October 2026 Board Meeting Handouts

Public Comment

5D – David Snipper

5E – Las Vegas Community Pharmacy

5F – Natalie Nguyen

5G – Ali Macintosh

5H – Hisbay Ali

5K - American Wellness Pharmacy

5P – Strive Pharmacy

5R – Justin Spangler

5S – Daniel Inglish

5T – Mary Miller-Wilson

5V – Tiana Hubbard

5X – Aurelia Hurtada-Sadowski

5Y – Justin Mansfield

5Z – Vita Pharmacy 2

7A – Laughlin Pharmacy & Wellness Center

7B – Youjin Seo

9A – Cur8 Pharmacy

11A – Bespoke Pharmaceuticals, LLC

12A – Nephron Pharmaceuticals

16A – Executive Order 2026-003 – Public Comment

18 – Executive Report - Financial

Public Comment

PUBLIC COMMENT FOR NEVADA STATE BOARD OF PHARMACY
October 15, 2026

Good morning, ~~Mr. Chairman and~~ members of the Nevada State Board of Pharmacy. For the record, my name is Donna West. I have lived in Nevada for 52 years, and I reside in East Las Vegas.

I am here this morning because I have learned of an idea being considered that would limit a pharmacist to filling no more than 250 prescriptions per day. This proposal has me and many of my friends—most of whom are seniors—very concerned.

I understand that concerns have been raised about pharmacists' workloads and working conditions. Those concerns deserve to be addressed. But imposing an arbitrary numerical limit on the number of prescriptions a pharmacist can fill could create serious unintended consequences for the very patients the Board is charged with protecting.

I am at an age where I take a number of prescription medications, and so does my

husband. We depend upon having those medications available when we need them. I am concerned that a prescription cap could result in delays in getting our medications filled on time.

I also depend on my neighborhood pharmacy for much more than prescriptions. It is where I receive my vaccinations. Pharmacists today provide important health care services in our communities, and any regulation affecting pharmacy staffing and workload could affect patients' access to those services as well.

There is also a larger issue that I urge you—and Nevada's legislators—to consider. Prescriptions are an important part of the business model for pharmacies and grocery stores that operate pharmacies. A prescription cap could require businesses to hire additional pharmacists, reduce the number of prescriptions they fill, reduce pharmacy hours, or reconsider whether operating a pharmacy is financially sustainable.

In East Las Vegas, we have already watched pharmacies and grocery stores close. We cannot afford policies that risk making access to pharmacies even more difficult. Another closure isn't merely an inconvenience. It can mean a longer trip for a senior citizen, a working parent, a person without reliable transportation, or someone who needs medication immediately.

I am here today to put the Board on notice that Nevadans are aware of this proposal, we are paying attention, and there is significant concern about its potential consequences.

Please do not move forward with an arbitrary prescription cap without fully examining what it would mean for patients, pharmacy access, Nevada's workforce, and the continued viability of neighborhood pharmacies.

We hope to persuade you that there is a better way to address pharmacist workload without creating a new access problem for Nevada patients.

Thank you.

5D

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID M. SNIPPER, M.D.,** **Certificate of Registration No. CS33549,** **Respondent.**	**Case No. 25-382-CS-S** **DECLARATION OF JESSETTE PHAYNARIKONE**

I, Jessette Phaynarikone, hereby state the following:

1. I am the Board Coordinator I and Administrative Assistant to the Nevada State Board of Pharmacy ("Board"). Pursuant to NRS 53.045, I have made this declaration at the request of Amy K. Steelman, General Counsel, for use in the above-entitled administrative action.

2. In my capacity as the Board Coordinator I and Administrative Assistant to the Board, I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Board. I am knowledgeable about the Board's business processes and information systems as they pertain to filing, mailing, document management, and records retention.

3. I have examined Exhibits 1 through 4 attached hereto, and I make this declaration for the purpose of authenticating these exhibits, which are identified and discussed below.

4. On September 9, 2026, I served upon Respondent the Notice of Intended Action and Accusation and Statement to the Respondent and Notice of Hearing ("Notice of Hearing") on file herein. I served the Notice of Hearing upon Respondent by mailing true and correct copies via Certified U.S. Mail, with postage prepaid, addressed to Respondent at his four (4) addresses of record with the Board, in conformance with NAC 639.972. A true and correct copy of Certificate of Service filed with the Notice of Hearing and the mailing information with associated tracking numbers is attached hereto as **Exhibit 1.** The corresponding U.S. Postal Service ("USPS") tracking information is attached hereto as **Exhibit 2.**

5D - exhibit A

5. On September 25, 2026, I, or another member of the Board Coordination team, mailed a letter to Respondent confirming the time, date, and location of the hearing in the above-entitled action, a true and correct copy of which is attached hereto as **Exhibit 3** (the "21-Day Letter"). The 21-Day Letter was mailed via Certified U.S. Mail, with postage prepaid, addressed to Respondent at his last-known addresses on file with the Board, in conformance with NRS 241.0333. A corresponding tracking number was affixed to the bottom of each copy of the 21-Day Letter. A true and correct copy of the associated USPS tracking information is attached hereto as **Exhibit 4.**

I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 30th day of September, 2026.

Jessette Phaynarikone,
Administrative Assistant, Board Coordinator I
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 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail Standard U.S. mail to the following:

David Snipper, M.D.
c/o Excellyon Clinic
7470 S Dean Martin Dr #101
Las Vegas, NV 89139

David Snipper, M.D.
[redacted]
Las Vegas, NV [redacted]

David Snipper, M.D.
[redacted]
Las Vegas, NV [redacted]

David Snipper, M.D.
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
SEP 09 2026
NEVADA STATE BOARD OF PHARMACY

David Snipper, M.D.
c/o Excellyon Clinic
7470 S Dean Martin Dr #101
Las Vegas, NV 89139
Case No. 25-382-CS-S. NIAA

9171 9690 0935 0298 3444 87

MAILED
9.9.26

certified - $9.53
standard - $1.98

David Snipper, M.D.
[redacted]
Las Vegas, NV [redacted]
Case No. 25-382-CS-S. NIAA

9171 9690 0935 0298 3444 94

MAILED
9.9.26

certified - $9.53
standard - $1.98

David Snipper, M.D.
[redacted]
Las Vegas, NV [redacted]
Case No. 25-382-CS-S. NIAA

9171 9690 0935 0298 3445 00

MAILED
9.9.26

certified - $9.53
standard - $1.98

David Snipper, M.D.
[redacted]
Las Vegas, NV [redacted]
Case No. 25-382-CS-S. NIAA

9171 9690 0935 0298 3445 17

MAILED
9.9.26

certified - $9.53
standard - $1.98

ALERT: IMPACTS FROM HURRICANE POLO IN THE SOUTHWEST REGION OF THE U.S. MAY D...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9171969009350298344487

Copy Add to Informed Delivery

Latest Update

Your item has been delivered to the original sender at 11:47 am on September 25, 2026 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, To Original Sender
RENO, NV 89521
September 25, 2026 11:47 AM

Arrived at USPS Facility
RENO NV DISTRIBUTION CENTER
September 24, 2026 5:45 PM

Arrived at USPS Facility
SANTA CLARITA CA DISTRIBUTION CENTER
September 22, 2026 6:08 PM

Arrived at USPS Facility
PASADENA, CA 91109
September 21, 2026 4:43 PM

Forward Expired
LAS VEGAS, NV 89139

September 14, 2026 8:27 AM

Arrived at USPS Facility

LAS VEGAS NV DISTRIBUTION CENTER
September 13, 2026 7:35 AM

Accepted at USPS Facility

RENO, NV 89521
September 13, 2026 6:20 AM

Pre-Shipment Info Sent to USPS

September 10, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates ⌄

Return Receipt Electronic ⌄

USPS Tracking Plus® ⌄

Product Information ⌄

See Less ⌃

Remove ✕

Tracking Number:

9171969009350298344494

Copy **Add to Informed Delivery**

Latest Update

Your item was delivered to an individual at the address at 2:08 pm on September 14, 2026 in LAS VEGAS, NV 89134.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual

LAS VEGAS, NV 89134
September 14, 2026 2:08 PM

Arrived at USPS Facility

LAS VEGAS NV DISTRIBUTION CENTER
September 13, 2026 7:35 AM

Accepted at USPS Facility

RENO, NV 89521
September 13, 2026 6:20 AM

Pre-Shipment Info Sent to USPS

September 10, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates ⌄

Return Receipt Electronic ⌄

USPS Tracking Plus® ⌄

Product Information ⌄

See Less ^

Remove ×

Tracking Number:

9171969009350298344500

Copy **Add to Informed Delivery**

Latest Update

Your item has been delivered to the original sender at 12:26 pm on September 21, 2026 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, To Original Sender

RENO, NV 89521
September 21, 2026 12:26 PM

Arrived at USPS Facility

RENO NV DISTRIBUTION CENTER
September 20, 2026 6:45 PM

Arrived at USPS Facility

SANTA CLARITA CA DISTRIBUTION CENTER
September 18, 2026 8:42 PM

Arrived at USPS Facility

PASADENA, CA 91109
September 17, 2026 10:54 AM

Vacant

LAS VEGAS, NV 89117
September 14, 2026 3:38 PM

Arrived at USPS Facility

LAS VEGAS NV DISTRIBUTION CENTER
September 13, 2026 7:35 AM

Accepted at USPS Facility

RENO, NV 89521
September 13, 2026 6:20 AM

Pre-Shipment Info Sent to USPS

September 10, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9171969009350298344517

Copy Add to Informed Delivery

Latest Update

Your item was delivered to an individual at the address at 9:14 am on September 21, 2026 in LAS VEGAS, NV 89102.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual

LAS VEGAS, NV 89102
September 21, 2026 9:14 AM

Arrived at USPS Facility

LAS VEGAS NV DISTRIBUTION CENTER
September 13, 2026 7:35 AM

Accepted at USPS Facility

RENO, NV 89521

September 13, 2026 6:20 AM

Pre-Shipment Info Sent to USPS

September 10, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

September 25, 2026

David Snipper c/o Excellyon Clinic
7470 S Dean Martin Dr #101
Las Vegas, NV 89139

Re: David Snipper and Case No. 25-382-CS-S

Dear David Snipper,

The hearing for case number 25-382-CS-S has been scheduled for **Wednesday, 10/14/2026** at **9:00 AM PST** or soon thereafter at the following location:

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

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

Pursuant to NRS 241.033 and NRS 241.0333, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

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

9171 9690 0935 0298 3372 12

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

September 25, 2026

David Snipper
[redacted]
Las Vegas, NV [redacted]

Re: David Snipper and Case No. 25-382-CS-S

Dear David Snipper,

The hearing for case number **25-382-CS-S** has been scheduled for **Wednesday, 10/14/2026** at **9:00 AM PST** or soon thereafter at the following location:

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

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

Pursuant to NRS 241.033 and NRS 241.0333, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

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

9171 9690 0935 0298 3372 29

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

September 25, 2026

David Snipper
[redacted]
Las Vegas, NV [redacted]

Re: David Snipper and Case No. 25-382-CS-S

Dear David Snipper,

The hearing for case number 25-382-CS-S has been scheduled for **Wednesday, 10/14/2026** at **9:00 AM PST** or soon thereafter at the following location:

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

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

Pursuant to NRS 241.033 and NRS 241.0333, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

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

9171 9690 0935 0298 3372 36

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

September 25, 2026

David Snipper
[redacted]
Las Vegas, NV [redacted]

Re: David Snipper and Case No. 25-382-CS-S

Dear David Snipper,

The hearing for case number 25-382-CS-S has been scheduled for **Wednesday, 10/14/2026** at **9:00 AM PST** or soon thereafter at the following location:

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

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

Pursuant to NRS 241.033 and NRS 241.0333, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

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

9171 9690 0935 0298 3372 43

ALERT: IMPACTS FROM HURRICANE POLO IN THE SOUTHWEST REGION OF THE U.S. MAY D...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9171969009350298337212

Copy Add to Informed Delivery

Latest Update

Your item was returned to the sender on September 29, 2026 at 10:38 am in LAS VEGAS, NV 89139 because the forwarding order for this address is no longer valid.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert

Forward Expired
LAS VEGAS, NV 89139
September 29, 2026 10:38 AM

Arrived at USPS Facility
LAS VEGAS NV DISTRIBUTION CENTER
September 28, 2026 9:50 AM

Arrived at USPS Facility
RENO NV DISTRIBUTION CENTER
September 26, 2026 9:50 AM

Accepted at USPS Facility
RENO, NV 89521
September 26, 2026 8:35 AM

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9171969009350298337229

Copy Schedule a Redelivery

Latest Update

We attempted to deliver your item at 1:03 pm on September 29, 2026 in LAS VEGAS, NV 89134 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice beginning September 30, 2026. If this item is unclaimed by October 14, 2026 then it will be returned to sender.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivery Attempt: Action Needed

Notice Left (No Authorized Recipient Available)
LAS VEGAS, NV 89134
September 29, 2026 1:03 PM

Arrived at USPS Facility
LAS VEGAS NV DISTRIBUTION CENTER
September 28, 2026 9:50 AM

Arrived at USPS Facility

RENO NV DISTRIBUTION CENTER
September 26, 2026 9:47 AM

Accepted at USPS Facility

RENO, NV 89521
September 26, 2026 8:32 AM

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Schedule Redelivery

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9171969009350298337236

Copy **Add to Informed Delivery**

Latest Update

Your item was forwarded to a different address at 1:34 pm on September 29, 2026 in LAS VEGAS, NV. This was because of forwarding instructions or because the address or ZIP Code on the label was incorrect.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Alert

Forwarded
LAS VEGAS, NV
September 29, 2026 1:34 PM

Arrived at USPS Facility
LAS VEGAS NV DISTRIBUTION CENTER
September 28, 2026 9:50 AM

Arrived at USPS Facility
RENO NV DISTRIBUTION CENTER
September 26, 2026 9:47 AM

Accepted at USPS Facility
RENO, NV 89521
September 26, 2026 8:32 AM

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9171969009350298337243

Copy **Add to Informed Delivery**

Expected Delivery by

THURSDAY by
9:00pm ⓘ
1 October
2026 ⓘ

Your item arrived at our USPS facility in LAS VEGAS NV DISTRIBUTION CENTER on September 28, 2026 at 9:50 am. The item is currently in transit to the destination.

