2009 Disposition

2	FAIL TO EXERCISE DUE CARE	Nolle Prosequi no Court Costs

12/16/2009 Disposition

3	RECKLESS DRIVING	Nolle Prosequi no Court Costs

Effective Date: **01/08/2010**

Agency: **Shelby County Correctional Center**

Term: **11 Months 29 Days**

Suspended Term: **11 Months 27 Days**

Credit for Time Served

Custody Date: **12/16/2009**

Credit Term: **0 Month 2 Days 0 Hour**

Comments: **3 DYS CS 06/16/10 PAYING 400.00 TODAY RPT 5PM**

Probation

Supervised, Term **0 Year 11 Months 29 Days 0 Hour**

Supervised By: **Justice Network**

Events and Hearings

04/30/2009 Case Filed

05/28/2009 Arraignment ▾

Hearing Time
9:00 AM

07/02/2009 Report to Court ▾

Hearing Time
9:00 AM

08/06/2009 Report to Court ▾

Hearing Time
9:00 AM

09/17/2009 Final Setting for Report ▾

Hearing Time
9:00 AM

11/04/2009 Report to Court ▾

Hearing Time
9:00 AM

12/16/2009 Final Setting for Disposition ▾

Hearing Time
9:00 AM

12/16/2009 Valid Address-Collections

12/16/2009 Base Rate Clerk

12/16/2009 Base Rate Sheriff

12/16/2009 Sheriff's DP Fee

12/16/2009 Resets

12/16/2009 Court House Security

12/16/2009 Installment Plan Post Jmt Motion

01/20/2010 Letter for Default Payments

01/22/2010 Automatic Extension

02/17/2010 Automatic Extension

03/18/2010 Automatic Extension

04/16/2010 Automatic Extension

05/14/2010 Automatic Extension

06/11/2010 Automatic Extension

11/03/2016 Skip Trace Report

11/03/2016 Collection Appearance List

11/16/2016 TVC Suspension Notice

11/17/2016 TVC Suspension Notice

11/18/2016 TVC Suspension Notice

11/1/2019	Transaction Assessment			$7.00
3/1/2020	Transaction Assessment			$828.00
3/1/2020	Transaction Assessment			$750.00
3/1/2020	Transaction Assessment			$25.00
3/1/2020	Payment	Receipt # GS-2020-04559	WRIGHT, RACHEL ANN	($750.00)
4/1/2020	Payment	Receipt # CC-2020-10462	WRIGHT, RACHEL ANN	($50.00)
4/30/2020	Payment	Receipt # CC-2020-12808	WRIGHT, RACHEL ANN	($50.00)
6/11/2020	Payment	Receipt # CC-2020-16164	WRIGHT, RACHEL ANN	($50.00)
7/15/2020	Payment	Receipt # CC-2020-18917	WRIGHT, RACHEL ANN	($50.00)
8/5/2020	Payment	Receipt # CC-2020-21094	WRIGHT, RACHEL ANN	($50.00)
9/8/2020	Payment	Receipt # GS-2020-15182	WRIGHT, RACHEL ANN	($50.00)
10/28/2020	Payment	Receipt # GS-2020-21978	WRIGHT, RACHEL ANN	($50.00)
11/29/2020	Payment	Receipt # GS-2020-25351	WRIGHT, RACHEL ANN	($50.00)
1/3/2021	Payment	Receipt # GS-2021-00226	WRIGHT, RACHEL ANN	($100.00)
2/24/2021	Payment	Receipt # GS-2021-03902	WRIGHT, RACHEL ANN	($360.00)

Documents

Affidavit

16D

NEVADA STATE BOARD OF PHARMACY

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

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

Y

Section 1: General Information

First: Vincent Middle: _____ Last: Montemayor

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

Mailing Address: [redacted]

City: Las Vegas State: NV Zip [redacted]

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: Stepful, Inc.

Address: 19 Clifford Street

City: Detroit State: MI Zip: 48226

Name of Program Director: Natalie Coleman, MS, CPhT

Signature of Program Director: Natalie Coleman

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	✔	
2. Are you a high school graduate or the equivalent?	✔	

High School Name: Duane E Furman High School Graduation Date OR Date GED obtained (mm/yy): 06/01

Address: _____

City: Madera State: CA Zip: 93637

Section 5: 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 6: 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?		

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Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** 	
	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 registration?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✔	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		✔
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/25		NV	Las Vegas	~~Cla~~ Clark
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
		Las Vegas PD		
Reason/Charge				
243 E 1 PC				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

no charges filed.

wife was trying to jump out of car I was holding her leg to stop her. She DID not like that and started kicking then called cops. My Daughter was DRiving so she told cops what happend. That may be why no charges

Original Signature (electronic, copies or stamps not accepted)

9-19-25

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2006-05-02		CA	Madera	Madera
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
152317		Madera P.D		
Reason/Charge				
Disorderly conduct				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

not sure was along time ago

Original Signature (electronic, copies or stamps not accepted)

9-19-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7-3-06	8-18-06	CA	Bakersfield	Kern
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
1712578-0453656		Bakersfield P.D		
Reason/Charge				
148(A)(1)PC 415(1)PC)				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Probation

Was there to drop off couch, my Brother walked across the street. Cops told to come here and instead of arresting him or detaining him cops took him Down and started hitting him. I told them to step and ~~Fuck~~ Just cuff him. Used some choice words then I was arpesed.

Original Signature (electronic, copies or stamps not accepted)

9-19-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12-17-06	07-18-07	CA	Madera	Madera

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
MCR028792	Madera P.D

Reason/Charge
136.1 C 1PC · 243 E 1PC.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Charges Dropped Pled to 242 PC. Probation

Me and the girlfriend got into a big argument She call cops when I told to leave. She told them I was stopping her from calling and that I hit her. When I heard her telling cops this I waited for them outside. Took the Deal did not have $ to fight it.

Original Signature (electronic, copies or stamps not accepted)

9-19-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12-6-08		CA	Madera	Madera
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
08C0006505-152317		Madera P.D.		
Reason/Charge				
647. F P.C				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

not sure what this was

Original Signature (electronic, copies or stamps not accepted)

9-19-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4-17-10		CA	Madera	Madera

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
10000016856-152317	Madera PD

Reason/Charge
242 P.C.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Dont Remember

Dismissed.

Original Signature (electronic, copies or stamps not accepted)

9-19-25
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.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Vincent Montemayor

Print Name

Original Signature (electronic, copies or stamps not accepted)

9-19-20

Date

Board Use Only	Date Received: 9/23/25	Amount: $50 cc

Disposition	(DISMISSED/FURTHERANCE OF JUSTICE)
Charge	2
Statute	FIGHT/CHALLENGE FIGHT PUBLIC PLACE (415(1) PC)
State Offense Code	53072
Severity	Unknown
Disposition	(DISMISSED/FURTHERANCE OF JUSTICE)
Charge	3
Statute	OBSTRUCT/ETC PUBLIC OFFICER/ETC (148(A)(1) PC)
State Offense Code	48122
Severity	Misdemeanor
Disposition	(CONVICTED-PROBATION)
Court Comment	(2006-08-18) FOR CERT INFO SEE AUTOMATED ARCHIVE SYS
Court Comment	CONVICTION CERTIFIED BY WINN CARRIE,DEPUTY COURT CLERK,CASCBAKERSFIELD
Court Comment	COURT ACTION
Sentencing	(Cycle 007)
Sentence	003 YEARS PROBATION; FINE; IMP SEN SS; WORK PROGRAM

Cycle 008

Earliest Event Date	2006-10-22
Arrest Date	2006-10-22
Arrest Case Number	152317
Arresting Agency	CA0200200 CAPDMADERA
Arresting Agency	CA020023C CACBCORR MADERA
Subject's Name	MONTEMAYOR,VINCENT
Comment(s)	ARR AGY MPD
Comment(s)	ARREST/DETAINED/CITED
Charge	1
Charge Description	VIC DECLINES-UNCLEAR IF DEF COMMITTED A CRIME THAT WAS TRYING TO REPORT
Statute	ATT PRVNT/ETC VICTIM/ETC:REPORT (136.1(B)(1) PC)
State Offense Code	48118
Severity	Felony
Disposition	(2006-10-23; PROS REL-DET ONLY-OTHER)

Cycle 009

Earliest Event Date	2006-12-17
Arrest Date	2006-12-17
Arrest Case Number	152317-152317
Arresting Agency	CA020023C CACBCORR MADERA
Subject's Name	MONTEMAYOR,VINCENT
Comment(s)	ARR AGY MPD
Comment(s)	ARREST/DETAINED/CITED
Charge	1
Statute	BAT:SPOUSE/EX SP/DATE/ETC (243(E)(1) PC)
State Offense Code	13174
Severity	Misdemeanor
Court Disposition	(Cycle 009)
Court Case Number	MCR028792
Final Disposition Date	2007-07-18
Court Agency	CA020043J CASCMADERA
Subject's Name	MONTEMAYOR,VINCENT
Charge	1
Statute	PREVNT/DISUADE WITNS THREAT/FORC (136.1(C)(1)PC)
State Offense Code	48058
Severity	Unknown
Disposition	(DISMISSED/FURTHERANCE OF JUSTICE)
Charge	2
Statute	BAT:SPOUSE/EX SP/DATE/ETC (243(E)(1) PC)
State Offense Code	13174
Severity	Unknown

Disposition	(DISMISSED/FURTHERANCE OF JUSTICE)
Charge	3
Statute	BATTERY (242 PC)
State Offense Code	13045
Severity	Misdemeanor
Disposition	(CONVICTED-PROBATION)
Court Comment	(2007-07-26) FOR CERT INFO SEE AUTOMATED ARCHIVE SYS
Court Comment	CONVICTION CERTIFIED BY CATHY RUTHERFORD,DEPUTY CLERK,CASCMADERA
Court Comment	COURT ACTION

Sentencing	(Cycle 009)
Sentence	003 YEARS PROBATION; FINE; FINE SS; IMP SEN SS

Earliest Event Date	2008-12-06
Arrest Date	2008-12-06
Arrest Case Number	0800006505-152317
Arresting Agency	CA0200200 CAPDMADERA
Arresting Agency	CA020023C CACBCORR MADERA
Subject's Name	MONTEMAYOR,VINCENT
Comment(s)	ARREST/DETAINED/CITED
Charge	1
Statute	DISORDERLY CONDUCT:INTOX DRUG/ALCOH (647(F) PC)
State Offense Code	64006
Severity	Misdemeanor

Earliest Event Date	2010-04-17
Arrest Date	2010-04-17
Arrest Case Number	1000001656-152317
Arresting Agency	CA0200200 CAPDMADERA
Arresting Agency	CA020023C CACBCORR MADERA
Subject's Name	MONTEMAYOR,VINCENT SR
Comment(s)	ARREST/DETAINED/CITED
Comment(s)	WARRANT MCR028792
Charge	1
Statute	BATTERY P.O./EMERG PERSNL/ETC W/O INJ (242 PC)
State Offense Code	13079
Severity	Misdemeanor
Disposition	(DISPO SEE MATCH ARR/DET/CITE NUMB(FDSMN))

Court Disposition	(Cycle 011)
Court Case Number	MCR037908A
Final Disposition Date	2010-06-04
Court Agency	CA020043J CASCMADERA
Subject's Name	MONTEMAYOR,VINCENT
Charge	1
Statute	DISORDERLY CONDUCT:INTOX DRUG/ALCOH (647(F) PC)
State Offense Code	64006
Severity	Unknown
Disposition	(DISMISSED/FURTHERANCE OF JUSTICE)
Court Comment	COURT ACTION

********** NON CRIMINAL INFORMATION **********

********** INDEX OF AGENCIES **********

Agency	CASOBAKERSFIELD; CA0150000;
Agency	CAPDBAKERSFIELD; CA0150200;
Agency	CASOMADERA; CA0200000;

Arrest Date	2006-05-02
Arrest Case Number	152317
Arresting Agency	CA0200200 CAPDMADERA
Arresting Agency	CA020023C CACBCORR MADERA
Subject's Name	MONTEMAYOR,VINCENT
Comment(s)	ARR AGY MPD
Comment(s)	ARREST/DETAINED/CITED
Charge	1
Statute	DISORDERLY CONDUCT:UNDER INFL DRUG (647(F) PC)
State Offense Code	35005
Severity	Misdemeanor

========== Cycle 007 ==========

Earliest Event Date	2006-07-03
Arrest Date	2006-07-03
Arrest Case Number	1712578-0453656
Arresting Agency	CA0150000 CASOBAKERSFIELD
Arresting Agency	CA0150200 CAPDBAKERSFIELD
Subject's Name	MONTEMAYOR,VINCENT
Comment(s)	ARREST/DETAINED/CITED
Charge	1
Statute	OBSTRUCT/ETC PUBLIC OFFICER/ETC (148(A)(1) PC)
State Offense Code	48122
Severity	Misdemeanor
Charge	2
Statute	FIGHT/CHALLENGE FIGHT PUBLIC PLACE (415(1) PC)
State Offense Code	53072
Severity	Misdemeanor
Court Disposition	(Cycle 007)
Court Case Number	BM694295B
Final Disposition Date	2006-08-18
Court Agency	CA015023J CASCBAKERSFIELD
Subject's Name	MONTEMAYOR,VINCENT
Charge	1
Statute	DISORDERLY CONDUCT:INTOX DRUG/ALCOH (647(F) PC)
State Offense Code	64006
Severity	Unknown

17

17A

[redacted]

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

What types of drug(s) will you be prescribing?