Get More Out of USPS Tracking:

USPS Tracking Plus®

- **Delivered**
- **Out for Delivery**
- **Preparing for Delivery**

On the Way

Arrived at USPS Facility
LAS VEGAS NV DISTRIBUTION CENTER
September 28, 2026 9:50 AM

Arrived at USPS Facility
RENO NV DISTRIBUTION CENTER
September 26, 2026 9:50 AM

Accepted at USPS Facility
RENO, NV 89521
September 26, 2026 8:35 AM

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates ⌄

Return Receipt Electronic ⌄

USPS Tracking Plus® ⌄

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID M. SNIPPER, M.D.,** **Certificate of Registration No. CS33549,** **Respondent.**	**Case No. 25-382-CS-S** **MEMORANDUM OF COSTS AND FEES**

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigative Time (Monica S. Segedy)				
Date(s)	Description	Hours	Rate	Amount
01/22/2026	Received and reviewed Medical Board records. Queried and reviewed NVBOP Licensing Database.	2.5	$53.00/hr	$132.50
01/26/2026	Queried and reviewed PMP records. Discussed with Medical Board and reviewed additional records.	2	$53.00/hr	$106.00
02/02/2026	Interviewed Dr. Jasmine Jou.	1	$53.00/hr	$53.00
01/22 – 02/03/2026	Attempted to locate Dr. Snipper.	0.5	$53.00/hr	$26.50
02/04/2026	Prepared final report and reviewed with Investigative Chief.	3	$53.00/hr	$159.00
Subtotal (Investigation): $477.00				
Attorney Time (Amy K. Steelman)				
Date(s)	Description	Hours	Rate	Amount
06/29/2026	Reviewed investigatory file. Drafted Notice of Intended	6.5	$65.00/hr	$422.50

50 - 8/26/26 B

	Action and Accusation.			
07/01/2026	Reviewed Accusation with Senior General Counsel and finalized for filing.	2.0	$65.00/hr	$130.00
09/30/2026	Prepared documentation for anticipated default.	1.0	$65.00/hr	$65.00
10/14/2026	(Anticipated) Hearing on Request for Default	0.5	$65.00/hr	$32.50
Subtotal (Attorney Time): $650.00				
Administrative Costs				
Date(s)	Description	Hours	Rate	Amount
09/09/2026	Jessette Phaynarikone finalized, filed, and served Notice of Intended Action and Accusation.	0.50	$25.00/hr	$12.50
09/25/2026	Jessette Phaynarikone served Notice of Hearing for October 14, 2026.	0.50	$25.00/hr	$12.50
Subtotal (Administrative Costs): $25.00				
Additional Recoverable Costs: Postage/Mailing Costs: $86.12				
Total Costs and Fees: $1,238.12				

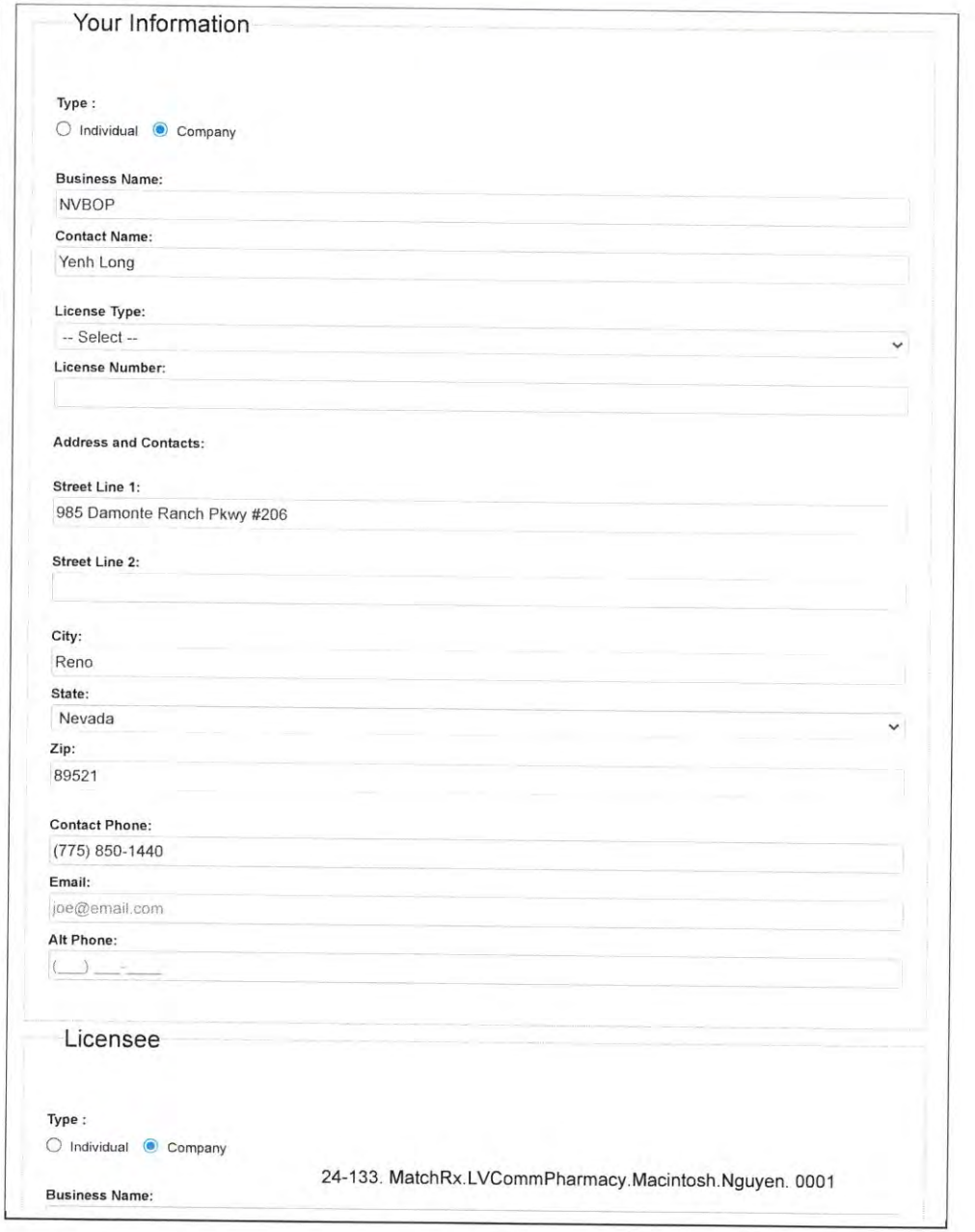
I, Amy K. Steelman, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of costs and reasonable attorney's fees incurred by the Board in the above-entitled action.

DATED this 8th day of October 2026.

Amy K. Steelman, Esq.
General Counsel
Nevada State Board of Pharmacy

5E, 5F, 5G

Exhibit 1
24-133-S
Las Vegas Community Pharmacy; Natalie Nguyen; Ali MacIntosh



Your Information

Type :
○ Individual ◉ Company

Business Name:
NVBOP

Contact Name:
Yenh Long

License Type:
-- Select --

License Number:

Address and Contacts:

Street Line 1:
985 Damonte Ranch Pkwy #206

Street Line 2:

City:
Reno

State:
Nevada

Zip:
89521

Contact Phone:
(775) 850-1440

Email:
joe@email.com

Alt Phone:
(___) ___-____

Licensee

Type :
○ Individual ◉ Company

Business Name:

24-133. MatchRx.LVCommPharmacy.Macintosh.Nguyen. 0001

MatchRx

Contact Name:

License Type:
-- Select --

License Number:

Address and Contacts:

Street Line 1:

Street Line 2:

City:

State:
-- Select --

Zip:

Phone:
(___) ___-____

Email:
joe@email.com

Complaint

Incident Date:
MM/DD/YYYY

Received Date:
04/22/2024

Statement of Complaint:
Unlicensed Practice. See attached.

Please provide all supporting documentation

Related Documents

Drop file(s) here to upload or click here to browse and select file(s) to upload.

Type	Name	Other Name	Is Public?	Actions
-- Select			☐	

Reset

Jessette Phaynarikone

From: Yenh Long
Sent: Tuesday, April 16, 2024 9:31 AM
To: Jessette Phaynarikone; Darlene Nases; Erin Miller
Cc: Leo D. Basch
Subject: FW: unlicensed wholesaler activity MatchRX
Attachments: MatchRX unlicensed activity.pdf

Hi Jessette,

Please open a case on the attached matter.

Priority 2.

Thanks,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
775-850-1440
Email: ylong@pharmacy.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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

From: Leo D. Basch <lbasch@pharmacy.nv.gov>
Sent: Tuesday, April 16, 2024 8:07 AM
To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: unlicensed wholesaler activity MatchRX

Hello Yenh,

At an inspection last week a review of wholesaler invoices alerted me to MatchRX, a prescription drug supplier that appears to not be licensed pursuant to NS 639.233.

MatchRX appears to operate a prescription drug marketplace in which they transact sales/purchases from one pharmacy to another. Two of the pharmacies named on the MathRX invoice are also providing sales to another pharmacy through the another prescription drug marketplace that is named in recent new case. Information obtained during my inspection of the pharmacy indicates there are 7 pharmacies that shipped RX only drugs into Nevada, while 3 pharmacies shipped OTC diabetic test strips. Again, 2 of the pharmacies are also shipping RX only drugs via another drug marketplace platform.

Please advise.

Thanks,

Leo Basch, Pharm D
Inspector

Nevada State Board of Pharmacy
1140 N Town Center Drive, Ste 300
Las Vegas, NV, 89144

Office: 702.486.6420 ext 155
Fax: 702.486.7903
E-mail: LBasch@pharmacy.nv.gov
Web Page: www.bop.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

NV 4/15/24

BUYER SHIP TO:
LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04396

SELLER SHIP FROM:
SENIOR CARE PHARMACY-WICHITA
1402 S RIDGE RD
WICHITA, KS 67209
STATE LICENSE# 2-10315

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513842860	04/01/2024	8:30 AM

ORDER #: 38498681

NAME	NDC #	GTIN / SERIAL # / LOT #	STRENGTH	FORM	EXP	PACK. CONDITION	PACK. SIZE	PACK. PRICE	QTY	TOTAL
ONETOUCH TES ULTRA	53885024510	5427439		STRP	04/2024	Original Package - Sealed	100	$90.00	1	$90.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT
If you are shipping a frozen or refrigerated item(s), remember to:
- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS
- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST: PLEASE COMPLETE, SIGN AND DATE

☒ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: Tram Vuong DATE: 3-29-24

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME | DATE DISPENSED | ITEM | SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

NV 4/3/24

BUYER SHIP TO:
LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04396

SELLER SHIP FROM:
AUBURN PHARMACY-GARNETT
420 N MAPLE ST
GARNETT, KS 66032
STATE LICENSE# 2-09263

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513844277	04/01/2024	11:00 AM

ORDER #: 77021604

NAME	NDC #	GTIN / SERIAL # / LOT #	STRENGTH	FORM	EXP	PACK. CONDITION	PACK. SIZE	PACK. PRICE	QTY	TOTAL
DAPAGLIF PRO TAB 10MG	66993045730	10234	10 MG	TABS	05/2026	Original Package - Sealed	30	$317.90	1	$317.90

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT
If you are shipping a frozen or refrigerated item(s), remember to:
- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS
- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST: PLEASE COMPLETE, SIGN AND DATE

☐ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: Jarrett Ashworth DATE: 4/1/24

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME | DATE DISPENSED | ITEM | SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

4/5/24 MW

BUYER SHIP TO :	SELLER SHIP FROM :
LAS VEGAS COMMUNITY PHARMACY 3200 SOARING GULLS DR STE 101 LAS VEGAS, NV 89129 STATE LICENSE# PH04096	GREDEL PHARMACY LLC 4095 ATLANTA HWY HIRAM, GA 30141 STATE LICENSE# PHRED11047 GLOBAL LOCATION NUMBER (GLN): 1100095025823

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513841952	04/01/2024	9:30 AM

ORDER # 80358832

NAME	NDC #	GTIN SERIAL # LOT #	STRENGTH	FORM	EXP	PACK. CONDITION	PACK. SIZE	PACK. PRICE	QTY	TOTAL
ONETOUCH VERIO ULTRA	53885014510	8431109		STRP	04/2024	Original Package – Unsealed -Torn Package Label, Sticker / Glue Residue, Package opened by mistake, Price reflects short date and torn label/damaged box	100	$50.00	1	$50.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT

If you are shipping a frozen or refrigerated item(s), remember to:

- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS

- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.

DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST - PLEASE COMPLETE, SIGN AND DATE

☒ This is the exact NDC, lot #, expiration date and quantity ordered for each item.

☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: Emma Swindle PRINT: Emma Swindle DATE: 3/29/2024

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY:

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME	DATE DISPENSED	ITEM	SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 690-0808 Toll free

4/5/24 MN

BUYER SHIP TO:
LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04396

SELLER SHIP FROM:
MAIN PHARMACY-BROOKLYN
2350 85TH ST
BROOKLYN, NY 11214
STATE LICENSE# 014923
GLOBAL LOCATION NUMBER (GLN): 1180009809525

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513842037	04/01/2024	11:30 AM

ORDER #:71491305

NAME	NDC #	GTIN SERIAL # LOT #	STRENGTH	FORM	EXP	PACK CONDITION	PACK SIZE	PACK PRICE	QTY	TOTAL
ONETOUCH TES ULTRA	53885024510	96851160		STRP	11/2024	Original Package - Sealed - Sticker / Glue Residue	100	$45.00	1	$45.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT
If you are shipping a frozen or refrigerated item(s), remember to:
- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS
- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST - PLEASE COMPLETE, SIGN AND DATE

☐ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: _____ DATE: 4/1/24

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY:

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME | DATE DISPENSED | ITEM | SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 690-0808 Toll free

4/5/24 MN

BUYER SHIP TO:
LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04396

SELLER SHIP FROM:
CYPRESS RX INC-RIDGEWOOD
1105 CYPRESS AVE
RIDGEWOOD, NY 11385
STATE LICENSE# 040118

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513839976	03/29/2024	Drop off at a FedEx office location

ORDER # 37060864

NAME	NDC #	GTIN SERIAL # LOT #	STRENGTH	FORM	EXP	PACK CONDITION	PACK SIZE	PACK PRICE	QTY	TOTAL
OMEPRA/BICAR POW 40-1680	64380018302	8500771a	MULTI	PACK	09/2025	Original Package - Sealed	30	$30.00	1	$30.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT
If you are shipping a frozen or refrigerated item(s), remember to:
- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS
- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST - PLEASE COMPLETE, SIGN AND DATE

☑ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: Avi DATE: 4/1/24

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY:

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME | DATE DISPENSED | ITEM | SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

4/4/24
NN

BUYER SHIP TO:
LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04395

SELLER SHIP FROM:
RAPID RX INC- GLEN OAKS
25316 UNION TPKE
GLEN OAKS, NY 11004
STATE LICENSE# 040230

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513842242	03/29/2024	Drop off at a FedEx office location

ORDER # 80788725

NAME	NDC #	GTIN / SERIAL # / LOT #	STRENGTH	FORM	EXP	PACK. CONDITION	PACK. SIZE	PACK. PRICE	QTY	TOTAL
DICLOFENAC TAB 25MG	72832008630	31773HCI	25 MG	TABS	07/2025	Original Package - Sealed	30	$145.00	2	$290.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT

If you are shipping a frozen or refrigerated item(s), remember to:
- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS
- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST - PLEASE COMPLETE, SIGN AND DATE

☐ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: JCG DATE: 3/29/24

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY:

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME | DATE DISPENSED | ITEM | SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

4/4/24
NN

BUYER SHIP TO:
LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04395

SELLER SHIP FROM:
IDEAL CARE PHARMACY-BROOKLYN
811 AVENUE U
BROOKLYN, NY 11223
STATE LICENSE# 031560

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513842440	04/01/2024	Drop off at a FedEx office location

ORDER # 55780561

NAME	NDC #	GTIN / SERIAL # / LOT #	STRENGTH	FORM	EXP	PACK. CONDITION	PACK. SIZE	PACK. PRICE	QTY	TOTAL
OMEPRA/SCAR POW 40-1680	64380018302	6501252A	MULTI	PACK	04/2026	Original Package - Sealed	30	$40.00	2	$80.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT

If you are shipping a frozen or refrigerated item(s), remember to:
- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS
- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST - PLEASE COMPLETE, SIGN AND DATE

☐ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: _____ DATE: _____

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY:

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME | DATE DISPENSED | ITEM | SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

BUYER SHIP TO:
LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04396

SELLER SHIP FROM:
BRENTWOOD PLAZA PHARMACY-LOS ANGELES
11980 SAN VICENTE BLVD STE 104
LOS ANGELES, CA 90049
STATE LICENSE# PHY 61494

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513842389	03/29/2024	Drop off at a FedEx office location

ORDER # 81322302

NAME	NDC #	GTIN / SERIAL # / LOT #	STRENGTH	FORM	EXP	PACK, CONDITION	PACK. SIZE	PACK. PRICE	QTY	TOTAL
CHLORDIAZEPOXIDE TAB 25MG	63459033050	M222254A	25 MG	TABS	05/2024	Original Package - Sealed	60	$200.00	1	$200.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT

If you are shipping a frozen or refrigerated item(s), remember to:
- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS
- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST - PLEASE COMPLETE, SIGN AND DATE

☑ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: _____ DATE: 3/29/24

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY:

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME	DATE DISPENSED	ITEM	SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

BUYER SHIP TO:
LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04396

SELLER SHIP FROM:
LIFE PHARMACY-ORANGE
1842 N TUSTIN ST
ORANGE, CA 92865
STATE LICENSE# PHY 57195

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513844253	03/29/2024	Drop off at a FedEx office location

ORDER # 240743101

NAME	NDC #	GTIN / SERIAL # / LOT #	STRENGTH	FORM	EXP	PACK, CONDITION	PACK. SIZE	PACK. PRICE	QTY	TOTAL
OMEPRAZOLE CAP 20-1680	68682069130	0034c	20 MG	PACK	02/2026	Original Package - Sealed	30	$100.00	1	$100.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT

If you are shipping a frozen or refrigerated item(s), remember to:
- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS
- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST - PLEASE COMPLETE, SIGN AND DATE

☑ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☑ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: Jaime Daminguez DATE: 4/1/24

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY:

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME	DATE DISPENSED	ITEM	SCRIPT ID

MatchRX

210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

AM 04/08/24

BUYER SHIP TO :

LAS VEGAS COMMUNITY PHARMACY
3200 SOARING GULLS DR STE 101
LAS VEGAS, NV 89129
STATE LICENSE# PH04396

SELLER SHIP FROM :

COMPASSIONATE PHARMACY
27144 JOY RD
REDFORD, MI 48239
STATE LICENSE# 5301010780

Method	TRACKING #	SHIP DATE	PICK UP TIME
FedEx Ground	942578513842051	04/01/2024	12:00 PM

ORDER # 64039721

NAME	NDC #	GTIN SERIAL # LOT #	STRENGTH	FORM	EXP	PACK. CONDITION	PACK. SIZE	PACK. PRICE	QTY	TOTAL
CHLORZOXAZON TAB 250MG	69499033060	H220254A	750 MG	TABS	08/2024	Original Package - Sealed	60	$225.00	2	$450.00

FROZEN/REFRIGERATED ITEMS MUST BE SHIPPED MON-THU VIA FedEx PRIORITY OVERNIGHT

If you are shipping a frozen or refrigerated item(s), remember to:

- Refrigerate/freeze products prior to packaging per manufacturer's guidelines
- Precool an expanded polystyrene (EPS) container.
- Double bag items if shipment contains liquid or perishables that might melt or thaw.
- Arrange items compactly, but leave space around the items for coolant/dry ice.
- Seal properly.
- For additional information on shipping, please visit the Shipping Center on MatchRX.com.

FOR FedEx GROUND SHIPMENTS

- DO NOT use FedEx Express envelopes or packaging.
- DO NOT use FedEx Drop Boxes.
- MAKE SURE a sturdy box with packaging is used.

DSCSA COMPLIANT

Per the MatchRX User Agreement, buyer attests that items are for a specific patient need or purchased during a declared public health emergency. These transactions are exempt from the requirements of the DSCSA. Reference DSCSA Section 582(d)(1)(A)(ii). The selling dispenser is not required to pass, and the buying dispenser is not required to receive, the Transaction Information (TI), Transaction Statement (TS), and Transaction History (TH). The MatchRX packing slip and invoice will satisfy DSCSA reporting requirements.

SHIPPING AGREEMENT: Shipping items must comply with the Prescription Drug Marketing Act (PDMA), the 2013 Drug Supply Chain Security Act (DSCSA), other laws and Sellers policies. The pharmacist whose signature appears on the signature block represents and warrants he/she is a representative or the member shown and duly authorized to certify that: (a) all saleable goods shown (1) have been stored and handled under manufacturers temperature and storage requirements while in members possession, (2) other than information provided, has not been otherwise damaged and, (3) to the best of his/her knowledge, are saleable in accordance with applicable laws and regulations, and (4) were not dispensed or otherwise sold by member or transferred to member from another location; and (b) contents and quantity of the prescription drugs agree with this form. Final credit amount may be adjusted to reflect goods that are damaged or missing or do not comply with MatchRX shipping policy. See Shipping Center at MatchRX.com for instructions.
DISCLAIMER: You agree to indemnify and hold MatchRX harmless from any claim asserted by a third party that involves, relates to, or concerns any of your actions or omissions on this Order, including but not limited to your breach of the User Agreement, or your violation of any law or the rights of a third party. When shipping your prescription drug(s), it is your responsibility to comply with all applicable local, state, and federal laws, as well as statutes and regulations and the payment of any taxes.

MatchRX prohibits the direct contact of Buyers and Sellers and requires all communication to occur through MatchRX to keep consistency throughout the ordering process.

PACKING CHECKLIST - PLEASE COMPLETE, SIGN AND DATE

☐ This is the exact NDC, lot #, expiration date and quantity ordered for each item.
☐ Item(s) is frozen or refrigerated and packaged according to manufacturer's requirements.

SIGNATURE: _____ PRINT: _____ DATE: 03-29-24

INCLUDE THIS FORM WITH YOUR SHIPMENT

TO BE COMPLETED BY BUYING PHARMACY:

Upon receipt of delivery, immediately go to matchrx.com and click on Open Orders to confirm the receipt of the order. As a best practice for specific patient need transactions, attach patient information to the packing slip before filing.

PATIENT NAME | DATE DISPENSED | ITEM | SCRIPT ID

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Inspection Report
Retail Pharmacy

Section 1: General Information	
Inspection Date:	April 12, 2024
Pharmacy Name:	Las Vegas Community Pharmacy
Pharmacy Address:	3200 N Soaring Gulls Drive Suite 101, Las Vegas
Pharmacy Phone:	725-228-8498
Pharmacy License #:	PH04396
Managing Pharmacist:	Natalie Nguyen
Managing Pharmacist License #:	18735
E-mail to be utilized for inspection f/u:	admin@mylvcp.com
Name of Primary Wholesaler:	McKesson. They also purchase drugs from Auburn, MatchRX, and RXeed
Name of Pharmacist present for Inspection:	An Lai 23894
Name of NVBOP Inspector:	Leo Basch

Section 2: Inspector Review		Yes	No
1.	Self-Inspection Form complete and accurate Comments: Inspection self-assessment reviewed. Pharmacy DEA number FL1121982	☒	☐
2.	Pharmacy Personnel List complete and accurate Comments: List includes 2 pharmacists and 2 pharmaceutical technicians including 1 trainee.	☒	☐
3.	Controlled Substance Biennial inventory complete and accurate Comments: Most recent biennial inventory date 02/27/2024. Document not reviewed.	☐	☐
4.	CSOS receiving documents complete and accurate Comments: No CII drugs stocked. There are minimal invoices for C3-C5, but inspector did not see any CII invoices in the cabinet containing drug invoices.	☒	☐
5.	Controlled Substance invoices are complete and accurate Comments: Reviewed for filing separately the CIII-CV drug invoices, as well as pharmacist acknowledgement of drugs received and date received. No concerns noted.	☒	☐
6.	Records of Pharmacy Personnel on duty complete and accurate Comments: Not reviewed	☐	☐
7.	Change in Managing Pharmacist controlled substance inventory complete and accurate (if applicable) Comments: Not applicable. Pharmacy manager has been in place since March 2023 per inspection self-assessment. PIC was not on location during the inspection.	☐	☐
8.	Security of the pharmacy meets all of Nevada Statutes and Regulations Comments: Not reviewed during inspection.	☐	☐
9.	In-Service training records for pharmacy technicians complete and accurate Comments:	☐	☐

	Not reviewed		
10.	Immunization CE (1 hour required annually by 10/31) for immunizing pharmacy technicians complete Comments: Not applicable Inspector notes: that any technician providing immunization services must complete the required immunization related CE ANNUALLY prior to October 31st of each year to remain qualified under the NVBOP regulations to administer vaccines. Additionally, vaccine administration is NOT a service a pharmaceutical technician in training may provide.	☐	☐
11.	Activity logs for technicians in training complete and accurate Comments: Not reviewed	☐	☐

Section 3: Controlled Substance Audit Report			
Drug Name	Manual count at time of audit	Balance on hand from software system or manual record at time of audit	Discrepancy
Comments:			

Section 4: 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 items for this inspection.	