☐ Dangerous Drugs ONLY **(Non-Refundable $80 Fee) (PR)**

☒ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V **(Non-Refundable $200 Fee) (CS)**

Select the Controlled Substance Schedules you are applying to prescribe

☐ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information (NAC 639.850)

First: Eliab Middle: _____ Last: Munyehirwe

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

Home Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Telephone: [redacted] Email: [redacted]

APRN License #: 894553 Specialty: Psychiatric Mental Health

(A **current license and active-PRESCRIBING status** with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: Desert Parkway Behavioral Healthcare Hospital

Practice Address: 3247 South Maryland parkway Suite #: _____

City: Las Vegas State: NV Zip: 89109

Telephone: 7027763500 Fax: 7027763598 Email [redacted]

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☐ I have at least 2 years or 2,000 hours of clinical experience; OR

☒ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: Amitabh Singh

Collaborating Physician Practice Address: 601 S RANCHO DR Suite #: D34

City: Las Vegas State: NV Zip: 89106

Telephone: 702 852-6633 Fax: 702 749-6255 Email: reception@psycareiv.com

6979

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: 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 6: 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?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2007	03/26/2008	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
MAT-210116208434	Las Vgeas Metro Police

Reason/Charge
Pleaded no contest to driving under the influence of alcohol. The case closed on 03/26/2008

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Clark county DA office	n/a

Name of Business/Industry/Entity
n/a

Provide explanation below:
In 2008, I pleaded no contest to driving under the influence of alcohol that took place in 2007. The case was closed on 03/26/2008.

[redacted]
Original Signature (electronic, copies or stamps not accepted)

10/15/25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 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 # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/20/2019	10/01/2021	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
201901068	Nevada State Board of Nursing

Reason/Charge
RN license placed on probation due to error in dispensing or administering the medication, inappropriate acquisition.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Nevada State Board of Nursing	n/a

Name of Business/Industry/Entity
n/a

Provide explanation below:
On 09/20/2019 my RN license placed on probation due to error in dispensing or administering the medication, inappropriate acquisition of a controlled substance. I completed the probation period on 10/01/2021. All the board requirements were fulfilled, and the license was fully reinstated.

[redacted]
Original Signature (electronic, copies or stamps not accepted)

10/15/25
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.

Eliab Munyehirwe

Applicant Print Name (First, Last)

[redacted]

Original Signature (electronic, copies or stamps not accepted)

10/15/2025

Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

Dr. Amithab Singh

Collaborating Physician's Print Name (First, Last)

[redacted]

Original Signature (electronic, copies or stamps not accepted)

10.15.25

Date

Board Use Only: Date Processed: [redacted]

ORIGINAL

BEFORE THE NEVADA STATE BOARD OF NURSING

IN THE MATTER OF ELIAB MUNYEHIRWE LICENSED PROFESSIONAL NURSE NEVADA LICENSE NO. RN72049 RESPONDENT	AGREEMENT FOR PROBATION CASE NO. 201901068

This Agreement is hereby entered into between ELIAB MUNYEHIRWE, (RESPONDENT) and the NEVADA STATE BOARD OF NURSING, (BOARD).

It is hereby stipulated and agreed, by and between the parties to the above-entitled matter, that the following statements are true:

1. Respondent is aware of, understands, and has been advised of the effect of this Agreement, which Respondent herein has carefully read and fully acknowledges. No coercion has been exerted on the Respondent. Respondent acknowledges his right to an attorney at his own expense. The Respondent has had the benefit at all times of obtaining advice from competent counsel of his choice.

2. Respondent understands the nature of the allegations under investigation by the Nevada State Board of Nursing. Respondent freely admits that on November 8, 2018, while licensed and working as a Registered Nurse at a hospital in Las Vegas, Nevada, he withdrew a controlled medication, Phenergan, from the Pyxis dispensing system without a physician order for his own personal use. Additionally, Respondent freely admits that on November 22, 2018, while licensed and working as a Registered Nurse at the same facility he removed the controlled medication, Lyrica, from the Pyxis dispensing machine but failed to administer the medication or waste the medication accordingly to facility policy. Respondent acknowledges this conduct constitutes a violation of the Nevada Revised Statutes 632.347 (1)(g) unprofessional conduct, and Nevada Administrative Code 632.890 (16) failing to properly document controlled substances and (18) diverting supplies, equipment or drugs for personal or unauthorized use.

Respondent further acknowledges that such acts and admissions subject him to disciplinary action by the Board.

3. Respondent is aware of the Respondent's rights, including the right to a hearing on any charges and allegations, the right to an attorney at his own expense, the right to examine witnesses who would testify against him, the right to present evidence in his favor and call witnesses on his behalf, or to testify himself, the right to contest the charges and allegations, the right to reconsideration, appeal or any other type of formal judicial review of this matter, and any other rights which may be accorded to him pursuant to the Nevada Administrative Procedures Act and the provisions of Chapter 632 of the Nevada Revised Statutes and the Nevada Administrative Code. **Respondent agrees to waive the foregoing rights upon acceptance of this Agreement by the Board.**

4. Respondent understands that the Board is free to accept or reject this Agreement, and if rejected by the Board, a disciplinary proceeding may be commenced. It is agreed that presentation to and consideration by the Board of such proposed Agreement, shall not disqualify the Board, or any of its members, from further participation, consideration, adjudication or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias therefore. This Agreement shall only become effective when both parties have duly executed it and unless so executed, this Agreement will not be construed as an admission.

5. This Agreement shall not be construed as excluding or reducing any criminal or civil penalties or sanction or other remedies that may be applicable under federal, state or local laws.

6. This Agreement shall cover any nursing license or certificate issued by the State of Nevada. Based upon the foregoing stipulations and recitals, it is hereby agreed that the Board may issue the following decision and order:

DECISION AND ORDER

IT IS HEREBY ORDERED that Nevada Licensed Professional Nurse, license number RN72049, issued in the name of ELIAB MUNYEHIRWE is placed on probation with an Active/Restricted licensure status for a minimum of two (2) years with the following terms and conditions:

1. **COMPLETION OF COURSES**

Respondent shall take, and submit documentation of successful completion of the following courses within the timeframe indicated for each course:

a) *Nevada Nurse Practice Act* course **within 60 days** of acceptance and execution of this Agreement; and

b) *Documentation: A Critical Aspect of Client Care* **within 60 days** of acceptance and execution of this Agreement; and

c) *Righting a Wrong, Ethics and Professionalism in Nursing* **within 60 days** of acceptance and execution of this Agreement.

The courses must be taken and successfully completed through the National Council of State Boards of Nursing. Respondent shall submit documentation of successful completion to the Board within the designated timeframe **or the license is automatically suspended** without further proceedings until all requirements are completed.

2. **ABSTINENCE AND DRUG TESTING**

Respondent shall abstain from the use of alcohol and all mood-altering drugs and controlled substances except when legally prescribed by a treating practitioner who is knowledgeable about the disease of addiction and the Respondent's history. This treatment must be reported to the Board, in writing, within seven (7) days, accompanied by documentation from the practitioner regarding the medical treatment and all other methods of alternative treatment having been tried first. The Board may require additional testing and reporting until Respondent documents sobriety after periods of prescribed drug use.

Respondent shall register with the Board approved drug-screening program and submit to random urine, blood or other tests for drugs of abuse and/or alcohol on the day requested by the drug testing company, her counselor, or representative of the Board. These tests shall occur no less than twenty-four (24) times per year and shall be treated as forensic specimens by a Board-approved laboratory. Respondent shall cause test results to be provided to the requesting party and the Board. Any confirmed positive finding shall be reported immediately to the Board.

2. **SUBMISSION OF QUARTERLY REPORTS TO THE BOARD**

Respondent shall cause all reports to be submitted in writing to the board on a quarterly basis as follows. These reports must be submitted no later than the last day of March, June, September and December. The Executive Director or the Compliance Coordinator and the Director of Nursing Practice may evaluate and approve or deny changes in the frequency of reporting. Respondent shall:

a. Submit self reports in a detailed format as provided by the Board, **whether working or not;**

b. Cause his direct nursing supervisor to submit written reports to the Board addressing work attendance, reliability, nursing competence, and any other information the supervisor identifies as appropriate to report to the Board for evaluation of compliance.

3. **LIMITATIONS AND RESTRICTIONS ON EMPLOYMENT**

The Compliance Coordinator shall approve all employment sites requiring a nursing license, (including changes within the same worksite or unit), **prior to commencement of work.** Respondent shall:

a. Provide a complete copy of this Agreement to his employer and direct supervisor **prior to commencement of work;**

b. Be employed in a setting in which direction is provided by a Registered Nurse. Direction shall mean: the intermittent observation, guidance and evaluation of the nursing practice by a licensed professional nurse who may only occasionally be physically present;

c. Cause his direct nursing supervisor to submit a job description and an initial written report on a form provided by the Board **prior to the commencement of employment**, and by each additional or subsequent supervisor;

d. Work only day or evening shift that ends prior to midnight. Respondent may not work for a nursing registry, work in home health, for a traveling agency, or any other temporary employing agencies, float pool, per diem, or position that requires on-call status. Respondent shall not be self-employed or contract for services. Multiple employers are prohibited;

e. Not work more than ninety (90) hours in nursing in a two (2) week period for **a minimum of one (1) year;**

f. Not function as a supervisor, including as a head nurse or charge nurse for **a minimum of one (1) year;**

g. Have no access to controlled substances during her employment as a licensed nurse for **a minimum of one (1) year;**

h. Notify the Board in writing within seventy-two (72) hours after termination of any nursing employment for any reason and include a full explanation of the circumstances surrounding it.

Upon receipt of a written request by the Respondent at the successful completion of one year of this Agreement, the Executive Director or the Compliance Coordinator and the Director of Nursing Practice may evaluate and approve or deny changes in the above employment limitations and restrictions that indicate a term of a minimum of one (1) year.

4. **REQUIREMENT TO ATTEND ORIENTATION AND MEET WITH THE BOARD OR STAFF**

Respondent shall attend a **mandatory orientation** meeting within thirty days of execution of this Agreement by the Board to facilitate understanding and accountability of the terms and conditions of this Agreement as scheduled by the Compliance Coordinator. Upon request, Respondent shall meet with the Board or its representatives and cooperate with representatives of the Board in their supervision and investigation of Respondent's compliance with the terms and conditions of this Agreement.

5. **FINANCIAL RESPONSIBILITIES**

Respondent shall be financially responsible for all requirements of this Agreement.