Additional Comments:

1. Natalie Nguyen, the pharmacy manager did complete the inspection self-assessment prior to the inspection, and staff eventually found the inspection document. Thank you
2. Pharmacy was clean and organized at time of inspection
3. Sanitary sink has hot and cold water. Sink area was covered with a metal plate when inspector reviewed for a sink for hand hygiene. Please do not cover the sink...there is a requirement in the law that there be a wash basin outside the restroom.
4. Inspector is taking some invoices for further review. Inspector will return the invoices next week on Tuesday or Wednesday.
5. Pharmacy staff was helpful during inspection
6. Inspector reviewed inventory for expired medications and found none. However, there were 2 sort dated items found that should not be dispensed, one of which is a drug, the other is diabetic test strips.
7. Good inspection

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

Luis Curras – lcurras@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
Jenine Davis – jmdavis@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: 3875defc-58a7-46bc-b227-f71e71ba5130

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Inspection Report
Retail Pharmacy

Section 1: General Information	
Inspection Date:	March 13, 2025 and April 9, 2025
Pharmacy Name:	Las Vegas Community Pharmacy
Pharmacy Address:	3200 Soaring Gulls Drive Suite 101, Las Vegas
Pharmacy Phone:	725-223-2100
Pharmacy License #:	PH04396
Pharmacy DEA#:	[redacted]
Managing Pharmacist:	Khanh Dinh (4 change of PIC in less than 6 months: 10/28/2024, 12/10/2024, 01/06/2025, 03/05/2025)
Managing Pharmacist License #:	24360
E-mail to be utilized for inspection f/u:	Admin@mylvcp.com
Name of Primary Wholesaler:	McKesson, but they also obtain medications from unlicensed vendors like RXeed, MatchRX, Surplus Diabetic and Northeast Medical.
Name of Pharmacist present for Inspection:	Khanh Dinh
Name of NVBOP Inspector:	Leo Basch

Section 2: Inspector Review		Yes	No
1.	Self-Inspection Form complete and accurate. Comments: Inspection self-assessment reviewed at time of inspection.	☒	☐
2.	Pharmacy Personnel List complete and accurate. Comments: List includes 2 pharmacists and 5 technicians including 1 technician trainee	☒	☐
3.	Controlled Substance Biennial inventory complete and accurate. Comments: Not reviewed	☐	☐
4.	CSOS receiving documents complete and accurate. Comments: Not applicable. Schedule 2 drugs not stocked or purchased	☐	☐
5.	Controlled Substance invoices are complete and accurate. Comments: Controlled substance invoices provided in a binder include documents for schedules 3-5 up to about 11/18/2024. It seems that staff began placing controlled substance invoice with invoices for dangerous drugs (non-controls) sometime in November 2024. The federal DEA and state requirement is for maintaining a separate file for controlled substances listed in schedule 3-5, so staff will need to correct their filing to be consistent with regulatory requirements.	☐	☒
6.	Records of Pharmacy Personnel on duty complete and accurate. Comments: Current record is kept on a clipboard with one page per day. Inspector reviewed records for April 2025, and it appears to be used daily.	☒	☐
7.	Change in Managing Pharmacist controlled substance inventory complete and accurate (if applicable).	☒	☐

	Comments: There have been 4 PIC changes since the prior inspection. Inspector reviewed 4 inventories, including the most recent. The most recent inventory is in a different format than the prior 3, and does not align with DEA requirements. Inspector recommends using the DEA biennial controlled substance inventory form that you have available for any future controlled substance inventories.		
8.	Security of the pharmacy meets all Nevada Statutes and Regulations. Comments: This pharmacy does not have the 5ft barrier that is required pursuant to NAC 639.520 separating the prescription filling department from the customer/merchandising area. With the current layout, a person/customer, may walk directly into the prescription filling area, unimpeded. Pharmacy will need to install an appropriate barrier that is consistent with the requirements of NAC 639.520. See follow-up section for more information. NAC 639.520 Security of prescription departments. (NRS 639.070) 1. The prescription department of every pharmacy must be separated from the merchandising or public areas of the premises by a barrier extending not less than 5 feet above the floor level and of sufficient width to make dangerous drugs, controlled substances, narcotics, poisons or restricted devices inaccessible to unauthorized persons. The barrier must be constructed of solid material and contain at least one gate or door permitting access by the pharmacist. Each gate or door must be secured by a dead-bolt lock that can be opened from the outside only by a key. The gate or door may be secured by a combination lock during the hours of business. 2. The registered pharmacist on duty: (a) Shall maintain possession of the key to the prescription department. Any additional keys to the prescription department must be kept in a locked box which is: (1) Operated with a key that is accessible to only licensed pharmacists within the pharmacy department; and (2) Maintained in a secure place that is inaccessible to unauthorized persons. (b) Is responsible for securing the prescription department at all times when the registered pharmacist is not personally present in the department except when he or she is in the immediate area and can observe and exercise control over the prescription department. (c) If the pharmacy is located within a store or business, shall ensure that all dangerous drugs, controlled substances, narcotics, po	☐	☒
9.	In-Service training records for pharmacy technicians complete and accurate. Comments: Not reviewed	☐	☐
10.	Immunization CE (1 hour required annually by 10/31) for immunizing pharmacy technicians complete Comments: Not applicable	☐	☐
11.	Activity logs for technicians in training complete and accurate. Comments: Not reviewed	☐	☐

Section 3: Controlled Substance Audit Report			
Drug Name	Manual count at time of audit	Balance on hand from software system or manual record at time of audit	Discrepancy

Comments:

Section 4: Required Follow-Up – The following items were identified as issues which require a response from the managing pharmacist.	
Description of Issue	**Response due date**
1. Install a barrier consistent with the requirements of NAC 639.520 (the 5ft barrier) to prevent unauthorized access to the pharmacy prescription filling department. Door with deadbolt is also required. Complete this within 30 days of inspection date April 9, 2025. 2. Correct filing of controlled substance invoices so they are maintained separate from invoices for dangerous drugs/non-controls	

Additional Comments:

- Surplus Diabetic is not a licensed wholesaler with the Nevada State Board of Pharmacy. Inspector notes that there are unlicensed sources for diabetic supplies, but it may be questionable where or how they obtained the diabetic supplies. Many times diabetic supplies are bought and sold outside normal distribution channels, and unscrupulous vendors will resell previously dispensed diabetic supplies. As inspector pointed out during the March 13th inspection, several boxes of diabetic test strips consistent with those purchased from Surplus Diabetic appeared to have sticky residue from prior prescription labels, and or had scratch marks consistent with damage caused by scraping a prescription label from the test strip box. Purchasing from an unlicensed source is not only a patient safety concern for the NVBOP, but it also opens the business and its owners up to legal challenges if there is patient harm, and can be a factor in losing revenue due to payor chargebacks when they audit the pharmacy.
- Inspector notes that purchasing from RXeed , MatchRX, and other unlicensed sources is not consistent with good standards for public safety. These unregulated unlicensed sources can be an entry point for counterfeit and or adulterated drugs. Inspector recommends licensee, Las Vegas Community Pharmacy, immediately begin purchasing drugs and devices from Nevada licensed suppliers, which could be wholesalers, or even other pharmacies in the local area. Purchasing from unknown sources in New York or Texas for example is not recommended.
- Inspector notes some drugs purchased from an unlicensed source in New York (Central RX 1 Inc in Glendale, NY, were identified on an RXeed invoice as being "open in a prescription bottle". Prescription drugs should never be purchased from an unknown source, but specifically they should not be purchased if they are not contained in the original sealed manufacturer's packaging. The specific drugs purchased that were in open prescription bottles were Entresto and Trajenta.
- Inspector notes that a considerable amount of time was directed at drug and device (diabetic test strips for example) procurement. Inspector and owner, Ali Macintosh, had meaningful conversation about drug and device sources, including schemes people use to introduce previously sold drugs/devices into the supply chain. That is, companies like Surplus Diabetic most likely purchase diabetic supplies that have been dispensed to a patient, then sold to "aggregators" who then resell them to a supplier. These schemes typically involve unlicensed wholesale activity, and pose a risk to the public when the items are re-dispensed. Mr Macintosh said he understands the concern, and that moving forward he will purchase drugs and devices from Nevada licensed wholesalers.
- Inspector and Mr Macintosh also discussed schemes that resell prescription drugs, and the Boards concern for public safety when drugs are purchased from unlicensed and unknown sources. We touched on historical aspects of the Drug Supply Chain Security Act of 2013, and its implementation from 2013 to 2023, which is still on going. Our conversation also touched on the book "Dangerous Doses" by Katherine Eban circa 2006, pointing out that vulnerabilities in the drug supply chain go back decades now, and that the safest practice is to purchase drugs from licensed wholesalers.
- Mr Ali Macintosh was engaged during the inspection. Pharmacist in charge, Ms Khanh Dinh, was primarily focused on prescription workflow during the inspection.
- Inspector viewed staff cleaning labels off RTS vials. Staff said they placed the pills/capsules back into the manufacturers stock bottle. This should not be routinely done for drugs that have been prepared, but then not delivered/dispensed to the patient. Rather, RTS medications should be placed in the drug inventory in the amber vial, and used for the next prescription calling for that drug. Inspector asked Ms Dinh about this practice, and she provided coaching to the staff member about proper procedure for RTS medications.
- It appears most prescriptions filled at this pharmacy are delivered to the patient or caregiver.
- This inspection was completed over three different dates.

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
Jenine Davis – jmdavis@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: 3875defc-58a7-46bc-b227-f71e71ba5130

Exhibit 2
24-133-S
Las Vegas Community Pharmacy; Natalie Nguyen; Ali MacIntosh

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Change in Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Application
Non-Refundable $50.00 Fee
Rev (05/17/2023)

Section 1: Pharmacy Information

Pharmacy Name: Las Vegas Community Pharmacy License #: PH 04396
Physical Address: 3200 N SOARING GULLS DR STE # 101
City: LAS VEGAS State: NV Zip: 89129
Mailing Address (if different from physical address): SAME AS ABOVE
City: State: Zip:
Telephone: Toll Free # (NAC 639.708, NRS 639.23286):
Fax: Contact Email:

Section 2: Previous Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: KRISHNA PATEL NV Pharmacist Registration #: 21710
State and End Date of the Managing Pharmacist/PIC/Supervising Pharmacist: 08/31/2023

Section 3: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Information

Pharmacist Name: NATALIE NGUYEN NV Pharmacist Registration #: 18735
State Date as the Managing Pharmacist/PIC/Supervising Pharmacist: 09/01/2023

Personal and Professional History for the New Managing Pharmacist/Pharmacist in Charge/Supervising 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 registration?		✓
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 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?		✓

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:

Section 4: New Managing Pharmacist/Pharmacist in Charge/Supervising Pharmacist Acknowledgement

Managing Pharmacist Name: Natalie Nguyen Pharmacist Registration #: 18735

Pharmacy Name: Las Vegas Community Pharmacy Pharmacy License #: PH 04396

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

NN 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.

NN 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.

NN 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.

NN 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)).

NN 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

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.

Natalie Nguyen

Print Name of New Managing Pharmacist

[redacted]

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

08/31/2023

Date

Board Use Only	Date Received: 9/5/23	Amount: 50-CK-106

24-133-S
Exhibit 3
Las Vegas Community Pharmacy; Natalie Nguyen; Ali MacIntosh

Monica Segedy

From: Monica Segedy
Sent: Tuesday, September 16, 2025 11:40 AM
To: [redacted]
Subject: LV Community Pharmacy 24-133

Good morning, An and Ali:

I have a couple questions for you with regard to a company named Match Rx. During an inspection of LV Community Pharmacy in April 2024 the inspector found invoices from MatchRX, a company that you were purchasing from.

Can you please give me a call regarding this matter, at (775) 850-1440 ext. 121.

Thank You,

Monica S. Segedy
Investigator
Nevada State Board of Pharmacy
msegedy@Pharmacy.nv.gov
(775) 850-1440

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

Monica Segedy

From: Monica Segedy
Sent: Wednesday, September 17, 2025 8:31 AM
To: [redacted]
Subject: RE: LV Community Pharmacy Case No. 24-133

Good morning, An and Ali:

I need each of you to call me in reference to Las Vegas Community Pharmacy. Please call me today at the number below.

Monica S. Segedy
Investigator
Nevada State Board of Pharmacy
msegedy@Pharmacy.nv.gov
(775) 850-1440 ext. 121

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

From: Monica Segedy
Sent: Tuesday, September 16, 2025 11:40 AM
To: [redacted]
Subject: LV Community Pharmacy 24-133

Good morning, An and Ali:

I have a couple questions for you with regard to a company named Match Rx. During an inspection of LV Community Pharmacy in April 2024 the inspector found invoices from MatchRX, a company that you were purchasing from.

Can you please give me a call regarding this matter, at (775) 850-1440 ext. 121.

Thank You,

Monica S. Segedy
Investigator
Nevada State Board of Pharmacy
msegedy@Pharmacy.nv.gov
(775) 850-1440

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

MatchRX
MY COMMUNITY MARKETPLACE

A Marketplace for
Specific Patient Need
Dispenser-to-Dispenser Transactions

MatchRX | 210 E. Third Street | Suite 100 | Royal Oak, MI 48067
877-590-0808 | www.MatchRX.com | mgalloway@MatchRX.com

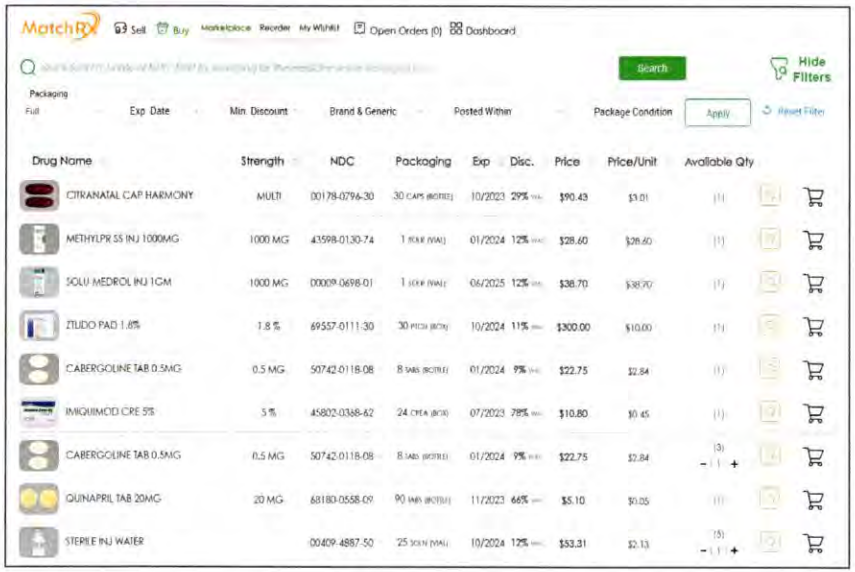
Table of Contents

About MatchRX..... 3
Specific Patient Need Guidance..... 5
Membership..... 7
Member Registration..... 8
Marketplace Safeguards..... 10
The Posting Page..... 11
Order Flow..... 15
The Marketplace..... 16
Adding Items to the Cart..... 17
Buyer Checkout..... 18
Seller Notification of Sale..... 19
Manage Account..... 20
Seller Confirmation..... 22
Buyer Notification..... 24
Buyer Confirmation..... 25
Seller Notification of Payment..... 26
Transaction History..... 27
Search and Identification – Suspect Product..... 28
Conclusion & Executive Team..... 29
Member Testimonials..... 20
Advisor Profiles..... 32

About MatchRX

MatchRX operates within the dispenser-to-dispenser segment of the pharmaceutical supply chain. While this segment is relatively small in comparison to the entire supply chain, dispensers must comply with various tracing, reporting, and other obligations. Therefore, independent dispensers will look for an inexpensive technical solution to facilitate the compliant and safe transfer of items to other dispensers to fulfill a specific patient need and to provide the required reporting. We at MatchRX provide an affordable, transparent, and user-friendly solution.

Through a secure web-based inter-dispenser marketplace, independent member dispensers buy and sell small quantities of **non-controlled, non-expired overstocked prescription drugs to fill a script for an identified patient**. Our web-based marketplace is designed with transparency and protective measures at the forefront, providing members and regulatory agencies with the confidence that transactions generated meet compliance and reporting requirements. To date, 7,000+ independent dispensers have generated more than 1,000,000 orders through the MatchRX marketplace. Since our launch in February 2010, our mission has been to connect independent dispensers to resolve three longstanding problems: eliminating costly overstock before it expires, locating small quantities of medications for identified patients, and minimizing the impact of market constraints including delayed maximum allowable cost (MAC) adjustments and direct/indirect remuneration (DIR) fees. These constraints accelerate declining profitability and closures amongst independents, serving an estimated 3 million rural residents (typically the only pharmacy within 10 miles of their community), as detailed in the *April 2017 Rural Policy Brief* sponsored by the Rural Health Research & Policy Centers (RHRC). MatchRX improves cash flow and patient access to medications. The result is a growing community of independent pharmacies working together to serve their community, improve patient safety, satisfy patient need, and sustain the financial health of their small business.



About MatchRX

Transferring small quantities of prescription medications to fill prescriptions for identified patients has been a common business practice between neighborhood dispensers since the inception of the independent dispenser industry. We have simply organized the process and connected independents nationwide through a single marketplace. MatchRX facilitates the movement and reporting of dispenser-to-dispenser transactions for a specific patient need without taking title or possession of the drugs. Our solution creates a secure environment that provides full transaction transparency and is compliant with federal and state statutes. Requests for information from government officials, such as state boards of pharmacy and FDA, are typically processed within 24 hours and can be provided in both electronic and paper format.

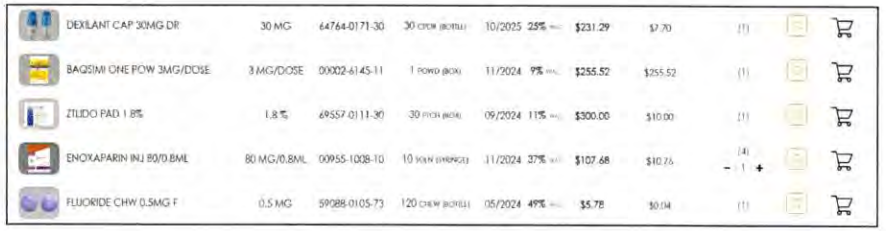
MatchRX members purchase small quantities of prescription drugs from other members for the following reasons, both of which are referenced and permitted in the federal 2013 Drug Supply Chain Security Act (DSCSA), and EXEMPT from the requirement of passing the transaction history (TH), transaction statement (TS), and transaction information (TI):

- **To fill a Specific Patient Need DSCSA Section 582(d)(1)(A)(ii)**
- **In regards to a Declared Public Health Emergency DSCSA Section 581(24)(B)(iii)**

The term Specific Patient Need is defined by the DSCSA as *"the transfer of a product from one pharmacy to another to fill a prescription for an identified patient. Such term does not include the transfer of a product from one pharmacy to another for the purpose of increasing or replenishing stock in anticipation of a potential need"*, DSCSA Section 581(19). A Declared Public Health Emergency is an emergency notice issued by the Department of Health and Human Services.

These transactions are critical to the success of the independent dispenser. Community pharmacies are providing vital services to very rural areas. 44% are located in areas with a population of less than 10,000. Another nearly 34% are located in areas with a population between 10,000 and 50,000. Collectively, 80% of independent dispensers serve rural and remote patient populations of 50,000 or less, as detailed in the *NCPA 2023 Digest*, sponsored by Cardinal Health. The MatchRX marketplace provides independent dispensers with access to medications when a primary source of product is unavailable. Members are restricted to pricing all items for sale at a **minimum of 9% below prevailing WAC or 25% below AAWP** as determined by Medi-Span. Shipments must be in the original manufacturers packaging with a visible NDC, lot number, and expiration date.

Our web-based marketplace is designed with transparency and protective measures at the forefront, providing members and regulatory agencies with the confidence that transactions are generated in a safe and compliant manner. We have assembled a team of industry advisors to complement our ongoing compliance efforts. See page 31.

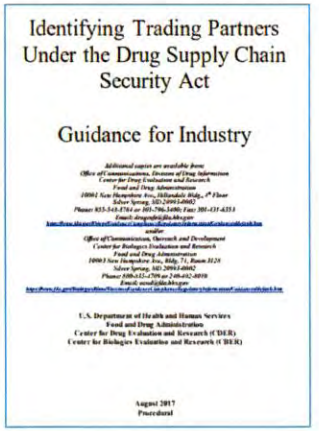


FDA DSCSA Guidance

Issued August 2017

"Identifying Trading Partners Under the Drug Supply Chain Security Act"; Draft Guidance for Industry (FDA-2017-D-1956)

"A dispenser who transfers product to another dispenser for a specific patient need is not subject to wholesale distributor licensing requirements."


Identifying Trading Partners Under the Drug Supply Chain Security Act

Guidance for Industry

August 2017
Procedural

Guidance Supported by:

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

APhA AMERICAN PHARMACISTS ASSOCIATION

NASPA

ashp

MatchRX

AMERICAN AMBULANCE ASSOCIATION

FDA DSCSA Compliance Flyer For Pharmacies


U.S. FOOD & DRUG ADMINISTRATION

PROTECT YOUR PATIENTS

Know your responsibilities under the Drug Supply Chain Security Act

The Drug Supply Chain Security Act (DSCSA) includes requirements that pharmacies must follow to protect patients from receiving harmful drugs, such as counterfeit or other illegitimate drugs.

The DSCSA was enacted in 2013 to further secure our nation's drug supply. It creates a tighter, closed prescription drug distribution system to **prevent** harmful drugs from entering the supply chain, **detect** harmful drugs if they do enter the supply chain, and enable rapid **response** when such drugs are found.

By law, pharmacies are required to:

Confirm the entities you do business with are licensed or registered

To help determine whether trading partners who you do business with (manufacturers, repackagers, wholesale distributors, third-party logistics providers, and pharmacies) are licensed or registered:

Check the registration of manufacturers and repackagers. See FDA's drug establishments current registration site database to confirm registration. You can find this database by searching for DECRS at www.fda.gov.

Check the licensing of wholesale distributors and third-party logistics providers. See FDA's wholesale drug distributor and third-party logistics providers reporting database. You can find this by searching for WDD/3PL database at www.fda.gov.

Check the licensing of pharmacies through the respective state authority.

Receive, store, and provide product tracing documentation

The law requires drugs to be traced as they move through the supply chain, and pharmacies must:

- Only accept prescription drugs that are accompanied by three pieces of product tracing documentation – transaction information, transaction history, and transaction statement. If the trading partner you purchased the drugs from does not provide all this documentation, work with them to promptly get it.
- Store the product tracing documentation you receive in paper or electronic format for six years.
- Generate and provide all product tracing documentation with the transaction if you sell a prescription drug to a trading partner. You do not need to provide this information when you dispense a prescription drug to a patient or if you sell to a pharmacy for dispensing to a specific patient.

Investigate and properly handle suspect and illegitimate drugs

Pharmacies must have a process to investigate and handle suspect and illegitimate prescription drugs, which includes drugs that may be or have evidence that it is counterfeit, diverted, stolen, intentionally adulterated, or unfit for distribution, including steps to:

- Quarantine and investigate suspect prescription drugs to determine if they are illegitimate; and
- If they are illegitimate, pharmacies should work with the manufacturer and take specific steps to ensure patients do not receive the illegitimate drugs. Pharmacies must also notify FDA and the trading partners they bought the drug from and sold the drug to. You can find more information by searching "drug notifications" at www.FDA.gov.

This information is only a summary of the DSCSA pharmacy requirements and is not a comprehensive list. Go to www.fda.gov to learn more about DSCSA, including the law and FDA's policies. You'll easily find information by searching "DSCSA."

Email us at drugtrackandtrace@fda.hhs.gov for more information.

www.fda.gov

1. Confirms pharmacies as authorized trading partners.
2. Identifies pharmacy-to-pharmacy transactions for a *specific patient need* as exempt transactions.

Membership Qualifications

MatchRX is a private, secure marketplace. Application for membership must be approved before gaining access. MatchRX's validation process ensures that only authorized dispensers are able to transact within the marketplace. Each application for membership is validated using the National Council for Prescription Drug Program (NCPDP) dataQ dispenser database. DataQ is the only Electronic File Interchange Organization (EFIO) certified by the Centers for Medicare and Medicaid Services (CMS) for use by pharmacies electronically obtaining National Provider Identifier (NPI) numbers and in maintaining them within the federal government's National Plan and Provide Enumeration Systems (NPPES).

During the validation process, MatchRX confirms that the dispenser has a NCPDP number and that its state license and DEA registration are active and in good standing. Verification is provided by MedProSystems, a national cloud-based license verification provider. Copies of licenses are uploaded and attached to the applicant record. MatchRX also confirms the identity of the dispenser owner, its primary contact, and a physical address (PO box is not accepted as a valid address). Images of the pharmacy exterior and interior along with an image of the owners drivers license is also required.

Membership is **declined** based on the following NCPDP classifications:

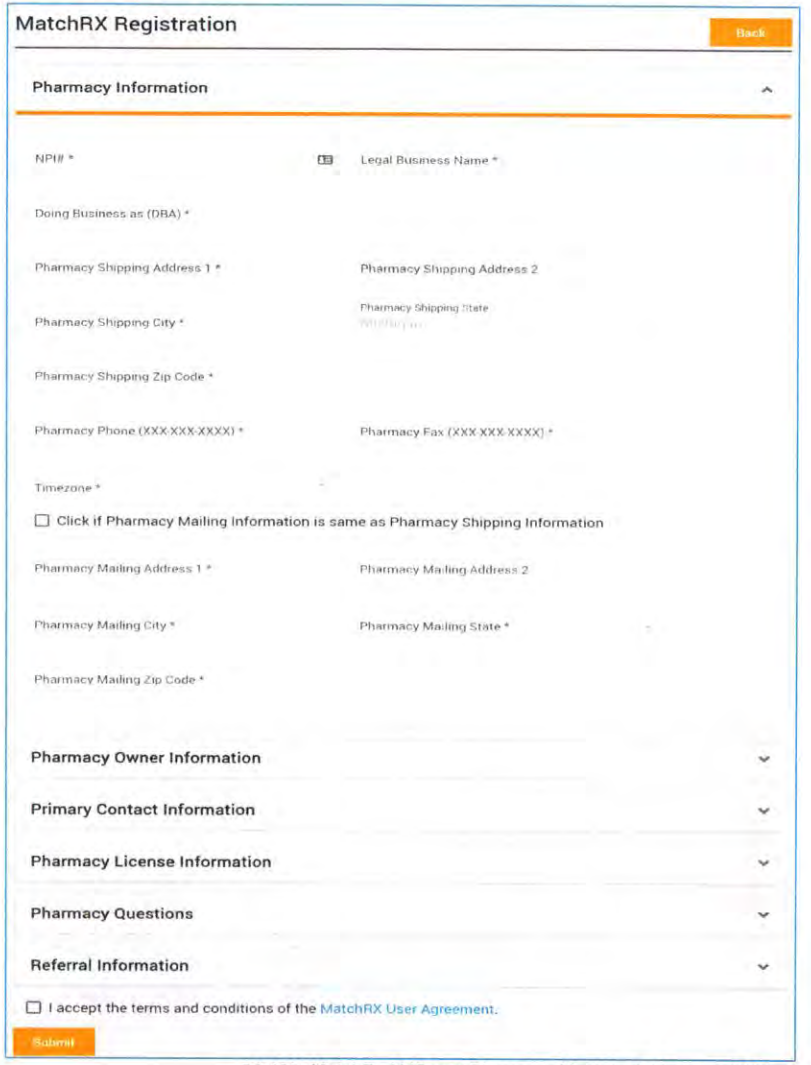
- Compound only dispensers
- 340b only dispensers
- Mail order only dispensers
- Internet only dispensers
- Re-packagers
- Wholesalers
- Manufacturers

Membership is approved after the dispenser completes, signs, and submits an Automatic Clearing House (ACH) authorization form and a matching voided check with the dispenser's DBA or legal name and address printed on the check. Starter checks are not allowed, and information on the ACH authorization must match the state license address.