6. NOTIFICATION OF ACTION AND REPORTING TO NATIONAL DISCIPLINARY DATA BANKS

Respondent shall notify any other state Board of Nursing or other regulatory agency in whose jurisdiction she has been issued a nursing license (current or not), or has applied or will apply for a license of this disciplinary action by the Board. This Agreement will become part of the Respondent's permanent record, will become public information, will be published with the list of disciplinary actions the Board has taken, and will be reported to any national repository which records disciplinary action taken against licensees or holders of certificates; or any agency or another state which regulates the practice of nursing. The Board may use the Agreement in any subsequent hearings.

7. VIOLATIONS OF THIS AGREEMENT - CONSEQUENCES

Respondent acknowledges that if he violates any of the terms and conditions of this Agreement, the Board may revoke, or invoke other appropriate discipline against his license to practice nursing, subject to a hearing in accordance with the Nevada Nurse Practice Act for the purpose of establishing that there has, in fact, been a violation of the stipulations of this Agreement. Respondent acknowledges that any violation of the Nevada Nurse Practice Act shall be considered a violation of this Agreement.

8. AGREEMENT TO SURRENDER LICENSE

In the event that a violation of the terms and conditions of this Agreement is alleged, Respondent agrees to surrender his license to the Executive Director, or the Compliance Coordinator and Director of Nursing Practice, if they so request, and refrain from practicing nursing until requirements have been met, violations resolved, or entry of a final order of the Board or a court of competent jurisdiction, whichever last occurs, regarding a potential violation.

9. COMPLETION AND TERMINATION OF PROBATION

Respondent shall only receive credit toward service of his probation period while employed in a capacity for which nursing licensure is required and subject to adequate supervision approved by the Board. Respondent is not eligible for early termination of this Agreement. The Agreement shall be terminated at the time the Board receives documentation

verifying the Respondent's completion of all terms and conditions of the Probation Agreement and when respondent receives notice of termination from the Board.

The NEVADA STATE BOARD OF NURSING retains jurisdiction in this case until all conditions have been met to the satisfaction of the Board.

Dated this 31st day of May, 2019

RESPONDENT
ELIAB MUNYEHIRWE

Dated this 31st day of May, 2019

KENNETH HOGAN, ESQ.

Accepted and approved this 20 day of Sept, 2019

NEVADA STATE BOARD OF NURSING

By: Deena McKenzie, MSN, RN, CNM
Deena McKenzie, MSN, RN, CNM
Board President

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
MUNYEHIRWE, ELIAB	RN	RN72049	Active	05/29/2012	05/21/2026	YES

Primary Source Board of Nursing Discipline/Final Orders
Contact the boards of nursing for any questions

- **Discipline/Final Orders state:** NV
- **Date action was taken:** 09/20/2019

NPDB

Basis for action

- **Violation Code:** H5 - Error in Prescribing, Dispensing or Administering Medication or Sedation
- **Violation Code:** H6 - Inappropriate Acquisition or Diversion of Controlled Substance

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- **Initial Action Code:** 1125 - Probation of License

- **Initial action date:** 09/20/2019
- **Effective date(s):** 09/20/2019 - Indefinite/Unspecified
- **Is license automatically reinstated after the effective date(s):** No
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
- Agreement for Probation

NPDB Specific Revision

Basis for action

- Revision Action Code: 1280 -License Restored or Reinstated, Complete

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- **Revision action date:** 10/01/2021
- Effective date(s): 10/01/2021 - Indefinite/Unspecified
- **Is license automatically reinstated after the effective date(s):** No

Nevada State Board of
NURSING
Primary Source License Verification

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

ELIAB MUNYEHIRWE [NCSBN ID: 22198361]

Wednesday, October 22 2025 10:07:10 AM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing verifying that they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
MUNYEHIRWE, ELIAB	APRN-CNP	894553	Active - Prescribing	10/02/2025	05/21/2026	NO

Advanced Practice license/recognition information

- Population Focus / Specialty:
  - Focus/Specialty: Psychiatric Mental Health
  - Has discipline: NO
  - Expiration Date: 05/21/2026
  - Original Issuance Date: 10/02/2025
  - Current Issue Date: 10/02/2025
  - Certification expiration date: 09/17/2030

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
MUNYEHIRWE, ELIAB	RN	IP RN609385	Expired	05/08/2012	05/29/2012	NO

Primary Source Board of Nursing Messages & Notifications

- Upon request, the Board may grant an Interim Permit to a first-time examinee after the Board receives the application and documentation of graduation from an approved nursing education program. The Interim Permit allows the examinee to practice as a Graduate Nurse only in the state of Nevada and only for 90 days. -The Interim Permit expires upon notification of examination results, regardless of the time remaining on the Interim Permit. Authority to practice as a Graduate Nurse then ceases. -Interim Permits will not be extended beyond the original 90 days of issue.

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

18

18A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – December 4, 2025

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

AUTHORITY: NRS 453.221, NRS 454.371, NRS 639.070, NRS 639.0727

A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada, or otherwise authorized by the Board to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.

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

1. A homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada, or otherwise authorized by the Board to possess, administer, prescribe and dispense dangerous drugs, may only possess, administer, prescribe and dispense dangerous drugs in conformance with homeopathic pharmacology as defined in NRS 630A.040 and in the dosages permitted in the Homeopathic Pharmacopoeia of the United States.

2. A homeopathic physician registered pursuant to NRS 453.226(1) who is not licensed as an allopathic or osteopathic physician in Nevada, or otherwise authorized by the Board to possess, administer, prescribe and dispense controlled substances, may only possess, administer, prescribe and dispense controlled substances in conformance with homeopathic pharmacology as defined in NRS 630A.040 and in the dosages permitted in the Homeopathic Pharmacopoeia of the United States.

3. The Board hereby adopts by reference the Homeopathic Pharmacopoeia of the United States, promulgated by the Homeopathic Pharmacopoeia Convention of the United States.

3. As used in this section:

(a) "Homeopathic physician" has the meaning ascribed to it in NRS 630A.050.

(b) "Allopathic physician" means a person licensed to practice medicine pursuant to NRS 630.160.

DRAFT

(c) "Osteopathic physician" has the meaning ascribed to it in NRS 633.091.

Section 2. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

A pharmacist or dispensing practitioner shall not fill a prescription or dispense a dangerous drug or a controlled substance pursuant to a prescription issued by a homeopathic physician who is not licensed as an allopathic or osteopathic physician, or otherwise authorized by the Board to prescribe, except in dosages permitted in the Homeopathic Pharmacopoeia of the United States.

DRAFT

18B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop December 4, 2025

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

AUTHORITY: NRS 453.146; NRS 453.221; NRS 639.070

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

NAC 453.510 is hereby amended to read as follows:

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

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

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

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alpha' -methyl butyryl fentanyl (2-methyl-N-(1-phenethylpiperidin-4-yl)-phenylbutanamide);

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-

acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

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

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

Benzethidine;

Betacetylmethdol;

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

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

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Beta-methylacetyl fentanyl (N-phenyl-N-(1-(2-phenylpropyl)piperidin-4-yl)acetamide);

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

DRAFT

Cyclopentylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

*2',5'-dimethoxyfentanyl (*N *-(1-(2,5 dimethoxyphenethyl)piperidin-4-yl)* N*-phenylpropionamide);*

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambuten;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

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

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

DRAFT

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

3-furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Isotonitazene;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Meta -fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Meta-fluorofuranyl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Meta -fluoroisobutyryl fentanyl (N-(3-fluorophenyl)- N-(1-phenethylpiperidin-4-yl) isobutyramide);

Methoxyacetyl fentanyl;

Methyl acetyl fentanyl;

2-Methyl-AP-237 (some trade or other names: 1-(2-methyl-4-(3- phenyl-2-propen-1-yl)-1-piperazinyl)-1-butanone; 2-MAP);

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

DRAFT

Morpheridine;

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

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Ortho-chlorofentanyl (N-(2-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Ortho-fluorofuranyl fentanyl (N-(2-fluorophenyl)- N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Ortho-methylcyclopropyl fentanyl (N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);

Para chlorofentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-fluoro valeryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)pentanamide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-

yl)butyramide);

Para-methoxyfuranyl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para-methylcyclopropyl fentanyl (N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);

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

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Tetrahydrothiofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrothiophene-2-carboxamide);

Tianeptine;

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

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

DRAFT

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

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

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

DRAFT

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

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

ADB–BUTINACA (some trade or other names: N -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1 H -indazole-3-carboxamide

ADB-4en-PINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide)

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazlo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

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

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

Alpha -PiHP (some trade or other names: 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one)

Bromazolam (some trade or other name: 8-bromo-1-methyl-6-phenyl H[1,2,4]triazolo[4,3a][1,4]benzodiazepine; XLI-268);

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

~~3~~-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

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

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

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

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

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

CUMYL-PEGACLONE (some trade or other names: SGT-151; 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one; 2,5-dihydro-2-(1-methyl-1-phenylethyl)-5-pentyl-1H-pyrido[4,3-b]indol-1-one)

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepine-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

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

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

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

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

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

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

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

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

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

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

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

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

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

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

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

4F-MDMB-BUTICA (some trade or other names: 4F-MDMB-BICA; Methyl 2-[[1-(4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(4-fluorobutyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, methyl)

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5F-EDMB-PICA (some trade or other names: 5F-EDMB-2201; Ethyl 2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(5-fluoropentyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, ethyl ester)

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin- 2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

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

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

DRAFT

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

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

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

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

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

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

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

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

MDMB-4en-PINACA (some trade or other names: Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate)

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

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Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

3–MMC (some trade or other names: 3-methylmethcathinone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one)

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

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

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

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

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

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

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

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

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

200);

MMB-FUBICA ester (some trade or other names: Methyl 2-(1-(4-fluorobenzyl)-1H-indole-3-carboxamido)-3-methyl butanoate; N-[[1-[(4-fluorophenyl)methyl]-1H-indol-3-yl]carbonyl]-L-valine, methyl ester

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

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

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

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

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

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

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7- nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro- 2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

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

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

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

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

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

1-pentyl-N-(tricyclo[3.3.1.$1^{3,7}$]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin- 2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-

benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

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

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

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

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

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

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

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williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

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

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzofisochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

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

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

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

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

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

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

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

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha- pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha- pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1- one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

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

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

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

Dipentylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2 (dimethylamino)pentan-1-one and N,N -dimethylpentylone)N-ethylhexedrone;

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

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Ethylphenidate (some trade or other names: ethyl 2-phenyl-2-(piperidin-2-yl)acetate);

Fenethylline;

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

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4- FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1- one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-

methylcathinone, 1-(2-fluorophenyl)- 2-(methylamino)propan-1-one, 2-FMC);

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

Methamphetamine;

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

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

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

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

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

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

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

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-

one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α- methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

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

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

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

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

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

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances,

derivatives and their isomers with a similar chemical structure; and

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

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

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19A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R197-24

July 21, 2025

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1, 4 and 5, NRS 453.221, 639.070 and 639.2177; § 2, NRS 639.070 and 639.170; § 3, NRS 639.070 and 639.0727.

A REGULATION relating to pharmacy; eliminating certain definitions; revising certain terminology; imposing certain requirements on a facility for treatment with narcotics; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the registration and control of the dispensing of controlled substances in Nevada. (NRS 453.221) Existing law further authorizes the Board to adopt regulations that: (1) are necessary for the protection of the public relating to the practice of pharmacy; (2) authorize the Executive Secretary of the Board to issue certificates, licenses and permits required for the practice of pharmacy or for the dispensing of controlled substances; and (3) govern the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing regulations require a facility for treatment with narcotics to: (1) be licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) obtain a license from the Board to administer opioid agonist treatment medication. (NAC 449.15445, section 1 of LCB File No. R196-22) **Sections 2 and 4** of this regulation make nonsubstantive revisions to provide that the license issued by the Board is to administer a facility for treatment with narcotics rather than to administer opioid agonist treatment medication. **Section 4** requires an applicant for a license to administer a facility for treatment with narcotics to be registered with the Drug Enforcement Administration of the United States Department of Justice as a narcotic treatment program. **Section 4** authorizes a facility for treatment with narcotics to administer or dispense certain controlled substances to a person who is dependent on opioids, but prohibits a facility for treatment with narcotics from prescribing controlled substances or dangerous drugs. **Section 4** requires a facility for treatment with narcotics to employ a medical director and requires the medical director to possess certain qualifications. **Section 4** requires a facility for treatment with narcotics to comply with all applicable federal and state laws and regulations. **Section 1** of this regulation: (1) removes a reference to a definition in federal regulations that no longer exists; and (2) updates an internal reference to a section of the Nevada Revised Statutes that was amended during the 2025 Legislative Session. **Section 3** of this regulation eliminates a duplicative definition.

Section 1. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

2. "Board" means the State Board of Pharmacy.

3. "Controlled substance" has the meaning ascribed to it in NRS 0.031.

4. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

5. "Direct supervision" means the direction given by a supervising pharmacist or dispensing practitioner who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

6. "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption;

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption; or

(c) A registered nurse to whom the Board has issued a certificate of registration pursuant to section 1 of LCB File No. R013-24 to dispense dangerous drugs for human consumption.

7. “Dispensing technician” means a person who performs technical services in a pharmacy under the direct supervision of a dispensing practitioner and is registered with the Board pursuant to NAC 639.7425.

8. “Dispensing technician in training” means a person who is registered with the Board pursuant to NAC 639.7424 in order to obtain the training and experience required to be a dispensing technician pursuant to subparagraph (1) of paragraph (c) of subsection 2 of NAC 639.7425.

9. “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.

10. “Facility for treatment with narcotics” has the meaning ascribed to it in NAC 449.1542.

11. “Federally-qualified health center” has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

12. “Federally-qualified health center vehicle” means a vehicle that meets the requirements of paragraph (c) of subsection 1 of NAC 639.7422.

13. “Licensed veterinarian” has the meaning ascribed to it in NRS 638.007.

14. “Oncology group practice” means two or more dispensing practitioners who practice oncology in a group practice.

15. ~~[“Opioid agonist treatment medication” has the meaning ascribed to it in 42 C.F.R. § 8.2.~~

~~16.]~~ “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

~~[17.]~~ ***16.*** "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

~~[18.]~~ ***17.*** "Practitioner" has the meaning ascribed to it in NRS 639.0125.

~~[19.]~~ ***18.*** "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

~~[20.]~~ ***19.*** "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

~~[21.]~~ ***20.*** "Reproductive healthcare center" means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection ~~[8]~~ ***9*** of NRS 449.260, ***as amended by section 225 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3718,*** principally engaged in providing family planning services and reproductive healthcare, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent, a sexually transmitted infection or other infection of the urogenital system.

~~[22.]~~ ***21.*** "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

~~[23.]~~ ***22.*** "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

Sec. 2. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist ..... Actual cost of the examination

For the investigation or registration of an applicant as a registered pharmacist.....$200

For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....200

For the investigation or issuance of an original license to conduct a retail pharmacy 500

For the biennial renewal of a license to conduct a retail pharmacy 500

For the investigation or issuance of an original license to conduct an institutional pharmacy 500

For the biennial renewal of a license to conduct an institutional pharmacy 500

For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution 500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution 500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist 50

For the biennial renewal of registration as a registered pharmacist 200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) 100

For the initial registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training 50

For the biennial renewal of registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training 50

For the investigation or registration of an intern pharmacist 40

For the biennial renewal of registration as an intern pharmacist 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For authorization of a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in accordance with paragraph (a) of subsection 1 of NRS 632.2397 200

For biennial renewal of authorization of a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in accordance with paragraph (a) of subsection 1 of NRS 632.2397 200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the investigation or issuance of an original license to engage in business as an authorized warehouse or medical products provider 500

For the biennial renewal of a license to engage in business as an authorized warehouse or medical products provider 500

For the investigation or issuance of an original license to a manufacturer or wholesaler.....1,000

For the biennial renewal of a license for a manufacturer or wholesaler 1,000

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For authorization of a registered nurse to dispense dangerous drugs for human consumption while engaged in the performance of a public health program approved by the Board 300

For the biennial renewal of authorization of a registered nurse to dispense dangerous drugs for human consumption while engaged in the performance of a public health program approved by the Board.....300

For the investigation or issuance of an original license for an automated drug dispensing system.....500

For the biennial renewal of a license for an automated drug dispensing system 500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility 250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility 250

For the investigation or issuance of an original license for a facility for treatment with narcotics ~~[to administer opioid agonist treatment medication]~~ 80

For the biennial renewal of a license for a facility for treatment with narcotics ~~[to administer opioid agonist treatment medication]~~ 80

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

➥ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

6. A practitioner who is exempt from the payment of a fee pursuant to subsection 5 shall notify the Board in writing of each change of address or additional address, or both.

7. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay the actual costs of inspection incurred by the Board.

Sec. 3. NAC 639.719 is hereby amended to read as follows:

639.719 1. Except as otherwise provided in this section, one or more dispensing practitioners practicing at a reproductive healthcare center may use an automated drug dispensing system and maintain a shared inventory in the automated drug dispensing system to dispense a prescription drug to a patient if the reproductive healthcare center obtains a license from the Board for the automated drug dispensing system pursuant to subsection 2.

2. The Board will provide an application for a license for an automated drug dispensing system to a reproductive healthcare center upon request. The Board will issue a license for an automated drug dispensing system if the Board determines that the system dispenses prescription drugs accurately and otherwise meets the requirements of this section and the fee prescribed by NAC 639.220 is paid. A license must be:

(a) Issued for each automated drug dispensing system at a reproductive healthcare center; and

(b) Posted on the system so that the license is visible to the public.

3. The automated drug dispensing system must conform to all the following provisions:

(a) Except as otherwise provided in subsection 8, the system must contain only dangerous drugs, excluding compound drug products, for treatment in reproductive health care:

(1) Approved for use in the system by a dispensing practitioner; and

(2) For which the prescription has been processed, verified and completed in the same manner as a prescription for drugs that are delivered manually by a dispensing practitioner pursuant to NAC 639.742 and 639.745, except that the requirements of paragraph (e) of subsection 3 of NAC 639.742 do not apply.

(b) The system must:

(1) Control and track access to the system for stocking, cleaning, maintenance or any other purpose to ensure that access to the system can be obtained only by a dispensing practitioner practicing at the reproductive healthcare center.

(2) Be secure from unauthorized access to and removal of prescription drugs.

(3) Be owned or leased by the reproductive healthcare center that obtained the license for the system and operated under the supervision and control of that reproductive healthcare center.

(4) Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the reproductive healthcare center of the temperature change.

(5) Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:

(I) The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;

(II) Each day and time the system is accessed;

(III) An inventory of the prescription drugs stored in the system; and

(IV) The identity of each person who accesses the system.

(6) Authorize access only to patients who have previously indicated to the dispensing practitioner who prescribed the drug their desire to have their prescription drugs dispensed by the system.

(7) Provide a method to identify the patient and dispense a prescription drug only to the patient or to an authorized agent of the patient.

(8) Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the system.

(9) Record the date and time that the patient removes the prescription drugs from the system.

(10) Inform a patient:

(I) If the patient is using the system at the time that the reproductive healthcare center is open, that the patient may discuss questions and concerns regarding the prescription drug with the dispensing practitioner in person, if available, or through user-based access technology described in subparagraph (13).

(II) If the patient is using the system at the time that the reproductive healthcare center is closed, that the patient may discuss questions and concerns regarding the prescription drug through the user-based access technology described in subparagraph (13).

(III) That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.

(11) Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location or obtain access to the system without authorization. The system must be monitored by real-time audio-visual technology or audio-visual recording technology.

(13) Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a dispensing practitioner who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and 639.708.

4. A reproductive healthcare center that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to access the system; and

(b) The procedures for:

(1) Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the prescription drugs stored in the system; and

(3) Stocking the system with prescription drugs.

5. A dispensing practitioner practicing at a reproductive healthcare center that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other medical records.

6. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of each dispensing practitioner that uses the automated drug dispensing system at the reproductive healthcare center that holds the license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that dispensing practitioner or those dispensing practitioners, as applicable.

7. The Board may prohibit a reproductive healthcare center from using an automated drug dispensing system to furnish a prescription drug to a patient if the Board determines that the system, or one or more dispensing practitioners' use of the system, does not comply with this section.

8. The provisions of this section do not prohibit the use of an automated drug dispensing system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the reproductive healthcare center using the system is otherwise authorized to use the system pursuant to this section.

~~[9. As used in this section, "reproductive healthcare center" means a health care facility that is:~~

~~(a) Owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260; and~~

~~(b) Principally engaged in providing family planning services and reproductive health care, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent sexually transmitted infections or other infections of the urogenital system.]~~

Sec. 4. Section 1 of LCB File No. R196-22 is hereby amended to read as follows:

Sec. 1. 1. A person or public or private facility shall not operate or provide the services of a facility for treatment with narcotics unless the person or facility holds a

license ~~[to administer opioid agonist treatment medication]~~ issued by the Board pursuant to this section.

2. A person or public or private facility may apply to the Board for a license ~~[to administer opioid agonist treatment medication]~~ by submitting an application to the Board on a form prescribed by the Board. The Board shall issue such a license if the applicant meets the requirements sets forth in subsection 3 and pays the fee required by NAC 639.220.

3. An applicant for a license pursuant to subsection 2 must:

(a) Be certified by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 8.11;

(b) Hold a license issued by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154 to 449.15485, inclusive, to operate a facility for treatment with narcotics;

(c) Be certified by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 458.025; and

(d) ~~[Ensure that each practitioner who dispenses opioid agonist treatment medication at the facility is]~~ ***Be*** registered with ~~[the Board pursuant to NRS 453.231 and]~~ the Drug Enforcement Administration of the United States Department of Justice ~~[to dispense controlled substances.]~~ ***as a narcotic treatment program, as defined in 21 C.F.R. § 1300.01.***

4. Any license issued pursuant to this section is a revocable privilege and a holder of such a license does not acquire any vested right in such a license.

5. ~~[Each dispensing practitioner practicing at a]~~ ***A facility for treatment with narcotics may administer or dispense a controlled substance listed in schedule II or III that is approved by the United States Food and Drug Administration as an opioid agonist treatment to a person who is dependent on opioids for use in the maintenance or detoxification treatment of the person. A facility for treatment with narcotics shall not prescribe a controlled substance or dangerous drug.***

6. A facility for treatment with narcotics shall:

(a) Employ a medical director who must be:

(1) A physician who is licensed to practice medicine or osteopathic medicine pursuant to chapter 630 or 633 of NRS, as applicable;

(2) Registered to dispense controlled substances pursuant to NRS 453.231; and

(3) Registered as a dispensing practitioner pursuant to NAC 639.742; and

(b) Notify the Board before changing the medical director of the facility.

7. A facility for treatment with narcotics shall ~~[, to]~~ ***:***

(a) To the extent required by 42 C.F.R. § 2.36, obtain informed consent for the reporting of information to the computerized program to track prescriptions for controlled substances established pursuant to NRS 453.162 ~~[.]~~ ***; and***

(b) Comply with all applicable federal and state laws and regulations, including, without limitation, 21 U.S.C. §§ 801 to 904, inclusive, 21 C.F.R. Chapter II and 42 C.F.R. Part 8.

8. For purposes of this section, "medical director" has the meaning ascribed to it in 42 C.F.R. § 8.2.

Sec. 5. This regulation is hereby amended by adding thereto the following transitory language which has the force and effect of law but which will not be codified in the Nevada Administrative Code:

A license to administer opioid agonist treatment medication issued pursuant to section 1 of LCB File No. 196-22 before the effective date of this regulation shall be deemed to be a license to operate a facility for treatment with narcotics issued pursuant to section 1 of LCB File No. 196-22, as amended by section 3 of this regulation, and remains valid until the date on which the license would otherwise expire.

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop: October 17, 2024

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

AUTHORITY: NRS 453.221; NRS 639.070**;** NRS 639.2177

A related to pharmacy; revising the licensing requirements for facilities for treatment with narcotics; and providing other matters properly relating thereto.