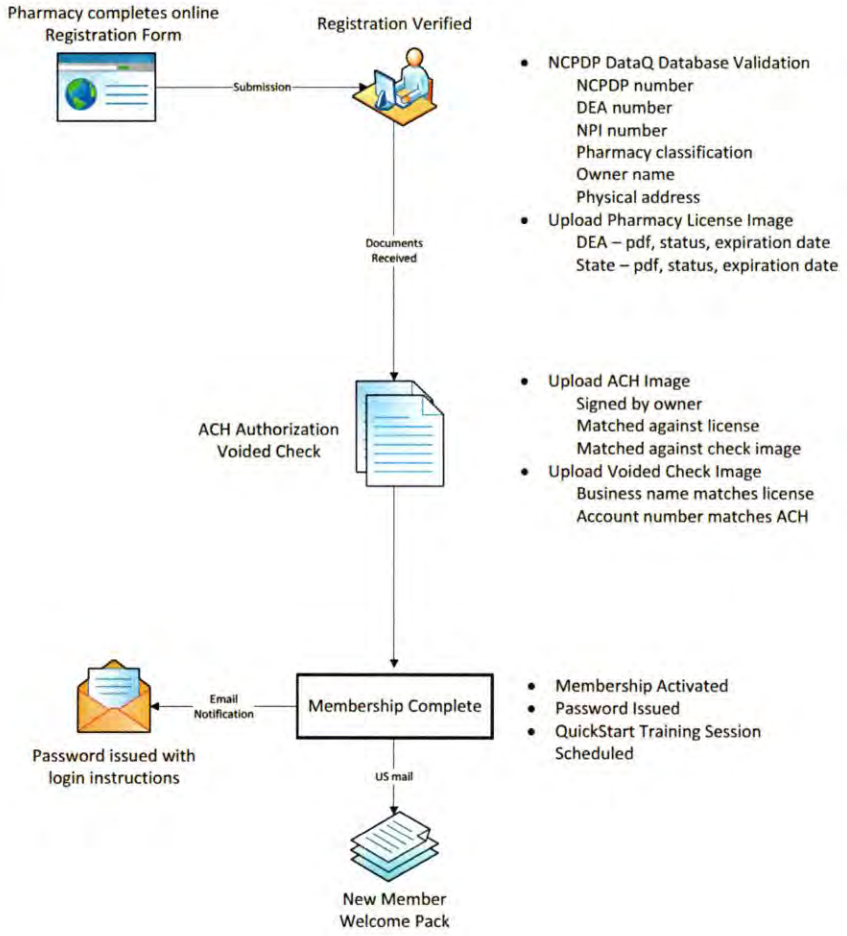
Upon approval of the application, a password to access the marketplace is sent to the owner identified in the application form. Only payments via ACH are allowed, which protects against fund diversion or non-authorized participants entering the marketplace.

License updates and renewals are tracked and updated throughout the year using our software subscription with MedProSystems license validation service, NCPDP dataQ database, and respective state board of pharmacy websites.

Membership Registration



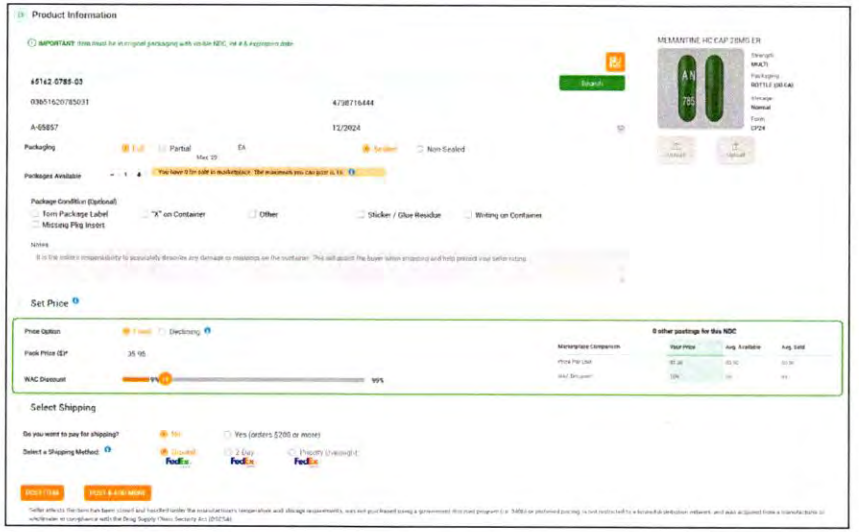
New Member Verification



Marketplace Safeguards

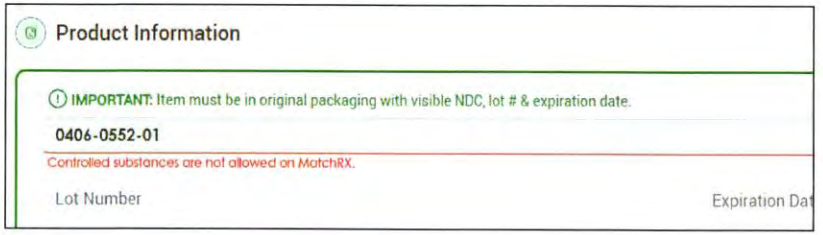
1. New Member Applications are verified through the National Council for Prescription Drug Program (NCPDP) dataQ dispenser database.
2. Only independent community pharmacies as classified by the NCPDP can join MatchRX.
3. DEA and state licenses are verified and maintained by MatchRX using MedProSystems.
4. Pharmacy name, ownership, and address changes must be facilitated and verified by MatchRX.
5. Only Automated Clearing House (ACH) payments are allowed. Changes to authorized member bank accounts must be facilitated and verified by MatchRX.
6. Only authorized contacts within the member profile will be allowed to view transaction information.
7. All items are required to ship in the original manufacturer packaging with visible NDC, serial number, GTIN, lot number, and expiration date.
8. NDC verification is provided through Medi-Span software integration (a nationally recognized drug database).
9. NDC wholesale price is provided by Medi-Span.
10. Schedule I – V, REM, and recalled drugs are blocked from the marketplace.
11. Expired drugs are blocked from the marketplace.
12. Member cannot sell an NDC / Serial Number combination that was purchased from the marketplace within the past ninety (90) days.
13. Member attestation that an item posted to the marketplace is DSCSA complaint and was not purchased using a government discount program.
14. Items classified as antiretroviral and oncology are required to include the Transaction History with each posting for sale and are restricted to selling a quantity of ten (10) containers during a rolling twelve (12) month period.
15. Items with a WAC value of $5,000 or more are required to include the Transaction History with each posting for sale.
16. Member cannot overfill an item (will not accept a pill quantity greater than that allowed on the package).
17. Pharmacy is limited to selling a quantity of twenty (20) containers of NDC during a rolling twelve (12) month period.
18. Sale price of an item must be at least 9% below prevailing WAC at time of posting.
19. A member is restricted from selling more than one partial pack and full unsealed package of a specific NDC during a rolling ninety (90) days.
20. Refrigerated items must ship 10:00am priority next day delivery Monday – Thursday.
21. Shipments cannot be re-routed by the pharmacy.
22. Shipments must be facilitated through the MatchRX FedEx account.
23. All transaction history is maintained electronically in perpetuity and readily available to the member pharmacy.

The Posting Page



Safeguard to Block Controlled Substances

Controlled Substances - prohibited from the Marketplace.

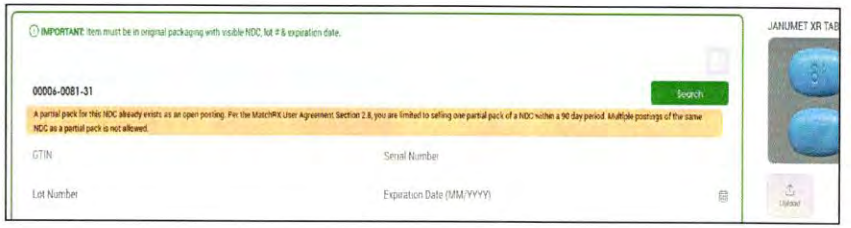


Safeguard Against Counterfeit and Diversion Activity



Safeguard Against Counterfeit and Diversion Activity

Member is prohibited from selling more then one partial pack of any NDC within a rolling 90 day period.



Safeguard Against Counterfeit and Diversion Activity

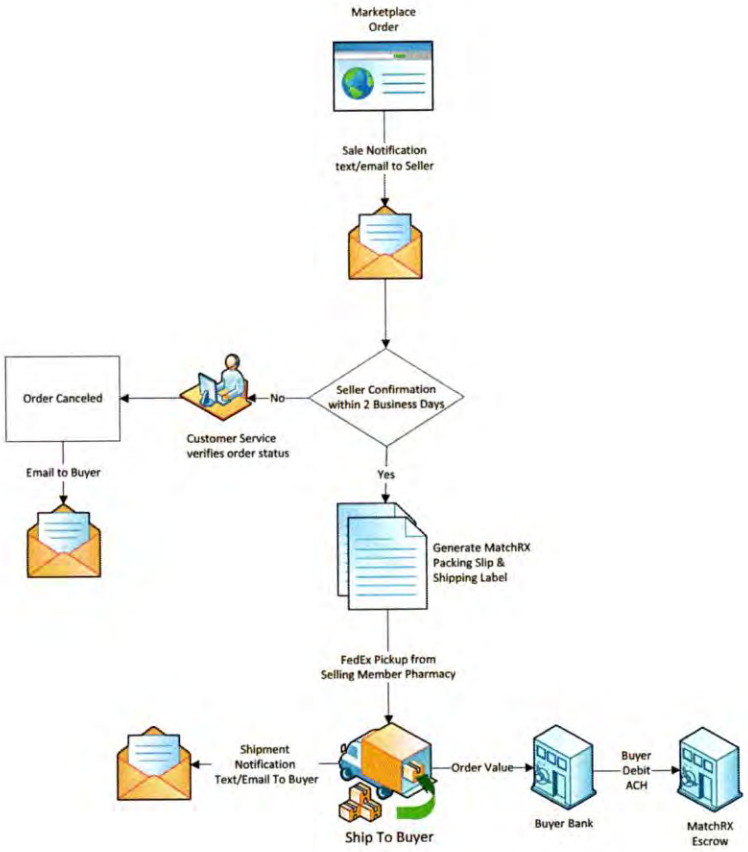
Seller must attest at the time of posting that the item was purchased from a manufacturer or wholesaler in compliance with the Drug Supply Chain Security Act (DSCSA) exclusive of a government pricing program and/or within the seller's authorized limited distribution network, and stored/handled under the manufacturer's temperature and storage requirements.



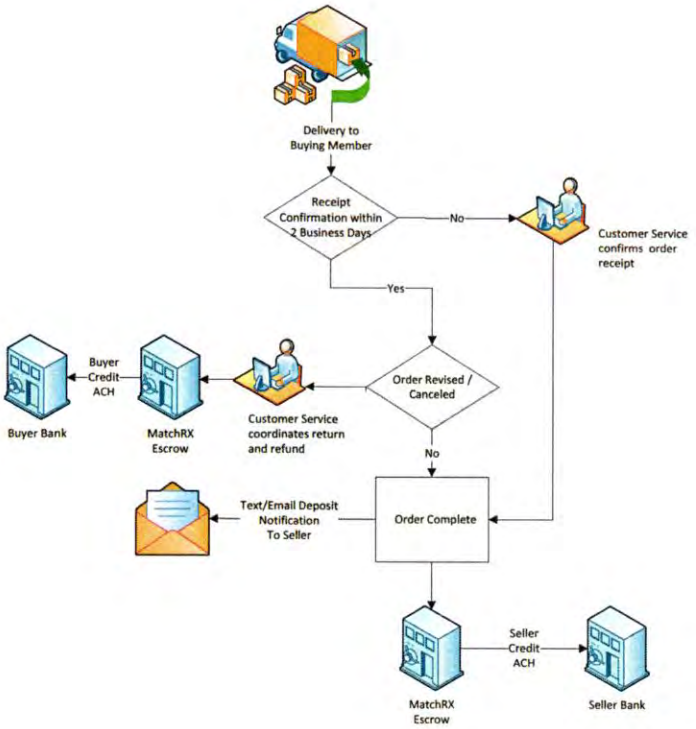
Other Safeguards:

- Member must contact MatchRX customer service to request changes to ownership and address.
- Items are automatically removed from the marketplace 14 days prior to expiration date.
- Shipments cannot be re-routed by the member without MatchRX approval.
- MatchRX account representatives consistently monitor member activity to identify unusual spikes in volume or new product postings.