Section 1. R196-22 is hereby amended to read as follows:

1. A person or public or private facility shall not operate or provide the services of a facility for treatment with narcotics unless the person or facility holds a license ~~*to administer opioid agonist treatment medication*~~ issued by the Board pursuant to this section.

2. A person or public or private facility may apply to the Board for a license ~~*to administer opioid agonist treatment medication*~~ by submitting an application to the Board on a form prescribed by the Board. The Board shall issue such a license if the applicant meets the requirements sets forth in subsection 3 and pays the fee required by NAC 639.220.

3. An applicant for a license pursuant to subsection 2 must:

(a) Be certified by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 8.11;

(b) Hold a license issued by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154 to 449.15485, inclusive, to operate a facility for treatment with narcotics;

(c) Be certified by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 458.025; and

(d) ~~*Ensure that each practitioner who dispenses opioid agonist treatment medication at the facility is*~~ ***Be*** registered with ~~*the Board pursuant to NRS 453.231 and*~~ the Drug Enforcement Administration of the United States Department of Justice ~~*to dispense controlled substances*~~ ***as a narcotic treatment program***.

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4. Any license issued pursuant to this section is a revocable privilege and a holder of such a license does not acquire any vested right in such a license.

5. Each ~~*dispensing practitioner practicing at a*~~ facility for treatment with narcotics ***licensed pursuant to this section*** shall, to the extent required by 42 C.F.R. § 2.36, obtain informed consent for the reporting of information to the computerized program to track prescriptions for controlled substances established pursuant to NRS 453.162.

6. A facility for treatment with narcotics licensed pursuant to this section may only administer or dispense (but not prescribe) as an opioid agonist treatment medication a Schedule II or III narcotic drug approved by the Food and Drug Administration specifically for use in maintenance or detoxification treatment to a narcotic dependent person.

7. Each facility for treatment with narcotics licensed pursuant to this section shall employ a medical director which has the meaning ascribed to it in 42 CFR § 8.2. The Board must be notified in writing before there is a change in the medical director. The medical director must:

(a) Be a physician who holds a license to practice his or her profession in this State and is registered with the Board pursuant to NRS 453.231; and

(b) Be registered as a dispensing practitioner pursuant to NAC 639.742.

8. Each facility for treatment with narcotics licensed pursuant to this section must comply with applicable federal and state laws and regulations, including, without limitation, 21 U.S.C. Chapter 13, subchapter I (Control and Enforcement), 21 CFR Chapter II (Drug Enforcement Administration, Department of Justice) and 42 CFR Part 8 (Medications for the Treatment of Opioid Use Disorder).

Section 2. NAC 639.010 is hereby amended to read as follows:

"Narcotic treatment program" has the meaning ascribed to it in and 21 CFR § 1300.01.

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19B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R203-24

September 19, 2025

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1, 3, 4 and 8, NRS 639.070 and 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745; §§ 2 and 5, NRS 453.221, 639.070 and 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745; §§ 6 and 7, NRS 639.070, 639.071 and 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745.

A REGULATION relating to pharmacy; adopting requirements governing the registration with the State Board of Pharmacy of facilities for intermediate care and facilities for skilled nursing which do not maintain a pharmacy on their premises and wish to maintain a stock of drugs for emergency treatment of inpatients; requiring facilities for intermediate care and facilities for skilled nursing which do not maintain a pharmacy on their premises to enter into a contract with a licensed pharmacy to perform certain functions relating to the stocking and distributing of certain drugs to be given to patients at the facility; requiring such a facility to employ or enter into a contract with a pharmacist to establish certain policies and procedures relating to the purchase, storage, maintenance of records and administration of certain drugs; establishing the duties of such a pharmacist; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law and regulations require a medical facility, including, without limitation, a facility for intermediate care or facility for skilled nursing, to obtain a license from the State Board of Pharmacy for any pharmacy that is part of or operated in conjunction with the facility for the purpose of supplying medication and pharmaceutical services to patients at the facility. (NRS 449.0151, 639.0085, 639.071, 639.100, 639.231; NAC 639.457, 639.4575, 639.462) Existing law and regulations also authorize a facility for intermediate care or a facility for skilled nursing to maintain a stock of drugs for emergency treatment of inpatients if the facility is registered with the Board and complies with certain requirements for the storage and distribution of the drugs. (NRS 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745; NAC 639.515)

Section 2 of this regulation: (1) establishes the requirements for a facility for intermediate care or a facility for skilled nursing which does not have a licensed pharmacy on its premises and wishes to maintain a stock of drugs for emergency treatment of inpatients to

register with the Board; (2) requires such a facility to register with the Drug Enforcement Administration of the United States Department of Justice to dispense controlled substances if the stock of drugs includes a controlled substance listed in schedule II, III, IV or V; and (3) requires the director of nurses at such a facility to ensure that the facility complies with certain requirements relating to the stock of drugs for emergency treatment of inpatients. **Section 5** of this regulation establishes the fee for such a registration. **Section 8** of this regulation makes a conforming change to clarify that facilities for intermediate care and facilities for skilled nursing that are registered with the Board are authorized to maintain a stock of drugs for emergency treatment of inpatients.

Sections 3 and 4 of this regulation establish requirements for the maintenance of a stock of medications for distribution in facilities for intermediate care and facilities for skilled nursing which do not have a licensed pharmacy on their premises and the filling of prescriptions for medications to be given to patients of such facilities. **Section 3** requires a facility for intermediate care or facility for skilled nursing to enter into a contract with a licensed pharmacy to: (1) supply any stock of drugs for emergency treatment of inpatients; (2) stock any supply of prepackaged drugs or furnish a supply of drugs and medicines in certain mechanical devices; and (3) process and fill any prescription for certain drugs which are to be given to a patient in the facility. **Section 3** also requires such a facility to employ or enter into a contract with a pharmacist to establish and monitor compliance with policies and procedures which satisfy certain requirements relating to the purchasing, storage, maintenance of records and administration of drugs at the facility. **Sections 4 and 7** of this regulation set forth the duties of such a pharmacist.

Section 6 of this regulation applies certain definitions in existing regulations relating to facilities for intermediate care and facilities for skilled nursing to the provisions of **sections 2, 3 and 4**.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. ***1. Each facility which does not have a licensed pharmacy on the premises of the facility and wishes to maintain a stock of drugs for emergency treatment of inpatients pursuant to NRS 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745, shall:***

(a) Register with the Board by submitting an application on a form prescribed by the Board and paying the requisite fee prescribed by NAC 639.220; and

(b) If the stock of drugs for emergency treatment of inpatients includes controlled substances listed in schedule II, III, IV or V, register with the Drug Enforcement Administration of the United States Department of Justice to dispense controlled substances.

2. The director at a facility which is registered pursuant to this section shall ensure that the facility complies with the provisions of NRS 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745, and NAC 639.515 relating to the stock of drugs for emergency treatment of inpatients maintained at the facility.

3. Any registration issued pursuant to this section is a revocable privilege and no holder of such a registration acquires any vested right therein or thereunder.

Sec. 3. *1. Each facility which does not have a licensed pharmacy on the premises of the facility and wishes to maintain a stock of drugs for emergency treatment of inpatients pursuant to NRS 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745, stock a supply of prepackaged drugs pursuant to NAC 639.476, stock a supply of drugs and medicines in a mechanical device other than an automated drug dispensing system pursuant to NAC 639.720 or receive a prescription drug which is to be given to a patient in the facility in accordance with NAC 639.478 shall:*

(a) Enter into a contract with a licensed pharmacy to, as applicable:

(1) Supply any stock of drugs for emergency treatment of inpatients;

(2) Stock any supply of prepackaged drugs pursuant to NAC 639.476;

(3) Furnish any supply of drugs and medicines in a mechanical device other than an automated drug dispensing system pursuant to NAC 639.720; and

(4) Process and fill any prescription for a drug which is to be given to a patient in the facility in accordance with NAC 639.478; and

(b) Employ or enter into a contract with a pharmacist to establish policies and procedures which must:

(1) Be consistent with the policies and procedures developed pursuant to NAC 639.477;

(2) Require the maintenance of records relating to controlled substances in accordance with the requirements of NAC 639.485, 639.486, 639.494 and 639.496;

(3) Address the purchase, storage, maintenance of records and administering of drugs and investigational drugs;

(4) Require the maintenance of a perpetual inventory of all controlled substances;

(5) Require the storage of drugs:

(I) In accordance with the specifications of the manufacturer;

(II) For a stock of drugs for emergency treatment of inpatients maintained pursuant to NRS 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745, in accordance with the requirements of NRS 639.2327, as amended by section 279 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3745, and NAC 639.515; and

(III) For a supply of prepackaged drugs pursuant to NAC 639.476 or a prescription drug which is to be given to a patient in the facility in accordance with NAC 639.478, in a locked cabinet or room;

(6) Prescribe procedures for quarantining and destroying any drug or investigational drug which is expired, adulterated, mislabeled or otherwise unsafe for use by humans; and

(7) Ensure that the facility administers drugs and investigational drugs pursuant to chart orders and in accordance with all applicable state and federal laws and regulations.

2. The policies and procedures established pursuant to paragraph (b) of subsection 1 must be maintained, reviewed at least annually, and dated upon adoption and amendment.

3. A pharmacist who is employed or contracted with a facility pursuant to paragraph (b) of subsection 1 may establish the policies and procedures required by that paragraph in consultation with the director or an assistant of the director at the facility.

Sec. 4. *A pharmacist who is employed by or contracted with a facility pursuant to paragraph (b) of subsection 1 of section 3 of this regulation shall:*

1. Visit the facility at least once each month to:

(a) Evaluate the effectiveness of the policies and procedures established pursuant to paragraph (b) of subsection 1 of section 3 of this regulation; and

(b) Confirm that the facility is in compliance with the provisions of this section, section 3 of this regulation and the policies and procedures established pursuant to paragraph (b) of subsection 1 of section 3 of this regulation;

2. Maintain documentation of each visit the pharmacist makes pursuant to subsection 1;

3. Conduct an audit of the facility at least once each month using a randomly selected sample of records of the facility, including, without limitation, records of patients and records relating to the purchasing, storage and administration of drugs and investigational drugs, to determine whether the records indicate that:

(a) Drugs and investigational drugs are being administered in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;

(b) A discrepancy exists between the actual quantity of drugs and investigational drugs in the possession of the facility and the quantity of drugs and investigational drugs that should be in the possession of the facility according to the records of the facility;

(c) The employees of the facility:

(1) Maintain accurate records relating to drugs; and

(2) Maintain and properly monitor the perpetual inventory of all controlled substances in accordance with the policies and procedures established pursuant to subparagraph (4) of paragraph (b) of subsection 1 of section 3 of this regulation; and

4. Submit a written report, which must include, without limitation, a written explanation, to the Board not later than 5 business days after the date on which the pharmacist determines that:

(a) The facility is violating a state or federal law or regulation which affects the care and safety of a patient;

(b) There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the facility and the quantity of the controlled substance that should be in the possession of the facility according to the records of the facility, including, without limitation:

(1) Purchase orders and invoices for the controlled substance;

(2) Records which indicate the removal of the controlled substance from the storage area;

(3) Records of patients, including, without limitation, records of dispensing or administering the controlled substance to a patient;

(4) Records which indicate the return of the controlled substance to the manufacture or that the controlled substance was destroyed; and

(5) Any other records relating to the controlled substance;

(c) The facility has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to paragraph (b) of subsection 1 of section 3 of this regulation;

(d) The facility is administering a drug in violation of accepted standards of practice or the specifications of the manufacturer; or

(e) The facility is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the facility.