Order Flow – Seller



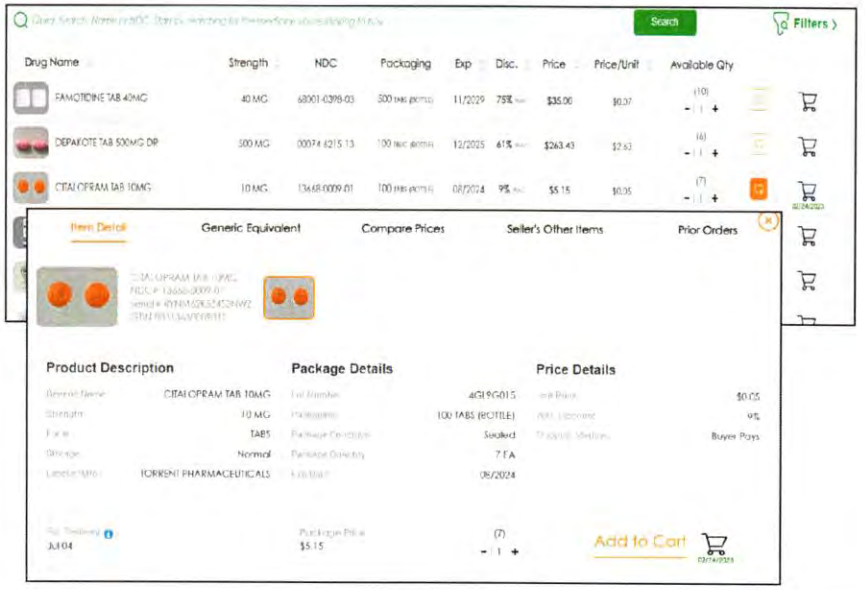
Order Flow – Buyer



The Marketplace

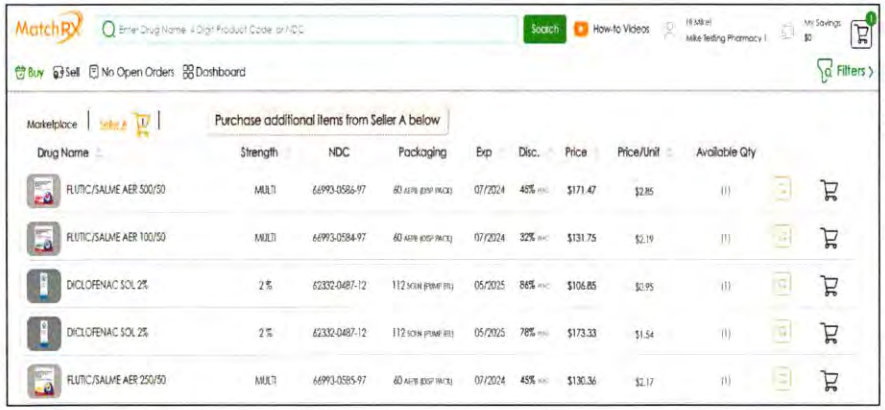
Members can easily shop the marketplace by entering:

- NDC or drug name in the Quick Search box.
- Additional search features include alphabetical by name, recently posted, expiration date, WAC discount, and brand or generic.
- Members can save search criteria for future use.
- Clicking on the drug image displays additional item detail.



Adding Items To The Cart

After adding the first item to the cart, additional items offered by the Seller are displayed, allowing the Buyer the opportunity to select more items and save on shipping charges.



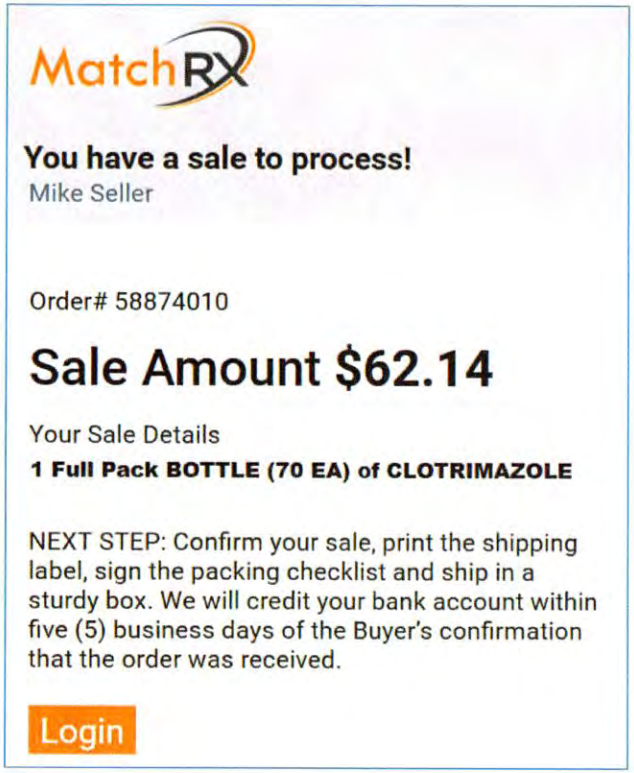
Buyer Checkout

View order details, edit quantities, or remove items prior to checkout. Easily upgrade shipping prior to completing the order. Buyer attests that items purchased are for a Specific Patient Need or Declared Public Health Emergency, which are exempt from the seller providing and buyer receiving the DSCSA tracing information (i.e. transaction information, transaction statement, and transaction history). Reference DSCSA Sections 582(d)(1)(A)(ii) and 581(24)(B)(iii) respectively. The MatchRX packing slip and invoice will display the reason for purchase.



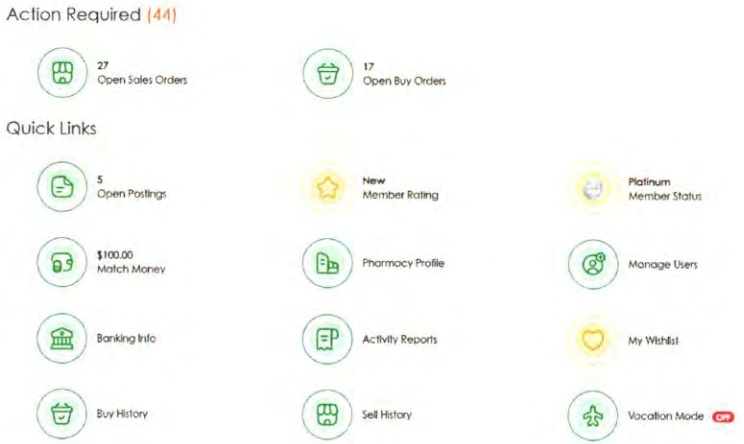
Seller Notification of Sale

After an order is placed, the Seller receives a text and/or email notification that one or more of their postings has sold with instructions to log into MatchRX and process the order.



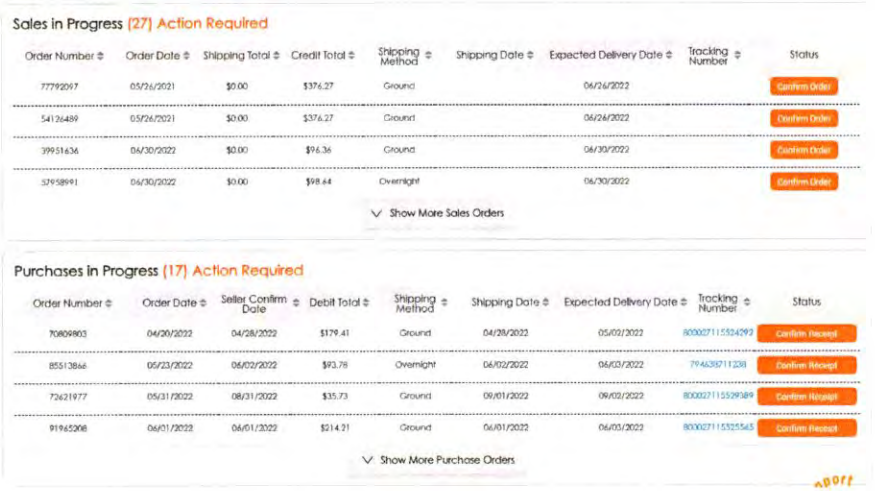
Manage Account

Manage open buy and sell orders, open postings, user profiles, run activity reports and more by using the MatchRX Dashboard.



Manage Account

Confirm purchase & sale transactions at the click of your mouse. Easily track the status of pending orders.



Sales in Progress (27) Action Required

Order Number	Order Date	Shipping Total	Credit Total	Shipping Method	Shipping Date	Expected Delivery Date	Tracking Number	Status
77792097	05/26/2021	$0.00	$376.27	Ground		06/26/2022		Confirm Order
54126489	05/26/2021	$0.00	$376.27	Ground		06/26/2022		Confirm Order
39951636	06/30/2022	$0.00	$96.36	Ground		06/30/2022		Confirm Order
57958991	06/30/2022	$0.00	$98.64	Overnight		06/30/2022		Confirm Order

Show More Sales Orders

Purchases in Progress (17) Action Required

Order Number	Order Date	Seller Confirm Date	Debit Total	Shipping Method	Shipping Date	Expected Delivery Date	Tracking Number	Status
70809803	04/20/2022	04/28/2022	$179.41	Ground	04/28/2022	05/02/2022	800027115524292	Confirm Receipt
85513866	05/23/2022	06/02/2022	$93.78	Overnight	06/02/2022	06/03/2022	794638711238	Confirm Receipt
72621977	05/31/2022	08/31/2022	$35.73	Ground	09/01/2022	09/02/2022	800027115529389	Confirm Receipt
91965208	06/01/2022	06/01/2022	$214.21	Ground	06/01/2022	06/03/2022	800027115525563	Confirm Receipt

Show More Purchase Orders

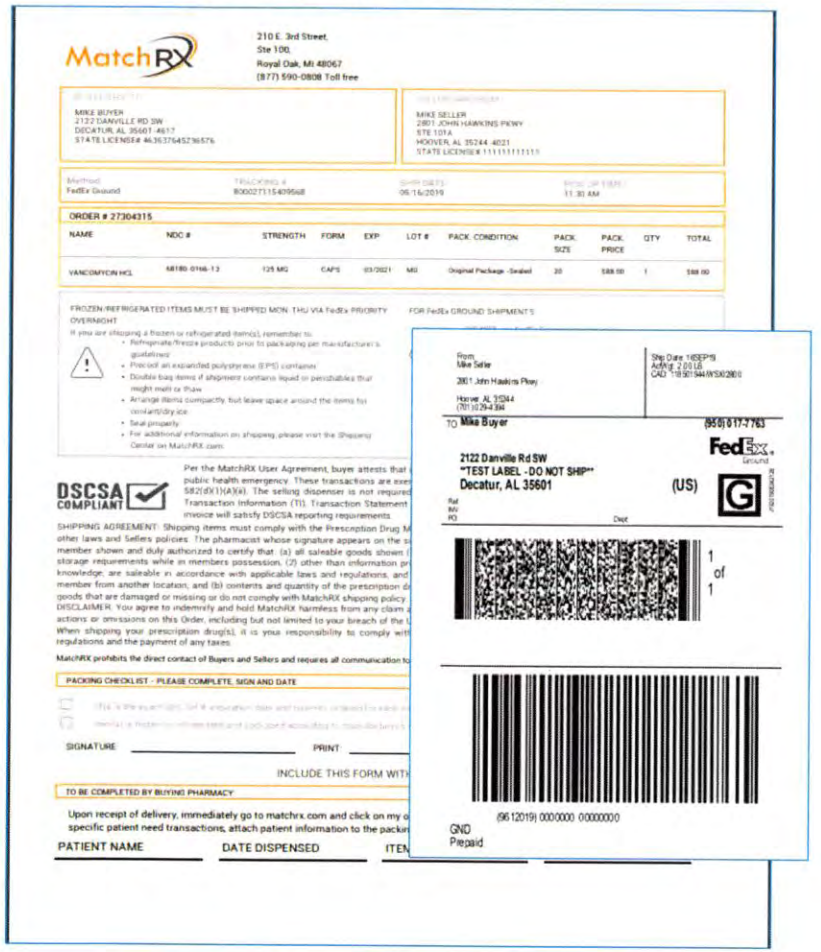
Seller Confirmation

Seller confirms that the items ordered are available for shipment, selects the FedEx pickup date and time. When confirmed, funds are automatically debited from Buyer's bank and held in escrow by MatchRX until Buyer confirms delivery.



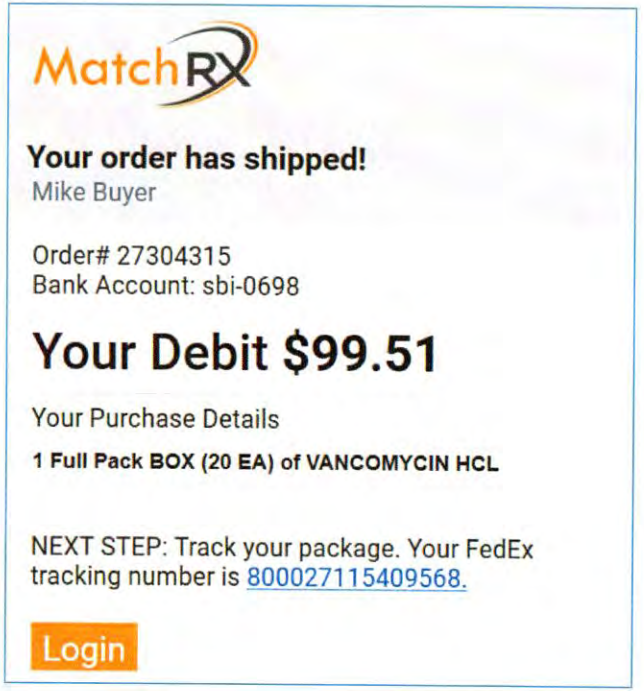
Seller Confirmation – Packing Slip and Shipping Label

Seller prints the packing slip, signs, and places in the box. The generated FedEx label is attached to the box, awaiting for scheduled pickup.



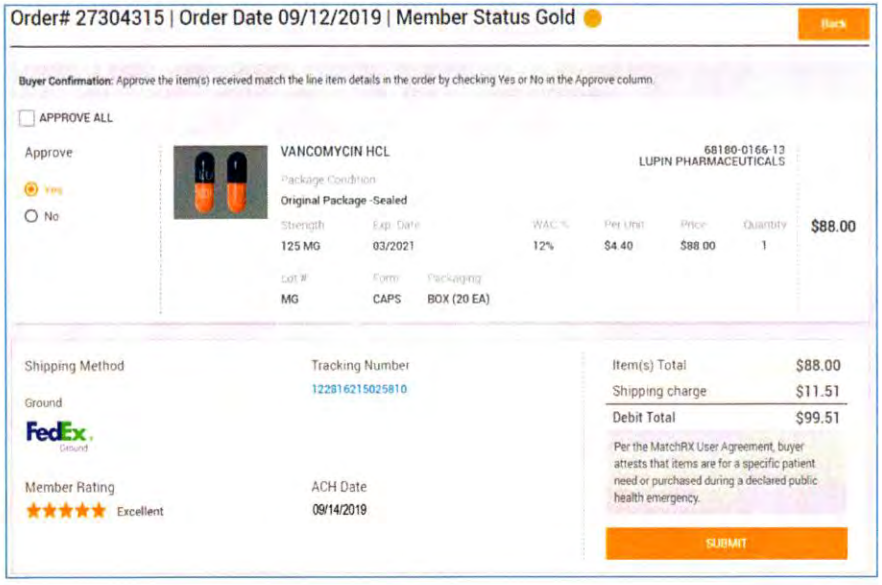
Buyer Notification of Shipment

After an order is confirmed by the Seller, the Buyer receives a text and/or email notification containing the items purchased, tracking number, and amount debited from the Buyer's bank account.