Sec. 5. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist ..... Actual cost of the examination

For the investigation or registration of an applicant as a registered pharmacist.....$200

For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....200

For the investigation or issuance of an original license to conduct a retail pharmacy 500

For the biennial renewal of a license to conduct a retail pharmacy 500

For the investigation or issuance of an original license to conduct an institutional pharmacy 500

For the biennial renewal of a license to conduct an institutional pharmacy 500

For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution 500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution 500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist 50

For the biennial renewal of registration as a registered pharmacist 200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) 100

For the initial registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training 50

For the biennial renewal of registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training 50

For the investigation or registration of an intern pharmacist 40

For the biennial renewal of registration as an intern pharmacist 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For authorization of a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in accordance with NRS 632.2397 200

For biennial renewal of authorization of a certified registered nurse anesthetist to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices in accordance with NRS 632.2397 200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the investigation or issuance of an original license to engage in business as an authorized warehouse or medical products provider 500

For the biennial renewal of a license to engage in business as an authorized warehouse or medical products provider.....500

For the investigation or issuance of an original license to a manufacturer or wholesaler.....1,000

For the biennial renewal of a license for a manufacturer or wholesaler 1,000

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For authorization of a registered nurse to dispense dangerous drugs for human consumption while engaged in the performance of a public health program approved by the Board 300

For the biennial renewal of authorization of a registered nurse to dispense dangerous drugs for human consumption while engaged in the performance of a public health program approved by the Board.....300

For the investigation or issuance of an original license for an automated drug dispensing system.....500

For the biennial renewal of a license for an automated drug dispensing system 500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility.....250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility.....250

For the investigation or issuance of an original license for a facility for treatment with narcotics to administer opioid agonist treatment medication 80

For the biennial renewal of a license for a facility for treatment with narcotics to administer opioid agonist treatment medication 80

For the investigation or issuance of an original registration for a facility for intermediate care or a facility for skilled nursing licensed pursuant to chapter 449 of NRS which does not have a licensed pharmacy on the premises of the facility and wishes to maintain a stock of drugs for emergency treatment of inpatients.....500

For the biennial renewal of a registration for a facility for intermediate care or a facility for skilled nursing licensed pursuant to chapter 449 of NRS which does not have a licensed pharmacy on the premises of the facility and wishes to maintain a stock of drugs for emergency treatment of inpatients.....500

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

➥ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

6. A practitioner who is exempt from the payment of a fee pursuant to subsection 5 shall notify the Board in writing of each change of address or additional address, or both.

7. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay the actual costs of inspection incurred by the Board.

Sec. 6. NAC 639.492 is hereby amended to read as follows:

639.492 As used in NAC 639.492 to 639.498, inclusive, ***and sections 2, 3 and 4 of this regulation,*** unless the context otherwise requires:

1. "Director" means the director of nurses of a facility.

2. "Facility" means a facility for intermediate care as defined in NRS 449.0038 or a facility for skilled nursing as defined in NRS 449.0039.

Sec. 7. NAC 639.498 is hereby amended to read as follows:

639.498 1. Except as otherwise provided in subsection 2:

(a) At least once each month, the director or ~~[a licensed consulting]~~ ***the*** pharmacist ***who is employed by or contracted with the facility*** shall destroy, on the premises of the facility, the controlled substances described in subsection 1 of NAC 639.050.

(b) If the director destroys the controlled substances, the ~~[licensed consulting]~~ pharmacist ***who is employed by or contracted with the facility*** shall witness the destruction of the controlled substances. If the ~~[licensed consulting]~~ pharmacist ***who is employed by or contracted with the facility*** destroys the controlled substances, the director shall witness the destruction of the controlled substances.

2. The director may designate a nurse licensed pursuant to chapter 632 of NRS to carry out his or her duties pursuant to this section. The ~~[licensed consulting]~~ pharmacist ***who is employed by or contracted with the facility*** may designate a pharmacist licensed pursuant to chapter 639 of NRS to carry out his or her duties pursuant to this section.

3. The controlled substances must be destroyed in accordance with 21 C.F.R. Parts 1300, 1301, 1304, 1305, 1307 and 1317 and any other provision of federal law governing the destruction or disposal of controlled substances.

Sec. 8. NAC 639.515 is hereby amended to read as follows:

639.515 1. A facility for skilled nursing or a facility for intermediate care ***which is registered pursuant to section 2 of this regulation*** may maintain a stock of the following drugs for emergency treatment for inpatients:

Analgesic-CII

Analgesic-non CII

Anesthetics, local

Antiarrhythmics

Antibiotics

Oral

Intravenous

Anticholinergic

Antidiarrheal

Antihistamine

Antihypertensive

Antinauseants

Antipsychotic

Bronchodilators

Calcium injectable

Dextrose injection

Diazepam

Digoxin

Diuretic injectable

Epinephrine

Glucagon

Heparin

Insulin

Intravenous solutions

Magnesium sulfate

Muscle relaxant

Naloxone

Nitroglycerin tablets

Normal saline

Phenobarbital

Phenytoin

Potassium chloride

Pressor amine

Protamine

Sodium bicarbonate

Steroids

Vitamin K

Water for injection

2. The quantity of each drug stocked must not exceed 20 units of each drug at each nursing station in the facility.

3. All drugs must be stored and maintained in unit dosages, if manufactured in that form.

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – December 5, 2024

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

AUTHORITY: NRS 639.070; NRS 639.2177; NRS 639.2327

Amendment of Nevada Administrative Code (NAC) Chapter 639. The proposed amendments set forth the requirements for the licensing and operation of a facility for intermediate care or facility for skilled nursing if the facility is licensed by the State Board of Health pursuant to NRS 449.0303.

Section 1. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist.....Actual cost of the examination

For the investigation or registration of an applicant as a registered pharmacist.....$200

For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....200

For the investigation or issuance of an original license to conduct a retail pharmacy.....500

For the biennial renewal of a license to conduct a retail pharmacy.....500

For the investigation or issuance of an original license to conduct an institutional pharmacy.....500

For the biennial renewal of a license to conduct an institutional pharmacy……..……500

For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution.....500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

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For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....50

For the biennial renewal of registration as a registered pharmacist.....200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....100

For the initial registration of a pharmaceutical technician or pharmaceutical technician in training 40

For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training.....40

For the investigation or registration of an intern pharmacist.....40

For the biennial renewal of registration as an intern pharmacist.....40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....200

For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....500

For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....500

For the investigation or issuance of an original license to a manufacturer or wholesaler.....1,000

For the biennial renewal of a license for a manufacturer or wholesaler.....1,000

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For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the investigation or issuance of an original license for an automated drug dispensing system 500

For the biennial renewal of a license for an automated drug dispensing system 500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device at a location off the premises of the pharmacy 250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device at a location off the premises of the pharmacy 250

For the investigation or issuance of an original license to a facility for intermediate care or facility for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303.....500

For the biennial renewal of a license to a facility for intermediate care or facility for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303.....500

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Sec. 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 through 4 of this regulation.

Sec 2.

1. ***Each facility for intermediate care or facility for skilled nursing, licensed by the State Board of Health pursuant to NRS 449.0303, which does not have a licensed pharmacy on the premises and who wishes to maintain a stock of drugs for emergency treatment of inpatients, must:***
    a. ***Apply to the Board for a license to maintain a stock of drugs for emergency treatment of inpatients by submitting an application on a form prescribed by the Board and pay the requisite fee. A license granted pursuant to this section is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.***
    b. ***If the stock of drugs includes controlled substances listed in schedule II, III, IV and V, register with the Drug Enforcement Administration of the United States Department of Justice.***
2. ***The director for the facility for intermediate care or facility for skilled nursing must ensure that the facility for intermediate care or facility for skilled nursing adheres to the provisions in NRS 639.2327(2-6) pertaining to the stock of drugs for emergency treatment of inpatients.***

Sec. 3.

1. ***Each facility for intermediate care or facility for skilled nursing, licensed by the State Board of Health pursuant to NRS 449.0303, which does not have a licensed pharmacy on the premises and who wishes to maintain a stock of drugs for emergency treatment of inpatients, or to stock a supply of drugs pursuant to NAC 639.476, to stock a supply of drugs in a mechanical device pursuant to NAC 639.720, or receive a prescription drug filled on the chart order of a practitioner to administer to a patient at the facility for intermediate care or facility for skilled nursing pursuant to NAC 639.478, shall:***
    a. ***Enter into a contract with a licensed pharmacy to provide the stock of drugs for emergency treatment of inpatients, to stock a supply of drugs pursuant to NAC 639.476, to stock a supply of drugs in a mechanical device pursuant to NAC 639.720, or to process and fill a prescription drug on the chart order of a practitioner to administer to a patient at the facility for intermediate care or facility for skilled nursing pursuant to NAC 639.478; and***
    b. ***Employ or enter into a contract with a pharmacist to establish policies and procedures which:***

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i. *Are consistent with the policies and procedures developed pursuant to NAC 639.477;*

ii. *Require the maintenance of records in accordance with the provisions of NAC 639.485 and 639.486;*

iii. *Address the purchase, storage, maintenance of records of drugs purchases, administered;*

iv. *Require maintenance of a perpetual inventory of all controlled substances;*

v. *Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;*

vi. *Require the storage of drugs in accordance with specifications of the manufacturer;*

vii. *Require that the stock of drugs for emergency treatment of inpatients is stored pursuant to NRS 639.2327(2), stock of supply of drugs pursuant to NAC 639.476 and prescription drugs filled on the chart order of a practitioner for administration is secured and stored in a locked cabinet or room; and*

viii. *Ensure that the facility for intermediate care or facility for skilled nursing administers drugs pursuant to chart orders and in accordance with applicable state and federal laws; and*

c. *The policies and procedures established pursuant to subsection 1 must be maintained, reviewed at least annually, and dated upon adoption and amendment.*

d. *The pharmacist employed by or contracted with the facility for intermediate care or facility for skilled nursing pursuant to subsection 1b may establish the policies and procedures required pursuant to that subsection with the assistant of the director of the facility for intermediate care or facility for skilled nursing.*

Sec 4.

1. *A pharmacist employed by or contracted with the facility for intermediate care or facility for skilled nursing shall:*

a. *Visit the facility for intermediate care or facility for skilled nursing at least once a month to:*

i. *Evaluate the effectiveness of the policies and procedures established in section 3; and*

ii. *Confirm that the facility for intermediate care or facility for skilled nursing is complying with those policies and procedures, the provisions of this section and Section 3;*

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b. Maintain documentation of each visit that the pharmacist makes pursuant to subsection 1;

c. Conduct an audit at least once each month using sufficient number of records of the facility for intermediate care or facility for skilled nursing, including, without limitation, records of patients and records relating to the purchasing, storing, and administration of drugs, which must be randomly selected to determine whether:

i. The records indicate that the drugs are administered in a safe and effective manner in accordance with accepted standards of practice and the specification of the manufacturer;

ii. The records demonstrate:

1. That a discrepancy does not exist in the number or quantity of drug dispensed on the order of a practitioner to the number or quantity of drug remaining;

2. The employees of the facility for intermediate care or facility for skilled nursing maintain accurate records relating to drugs; and

3. The employees of the facility for intermediate care or facility for skilled nursing properly monitor and maintain the perpetual inventory required pursuant to subparagraph 4 of paragraph b of subsection 1 of section 3; and

4. Submit a written report, including, without limitation, a written explanation to the Board not later than 5 business days after the pharmacist determines that:

a. The facility for intermediate care or facility for skilled nursing is violating a state or federal law which affects the care and safety of a patient;

b. There is a discrepancy of 5 percent or more between actual quantity of a controlled substance in the possession of the facility for intermediate care or facility for skilled nursing and the amount of the controlled substance that should be in the possession of the facility for intermediate care or facility for skilled nursing according to the records of the facility, including, without limitation:

i. Purchase orders and invoices for the controlled substance;

ii. Records which indicate the removal of the controlled substance from the storage area;

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iii. Patient records;

iv. Records which indicate the return of the controlled substance to the manufacturer;

v. Records which indicate that the controlled substance was destroyed; and

vi. Any other record for the controlled substance;

c. The facility for intermediate care or facility for skilled nursing has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to Section 3.

d. The facility for intermediate care or facility for skilled nursing is administering a drug in violation of accepted standards of practice or the specifications of the manufacturer; or

e. The facility for intermediate care or facility for skilled nursing is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the facility for intermediate care or facility for skilled nursing.

NAC 639.498

1. Except as otherwise provided in subsection 2:

(a) At least once each month, the director or ***the pharmacist employed by or contracted with the facility for intermediate care or facility for skilled nursing*** ~~***a licensed consulting pharmacist***~~ shall destroy, on the premises of the facility, the controlled substances described in subsection 1 of NAC 639.050.

(b) If the director destroys the controlled substances, the ***pharmacist employed by or contracted with the facility for intermediate care or facility for skilled nursing*** ~~***licensed consulting pharmacist***~~ shall witness the destruction of the controlled substances. If the ***pharmacist employed by or contracted with the facility for intermediate care or facility for skilled nursing*** ~~***licensed consulting pharmacist***~~ destroys the controlled substances, the director shall witness the destruction of the controlled substances.

2. The director may designate a nurse licensed pursuant to chapter 632 of NRS to carry out his or her duties pursuant to this section. The ***pharmacist employed by or contracted with the facility for intermediate care or facility for skilled nursing*** ~~***licensed consulting pharmacist***~~ may designate a pharmacist licensed pursuant to chapter 639 of NRS to carry out his or her duties pursuant to this section.

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3. The controlled substances must be destroyed in accordance with 21 C.F.R. Parts 1300, 1301, 1304, 1305, 1307 and 1317 and any other provision of federal law governing the destruction or disposal of controlled substances.

Statutes and regulations referenced when drafting this proposed regulation:

NRS 639.004 "Chart order" defined. "Chart order" means an order entered on the chart of a patient in a hospital, recovery center, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

NAC 639.478 Limitations on distribution of drugs. (NRS 639.070, 639.071, 639.072)

1. A drug may be given to a patient in a medical facility or correctional institution only on the order of a practitioner or an agent of the practitioner.
2. A drug may be distributed in a medical facility or correctional institution only from the original or a direct copy of the practitioner's order for medication.
3. A controlled substance listed in schedule II may be distributed to outpatients only pursuant to a written prescription.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91)

NRS 639.2327 Maintenance of stocks of drugs by certain facilities. A facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services and is registered with the Board pursuant to this chapter may maintain a stock of drugs for emergency treatment of inpatients, subject to the following conditions:

1. The Board shall by regulation determine the specific drugs and the quantities thereof which may be maintained.
2. The emergency stock of drugs must be maintained at all times in a solid, sealed container and the seal must remain intact except when the drugs are needed for emergency treatment of a patient in the facility. The sealed container must be stored at all times in a locked compartment on the premises of the facility.
3. All drugs delivered to a facility must be signed for by the nurse or other person in charge. An inventory of the stock of drugs must be appended to the sealed container. Immediately after the drugs are needed, the physician or registered nurse who breaks the seal shall enter on the inventory sheet the following information:
   (a) The date and time the sealed container is opened;
   (b) The name of the patient for whom the drugs are to be used;
   (c) The name of the patient's physician or the physician who directs the administration of the drugs, if different;
   (d) An itemization of the drugs removed; and
   (e) The signature of the person who opened the sealed container.
4. When the drugs have been removed and the information required by subsection 3 has been entered on the inventory, the physician or registered nurse shall immediately replace the container in a locked compartment and shall notify the pharmaceutical consultant, as soon as it is practical to do so, that the container has been opened.

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5. The sealed container and its contents at all times remain the responsibility of the pharmaceutical consultant. Upon being notified that the sealed container has been opened, or on the next business day if notification is not received during business hours, but in no event more than 48 hours following receipt of the notification, the pharmaceutical consultant shall:

(a) Examine the inventory sheet;

(b) Replace the drugs removed;

(c) Secure a written prescription for the drugs replaced, if one is required by law;

(d) Enter the name and quantity of the drugs so replaced on the inventory sheet, together with the date and time of replacement;

(e) Reseal the container; and

(f) Sign the inventory sheet.

6. No person other than a licensed physician or registered nurse may open the container or remove any drugs from the container.

7. The Board, its agents and inspectors may at all times have access to the premises of the facility to determine compliance with this section.

NRS 639.23275 Delivery of controlled substance or dangerous drug to hospital, recovery center, facility for intermediate care or facility for skilled nursing which does not have pharmacy on premises.

1. Except as otherwise provided in NRS 453.256, no pharmacy may deliver a controlled substance or dangerous drug for a specific patient to a hospital, recovery center, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services which does not have a pharmacy on the premises except pursuant to a prescription given:

(a) Directly from the prescribing practitioner to a pharmacist;

(b) Indirectly by means of an order signed by the prescribing practitioner; or

(c) By an oral order transmitted by an agent of the prescribing practitioner.

2. If an order for entry on a chart is given by a prescribing practitioner, the chart order must be signed by the practitioner who authorized the administration of the drug within 48 hours after the order is given by that practitioner.

NRS 639.2589 Form for prescription required to contain line for practitioner's signature; substitutions in filling prescriptions in certain facilities; substitutions in filling prescriptions ordered on patient's chart in hospital.

1. The form used for any prescription which is issued or intended to be filled in this state must contain a line for the signature of the practitioner.

2. Substitutions may be made in filling prescriptions contained in the orders of a physician, or of an advanced practice registered nurse who is a practitioner, in a facility for skilled nursing or facility for intermediate care.

3. Substitutions may be made in filling prescriptions for drugs ordered on a patient's chart in a hospital if the hospital's medical staff has approved a formulary for specific generic substitutions.

4. Substitutions may be made in filling prescriptions for biological products ordered on a patient's chart in a hospital if the hospital's medical staff has approved a formulary for specific interchangeable biological products.

NRS 639.267 Return, reissuance or transfer of unused drugs: Drugs packaged in unit doses generally; regulations.

1. As used in this section, "unit dose" means that quantity of a drug which is packaged as a single dose.

2. A pharmacist who provides a regimen of drugs in unit doses to a patient in a facility for skilled nursing or facility for intermediate care as defined in chapter 449 of NRS may credit the person or agency

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which paid for the drug for any unused doses. The pharmacist may return the drugs to the dispensing pharmacy, which may reissue the drugs to fill other prescriptions or transfer the drugs in accordance with the provisions of NRS 449.2485.

3. Except schedule II drugs specified in or pursuant to chapter 453 of NRS and except as otherwise provided in NRS 433.801, 435.700, 449.2485, 638.200, 639.2675 and 639.2676, unit doses packaged in ampules or vials which do not require refrigeration may be returned to the pharmacy which dispensed them. The Board shall, by regulation, authorize the return of any other type or brand of drug which is packaged in unit doses if the Food and Drug Administration has approved the packaging for that purpose.

NRS 449.0151 "Medical facility" defined. [Effective January 1, 2022.] "Medical facility" includes:

1. A surgical center for ambulatory patients;
2. A freestanding birthing center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A facility for hospice care;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease;
11. A rural clinic;
12. A nursing pool;
13. A facility for modified medical detoxification;
14. A facility for refractive surgery;
15. A mobile unit; and
16. A community triage center.

NRS 449.0038 "Facility for intermediate care" defined. "Facility for intermediate care" means an establishment operated and maintained to provide 24-hour personal and medical supervision, for a person who does not have illness, disease, injury or other condition that would require the degree of care and treatment which a hospital or facility for skilled nursing is designed to provide.

NRS 449.0039 "Facility for skilled nursing" defined.

1. "Facility for skilled nursing" means an establishment which provides continuous skilled nursing and related care as prescribed by a physician to a patient in the facility who is not in an acute episode of illness and whose primary need is the availability of such care on a continuous basis.
2. "Facility for skilled nursing" does not include a facility which meets the requirements of a general or any other special hospital.

NRS 639.2806 Parenteral solutions: Limitation on sale and dispensing. A parenteral solution which is used by a patient in his or her home or in a facility for the dependent or a medical facility, other than a hospital as defined in NRS 449.012, may only be sold or dispensed:

1. By a pharmacy licensed in this state or a practitioner;
2. If the date of expiration is on its label; and
3. If a practitioner, registered pharmacist and a registered nurse are available at all times for immediate assistance to the patient in case of any pharmaceutical problems encountered in its use.

(Added to NRS by 1985, 867; A 1995, 295)

NRS 639.2807 Parenteral solutions: Compounding, packaging and labeling; regulations.

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1. Any parenteral for use in a home or a facility for the dependent or a medical facility, other than a hospital as defined in NRS 449.012, must be compounded, packaged and labeled:

(a) By a registered pharmacist in a pharmacy or a practitioner licensed in this state. The practitioner shall ensure that the parenterals are delivered to the patient and are not available for use after the date of expiration.

(b) Pursuant to regulations adopted by the Board.

2. To maintain the stability of parenteral solutions, to prevent their contamination and that of the personnel of the practitioner and to ensure the quality and continuity of care for patients, the Board shall adopt regulations, to include:

(a) The procedures for the compounding, packaging, replacement and disposal of parenteral solutions;

(b) The conditions under which those solutions must be prepared, stored and delivered;

(c) The equipment required for the preparation, sterilization and storage of those solutions and the maintenance and cleaning of that equipment;

(d) The procedures for the proper disposal of any material used in the preparation of those solutions;

(e) The procedures for maintaining records and clinical monitoring of patients;

(f) The education and training of persons employed by practitioners; and

(g) The requirements for the education of patients relating to the use of parenterals.

(Added to NRS by 1985, 867; A 1989, 1123; 1995, 295)

NAC 639.476 Prepackaging of drugs. (NRS 639.070, 639.071, 639.072)

1. A pharmacy may prepackage drugs in quantities suitable for distribution within the facility or institution. The prepackaging may be performed only by a pharmacist or a pharmaceutical technician.

2. The label of a prepackaged unit must include:

(a) The generic or trade name of the drug, its strength and the dosage form;

(b) The lot number;

(c) The expiration date of the drug; and

(d) The quantity of the drug if the unit dose does not equal the unit of use.

3. A record of a prepackaged drug must be maintained that includes:

(a) The generic or trade name of the drug, its strength and the dosage form;

(b) The pharmacy's lot number;

(c) The name of the manufacturer;

(d) The manufacturer's lot number;

(e) The manufacturer's expiration date for the drug;

(f) The quantity per package, if more than one tablet or capsule is in a unit dose package;

(g) The number of packages;

(h) The date it was packaged and the assigned expiration date; and

(i) The initials of the responsible pharmacist.

4. Stock packages, prepackaged units and control records must be inspected by the pharmacist before the drugs may be included in regular stock.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; 11-15-93)

NAC 639.515

1. A facility for skilled nursing or a facility for intermediate care may maintain a stock of the following drugs for emergency treatment for inpatients:

Analgesic-CII
Analgesic-non CII
Anesthetics, local
Antiarrhythmics
Antibiotics
Oral

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Intravenous
Anticholinergic
Antidiarrheal
Antihistamine
Antihypertensive
Antinauseants
Antipsychotic
Bronchodilators
Calcium injectable
Dextrose injection
Diazepam
Digoxin
Diuretic injectable
Epinephrine
Glucagon
Heparin
Insulin
Intravenous solutions
Magnesium sulfate
Muscle relaxant
Naloxone
Nitroglycerin tablets
Normal saline
Phenobarbital
Phenytoin
Potassium chloride
Pressor amine
Protamine
Sodium bicarbonate
Steroids
Vitamin K
Water for injection

2. The quantity of each drug stocked must not exceed 20 units of each drug at each nursing station in the facility.

3. All drugs must be stored and maintained in unit dosages, if manufactured in that form.

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PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R204-24

July 23, 2025

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: § 1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; revising the list of controlled substances contained in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule I. (NAC 453.510) This regulation revises the list of drugs and substances contained in schedule I to include ethylphenidate and 2-Methyl AP-237.

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

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

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

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

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

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

Alphameprodine;

Alphamethadol;

Alpha′-methyl butyryl fentanyl (2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

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

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

Benzethidine;

Betacetylmethadol;

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

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

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

2′,5′-dimethoxyfentanyl (N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

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

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

3-Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isotonitazene;

Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Meta-fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Meta-fluoroisobutyryl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl) isobutyramide);

Methoxyacetyl fentanyl;

Methyl acetyl fentanyl;

2-Methyl-AP-237 (some trade or other names: 1-(2-methyl-4-(3-phenyl-2-propen-1-yl)-1-piperazinyl)-1-butanone; 2-MAP);

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

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

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Ortho-fluorofuranyl fentanyl (N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxyfuranyl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para-methylcyclopropyl fentanyl (N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);

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

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

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

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tianeptine;

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

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

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

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

ADB-BUTINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1H-indazole-3-carboxamide;

ADB-4en-PINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide);

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

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

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

Alpha-PiHP (some trade or other names: 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one);

Bromazolam (some trade or other names: 8-bromo-1-methyl-6-phenyl-4H[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; XLI-268);

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

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

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

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

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

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

CUMYL-PEGACLONE (some trade or other names: SGT-151; 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one; 2,5-dihydro-2-(1-methyl-1-phenylethyl)-5-pentyl-1H-pyrido[4,3-b]indol-1-one);

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

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

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

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

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

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

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

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

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

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

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

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

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

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

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

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

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

5F-EDMB-PICA (some trade or other names: 5F-EDMB-2201; Ethyl 2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(5-fluoropentyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, ethyl ester);

4F-MDMB-BUTICA (some trade or other names: 4F-MDMB-BICA; Methyl 2-[[1-4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(4-fluorobutyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, methyl);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

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

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

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

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

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

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

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

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

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

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

MDMB-4en-PINACA (some trade or other names: Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

3-MMC (some trade or other names: 3-methylmethcathinone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one);

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

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

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

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

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

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

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

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

MMB-FUBICA ester (some trade or other names: Methyl 2-(1-(4-fluorobenzyl)-1H-indole-3-carboxamido)-3-methyl butanoate; N-[[1-[(4-fluorophenyl)methyl]-1H-indol-3-yl]carbonyl]-L-valine, methyl ester);

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

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

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

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

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

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

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

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

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

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

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

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

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

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

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

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

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

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

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

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

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

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

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

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

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

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

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

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

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

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

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

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

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

N-ethylhexedrone;

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

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Ethylphenidate (some trade or other names: ethyl 2-phenyl-2-(piperidin-2-yl)acetate);

Fenethylline;

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

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

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

Methamphetamine;

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

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

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

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

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

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

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

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

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

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

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

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

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

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

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

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop December 5, 2024

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

AUTHORITY: NRS 453.146; NRS 453.221; NRS 639.070

A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

NAC 453.510 is hereby amended to read as follows:

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

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

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

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alpha' -methyl butyryl fentanyl (2-methyl-N-(1-phenethylpiperidin-4-yl)-phenylbutanamide);

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-

acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

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

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

Benzethidine;

Betacetylmethdol;

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

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

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

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Cyclopropylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

2',5'-dimethoxyfentanyl (N *-(1-(2,5 dimethoxyphenethyl)piperidin-4-yl)* N*-phenylpropionamide);*

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambuten;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

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

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

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3-furanyl fentanyl (N *-(1-phenethylpiperidin-4-yl)-* N *-phenylfuran-3-carboxamide);*

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Isotonitazene;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Meta -fluorofentanyl (N -(3-fluorophenyl)- N -(1-phenethylpiperidin-4-yl)propionamide);

Meta -fluoroisobutyryl fentanyl (N -(3-fluorophenyl)- N -(1-phenethylpiperidin-4-yl) isobutyramide);

Methoxyacetyl fentanyl***;***

Methyl acetyl fentanyl;

2-Methyl-AP-237 (some trade or other names: 1-(2-methyl-4-(3- phenyl-2-propen-1-yl)-1-piperazinyl)-1-butanone; 2-MAP);

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

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

Noracymethadol;

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Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Ortho -fluorofuranyl fentanyl (N -(2-fluorophenyl)- N -(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para -methoxyfuranyl fentanyl (N -(4-methoxyphenyl)- N -(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para -methylcyclopropyl fentanyl (N -(4-methylphenyl)- N -(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);

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

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

DRAFT

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Tianeptine;

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

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

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

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

DRAFT

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

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

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ADB–BUTINACA (some trade or other names: N -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1 H -indazole-3-carboxamide

ADB-4en-PINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide)

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazlo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

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

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

Alpha -PiHP (some trade or other names: 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one)

Bromazolam (some trade or other name: 8-bromo-1-methyl-6-phenyl H[1,2,4]triazolo[4,3a][1,4]benzodiazepine; XLI-268);

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

~~3~~-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

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

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

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

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

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

CUMYL-PEGACLONE (some trade or other names: SGT-151; 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one; 2,5-dihydro-2-(1-methyl-1-phenylethyl)-5-pentyl-1H-pyrido[4,3-b]indol-1-one)

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepine-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

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

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

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

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

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

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

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

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

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

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

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or

other names: CP-47,497);

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

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

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

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

4F-MDMB-BUTICA (some trade or other names: 4F-MDMB-BICA; Methyl 2-[[1-(4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(4-fluorobutyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, methyl)

5F-EDMB-PICA (some trade or other names: 5F-EDMB-2201; Ethyl 2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(5-fluoropentyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, ethyl ester)

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin- 2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

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Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

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

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

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

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

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

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

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

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

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

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

MDMB-4en-PINACA (some trade or other names: Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate)

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

3–MMC (some trade or other names: 3-methylmethcathinone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one)

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

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

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

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

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

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other

names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

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

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

MMB-FUBICA ester (some trade or other names: Methyl 2-(1-(4-fluorobenzyl)-1H-indole-3-carboxamido)-3-methyl butanoate; N-[[1-[(4-fluorophenyl)methyl]-1H-indol-3-yl]carbonyl]-L-valine, methyl ester

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

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

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

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

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

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

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7- nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro- 2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

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

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

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

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

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

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

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin- 2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

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

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

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

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

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

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

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzofisochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)

ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

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

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

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

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

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

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

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

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha- pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha- pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1- one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

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

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

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

N-ethylhexedrone;

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

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Ethylphenidate (some trade or other names: ethyl 2-phenyl-2-(piperidin-2-yl)acetate);

Fenethylline;

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

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4- FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1- one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)- 2-(methylamino)propan-1-one, 2-FMC);

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

Methamphetamine;

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

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

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

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

Methylenedioxypyrovalerone (some trade or other names: 3,4-

Methylenedioxypyrovalerone, MDPV);

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

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

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α- methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

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

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of

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Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

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

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

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

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

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

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PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R004-25

July 22, 2025

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: § 1, NRS 454.213 and 639.070.

A REGULATION relating to dangerous drugs; authorizing an advanced emergency medical technician or paramedic to possess and administer dangerous drugs under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes an advanced emergency medical technician or paramedic to possess and administer dangerous drugs as provided by regulation of the State Board of Pharmacy. (NRS 454.213) This regulation governs the circumstances under which such a person may administer a dangerous drug to a patient in a hospital or correctional institution. Specifically, this regulation authorizes an advanced emergency medical technician or paramedic to possess and administer a dangerous drug to a patient in a hospital or correctional institution if: (1) the hospital or correctional institution has adopted a written policy and protocol governing such possession and administration; (2) the dangerous drug is administered pursuant to an order issued by a practitioner; and (3) certain other requirements are met.

Section 1. Chapter 454 of NAC is hereby amended by adding thereto a new section to read as follows:

An advanced emergency medical technician or paramedic may possess and administer a dangerous drug to a patient in a hospital or correctional institution if:

1. The hospital or correctional institution has adopted written policies and protocols governing the possession and administration of dangerous drugs; and

2. The advanced emergency medical technician or paramedic:

(a) Holds a current and valid certification issued pursuant to chapter 450B of NRS;

(b) Administers the dangerous drug pursuant to an order issued by a practitioner; and

(c) Complies with:

(1) The policies and protocols described in subsection 1; and

(2) All applicable provisions of chapters 450B and 454 of NRS and any regulations adopted pursuant thereto.

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – April 17, 2025

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

NRS 639.070(1)(d); NRS 454.213(1)(f) and (g).

A REGULATION relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic.

Section. 1. NAC Chapter 454 of NAC is hereby amended by adding thereto a new section to read as follows:

An advanced emergency medical technician or paramedic may possess and administer a dangerous drug to a patient in a hospital or correctional institution if:

1. The dangerous drug is ordered by a practitioner;

2. The advanced emergency medical technician or paramedic holds a certification in good standing issued pursuant to Chapter 450B of the Nevada Revised Statutes;

3. The hospital or correctional institution has enacted a medication administration policy and protocol related to the possession or administration of the dangerous drug; and

4. The advanced emergency medical technician or paramedic complies with all applicable provisions of Chapter 450B of the Nevada Revised Statutes and related regulations.

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Executive Secretary Report

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895

December 2025 - Temporary License since last Board Meeting

Pharmacist Name	Pharmacist License #
Tamika Strickland	24881
Bryan Bower	24828
Jenna Bogue	24880

Business Name	License Type	City, State
Guardian DME LLC	WH03917	Las Vegas, NV
OsteoMed LLC	WH03920	Addison, TX
Acumed LLC	WH03919	Hillsboro, OR
Acumed LLC	WH03918	Hillsboro, OR

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.520: Security of Pharmacies	09/07/23 Dave to meet with industry							
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise.	5/29/24	6/3/24	R113-24	6/25/24 – To Yenh/Dave for review 7/15/24 –sent revised version to Dave/Yenh	12/10/24	1/16/25 – This public hearing was withdrawn from the agenda and will be heard at a future BM. 4/17/25 – To be heard at a future BM.		
Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto.	10/17/24	10/21/24	R197-24	7/21/25 – Sent to Dave/Yenh for review.	12/4/25			

Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto.	12/5/24	12/9/24	R203-24	9/19/25 – Sent to Dave/Yenh for review	12/4/25			
Amendment to the Nevada Administrative Code ("NAC") 639.742. The proposed amendments relate to removing the requirement that Dispensing Practitioners must personally dispense at a facility and provide other matters properly relating thereto. The change would allow Dispensing Practitioners to mail prescriptions to individual patients in their care as allowed by the Center for Medicare and Medicaid Services.	12/5/24 – Waiting for the federal reg to pass. The Board would like to see at a future meeting.							
A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/5/24	12/9/24	R204-24	7/23/25 – Sent to Dave/Yenh for review	12/4/25			

Amendment to Nevada Administrative Code NAC 454. The proposed amendment revises the ability of an advanced emergency medical technicians to possess and administer dangerous drugs upon the order of a practitioner in a license hospital when practicing under their scope of practice as determined by the State of Nevada Health Department.	4/17/25	4/28/25	R004-25	7/22/25 – Sent to Dave/Yenh for review	12/4/25			
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment specifies the requirements for pharmacies and practitioners to be authorized to engage in the sterile or nonsterile compounding of drug products.	7/17/25 – Need updated language from Dave to send to LCB.							
A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.	9/4/25 – Tabled and work with Homeopathic Board. 12/4/25							

Amendment to Nevada Administrative Code (NAC). The proposed amendments establish standards for licensees relating to staffing, supervision, duties of a pharmacy, duties of a pharmacist and requirements related to the timing of dispensing prescription drugs and devices	9/4/25 – Tabled and make modifications to language. 10/16/25 – Approved with amendments	10/22/25	R072-25					
A REGULATION relating to controlled substances adding dipentylone and seven fentanyl related substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/4/25							

December 2025 – NV Business Address Change Only

Application Received	Business Name	License Number	New Location	City, State and Zip
9/8/2025	Southern Nevada Adult Mental Health Pharmacy	PH02110	1650 Community College Dr	Las Vegas, NV 89146
9/18/2025	CNS Scrips LLC	PH02253	8580 Dean Martin Dr, Ste 212-214	Las Vegas, NV 89139

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Cease & Desist/Citation –**
  - **Unlicensed Practice: 9**
  - **Other: 0**
- **Citation & Fine –**
  - **Unlicensed Practice: 0**
  - **Misfill: 2**
  - **Other: 3**

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