Buyer Confirmation

After an order is received and inspected by the Buyer, the Buyer logs into MatchRX, confirms the receipt, and rates the Seller transaction. Funds are automatically credited to the Seller's bank account.



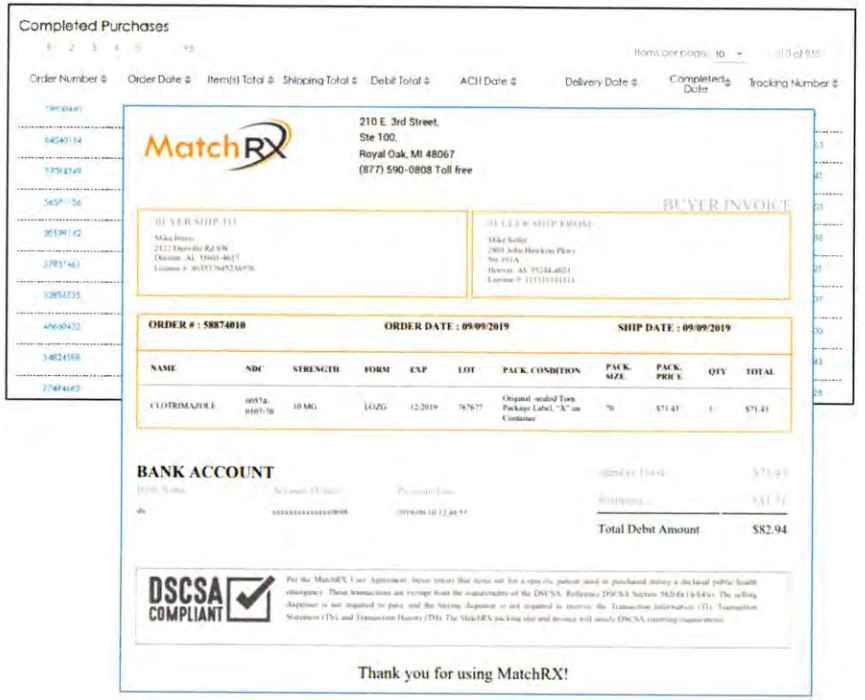
Seller Notification of Payment

After an order is received and confirmed by the Buyer, the Seller receives a text and/or email notification containing the payment information.



Transaction History

MatchRX maintains all buying and selling history. Members can easily retrieve transaction level history and quickly provide information to regulatory agencies via paper or electronic transmissions.



Completed Purchases

Order Number	Order Date	Item(s) Total	Shipping Total	Debit Total	ACH Date	Delivery Date	Completed Date	Tracking Number

MatchRX
210 E. 3rd Street,
Ste 100,
Royal Oak, MI 48067
(877) 590-0808 Toll free

BUYER INVOICE

ORDER # : 58874018 ORDER DATE : 09/09/2019 SHIP DATE : 09/09/2019

NAME	NDC	STRENGTH	FORM	EXP	LOT	PACK CONDITION	PACK SIZE	PACK PRICE	QTY	TOTAL
CLOTRIMAZOLE	00574-0107-70	10 MG	LOZG	12/2019	76767	Original sealed Torn Package Label "X" on Container	70	$71.43	1	$71.43

BANK ACCOUNT

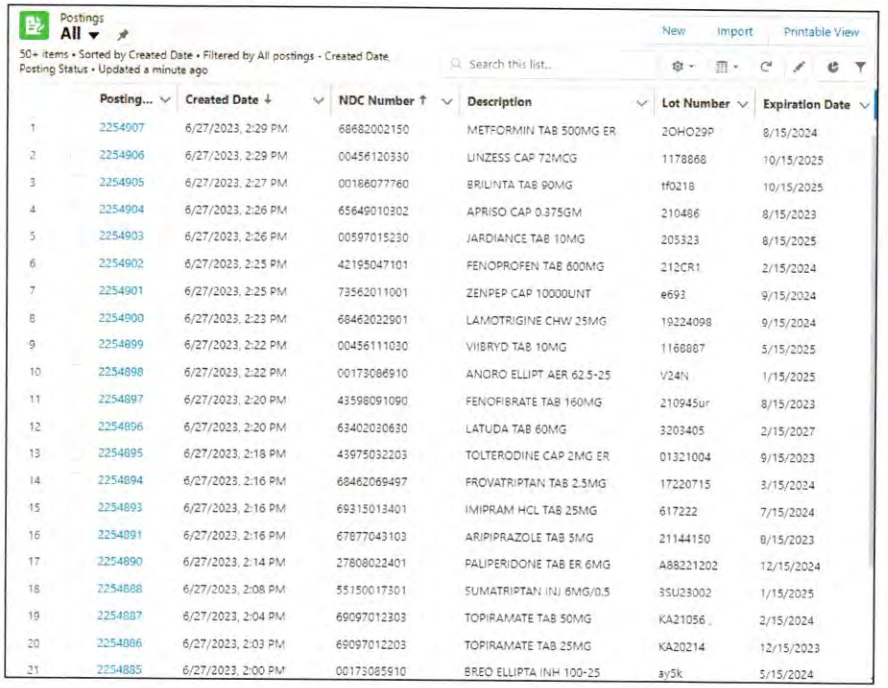
Total Debit Amount $82.94

DSCSA COMPLIANT

Thank you for using MatchRX!

Search and Identification – Suspect Product

MatchRX maintains a complete history of all item postings, with ready access to item details and selling member, searching by NDC, lot number, and/or drug name. Upon notification of an investigation, suspect and illegitimate product is quickly located and removed from the MatchRX marketplace. Members are notified to quarantine identified suspect product and promptly conduct an investigation, in coordination with other trading partners.



Postings
All
50+ items • Sorted by Created Date • Filtered by All postings - Created Date
Posting Status • Updated a minute ago
New Import Printable View
Search this list...

	Posting...	Created Date	NDC Number	Description	Lot Number	Expiration Date
1	2254907	6/27/2023, 2:29 PM	68682002150	METFORMIN TAB 500MG ER	20HO29P	8/15/2024
2	2254906	6/27/2023, 2:29 PM	00456120330	LINZESS CAP 72MCG	1178868	10/15/2025
3	2254905	6/27/2023, 2:27 PM	00186077760	BRILINTA TAB 90MG	tf0218	10/15/2025
4	2254904	6/27/2023, 2:26 PM	65649010302	APRISO CAP 0.375GM	210486	8/15/2023
5	2254903	6/27/2023, 2:26 PM	00597015230	JARDIANCE TAB 10MG	205323	8/15/2025
6	2254902	6/27/2023, 2:25 PM	42195047101	FENOPROFEN TAB 600MG	212CR1	2/15/2024
7	2254901	6/27/2023, 2:25 PM	73562011001	ZENPEP CAP 10000UNT	e693	9/15/2024
8	2254900	6/27/2023, 2:23 PM	68462022901	LAMOTRIGINE CHW 25MG	19224098	9/15/2024
9	2254899	6/27/2023, 2:22 PM	00456111030	VIIBRYD TAB 10MG	1166867	5/15/2025
10	2254898	6/27/2023, 2:22 PM	00173086910	ANORO ELLIPT AER 62.5-25	V24N	1/15/2025
11	2254897	6/27/2023, 2:20 PM	43598091090	FENOFIBRATE TAB 160MG	210945ur	8/15/2023
12	2254896	6/27/2023, 2:20 PM	63402030630	LATUDA TAB 60MG	3203405	2/15/2027
13	2254895	6/27/2023, 2:18 PM	43975032203	TOLTERODINE CAP 2MG ER	01321004	9/15/2023
14	2254894	6/27/2023, 2:16 PM	68462069497	FROVATRIPTAN TAB 2.5MG	17220715	3/15/2024
15	2254893	6/27/2023, 2:16 PM	69315013401	IMIPRAM HCL TAB 25MG	617222	7/15/2024
16	2254891	6/27/2023, 2:16 PM	67877043103	ARIPIPRAZOLE TAB 5MG	21144150	8/15/2023
17	2254890	6/27/2023, 2:14 PM	27808022401	PALIPERIDONE TAB ER 6MG	A88221202	12/15/2024
18	2254888	6/27/2023, 2:08 PM	55150017301	SUMATRIPTAN INJ 6MG/0.5	3SU23002	1/15/2025
19	2254887	6/27/2023, 2:04 PM	69097012303	TOPIRAMATE TAB 50MG	KA21056	2/15/2024
20	2254886	6/27/2023, 2:03 PM	69097012203	TOPIRAMATE TAB 25MG	KA20214	12/15/2023
21	2254885	6/27/2023, 2:00 PM	00173085910	BREO ELLIPTA INH 100-25	ay5k	5/15/2024

Conclusion

As a market leader, MatchRX is proud of the track record we've developed for safeguarding dispenser-to-dispenser transactions and providing accurate information about the pharmaceuticals transferred between dispensers. We are confident that the flexibility of our system will be of great utility to regulatory agencies as the supply chain stakeholders move forward implementing the DSCSA. We are committed to enhancing pharmaceutical supply chain security and stand ready to meet current and future compliance requirements.

For direct inquiries or questions related to this document, please contact:

Mike Galloway
Chief Operations Officer
MatchRX
e: mgalloway@matchrx.com
p: 877-590-0808

Executive Team



Johny Kello
Founder / Chief Executive Officer
jkello@matchrx.com



Gabe Zawaideh, R.Ph.
Founder / President
gzawaideh@matchrx.com



Mike Galloway
Chief Operations Officer
mgalloway@matchrx.com

Member Testimonials

"I had a patient that needed a prescription for Pilocarpine and my wholesaler was out of stock with no estimated arrival date. I located the product on MatchRX and had it within a few days.... MatchRX is our "go to" site when looking for products that are not readily available from our warehouse!" - **Duncansville Pharmacy,**

"Many times we have been able to purchase medications that have not been available through our wholesaler due to shortages. We have been able to service patients that we would not have been able to serve without this purchasing system in place. When I first started with MatchRX, I only sold the short dated or unwanted medications on my shelf. I never ordered any medicine. It was when I received a call from MatchRX about purchasing medications that I gave it a try. I thought it would be too time consuming to purchase off the website, but it was easy and quick." - **Main at Locust Pharmacy and Medical Supplies**

"MatchRX has been a blessing to a number of our patients. Many of our patients are on particular drugs that recently had supply issues from the manufacturers, therefore not being in stock with our wholesaler. The worst thing is finding out your wholesaler doesn't have the drug in stock, and having to tell your patient that you can't fill their prescription. When that happens, it is great to know that you can search for that drug on MatchRX. Now we can continue filling the prescription and keep our patients healthy. Thank you MatchRX!" - **Byard-Mercer Pharmacy**

"My success story dealing with MatchRX is really two-fold. I first joined MatchRX only to be a buyer, looking for a couple of specific generic brands for patient scripts that had been discontinued through my primary and secondary wholesalers. I have been very successful in finding those generic brands for my patients on MatchRX with an added benefit of cost savings as well. I have two very happy patients because I was able to find these brands for them that no other pharmacy in the area had been able to locate. The second layer of my MatchRX success story comes from that of a seller. I did not have a plan to sell many (if any) items on MatchRX, but ran across a few short-dated items on my shelves that my wholesaler would have charged me a substantial fee to return. So I decided to list some items and in less than 24 hours I had my first sale! I want to thank MatchRX for connecting independent pharmacists across the country in a way not possible before. I imagine there are many happy patients (and pharmacists) across the states because of MatchRX! Thanks!" - **Ocoee Professional Pharmacy**

"My wholesalers did not have the medication in stock and my patient needed the medication right away. I checked on MatchRX and someone had exactly what I needed to fill the prescription. I ordered the medication, it came promptly and I was able to service the customer. The patient was very thankful because apparently other pharmacies did not have the medication in the area due to a shortage of supply in the marketplace. Thank you MatchRX!" – **Drug Mart**

"One of my patients specifically wanted cephalexin 250mg capsules by "Lupin Manufacture" only. My primary supplier didn't have that in stock and the patient was no willing to switch to any other alternatives. Finally MatchRX served my patient need and I got a happy customer. Thank you." – **Longview Drugs**

"MatchRX helped us help our customers find their medication. We were unable to order Bicillin L-A because it was on manufacture back-order through our distributor. The patient needed Bicillin L-A and we were able to purchase the product from another pharmacy through MatchRX. MatchRX was able to save us money, get our customer the right medication and help out another pharmacy move their inventory. Thanks MatchRX!" – **Our Family Pharmacy**

Member Testimonials

"We are a small, family-owned retail pharmacy from small town, Wisconsin! Getting the chance to participate in MatchRX has affected us and our patients in so many different and wonderful ways. Our most recent and fondest memory we had was with one of our younger patients. Our normal supplier was unable to provide us with the much needed drug. We were rather worried as the young boy's time to refill was quickly approaching and the expected return date of the drug was drawing farther and farther away. Seeing this, a pharmacist and technician quickly took to the web on MatchRX. They shortly found the drug needed and was shipped just the next day! Only two days after ordering, the mother called in the boy's prescription. What a close call! When the mother came to pick up the drug, we explained the matter and she let out a sigh of relief. We all were so grateful to be enrolled in the MatchRX program. We also get the chance to help other patients all around the country. We sell drugs to other pharmacies almost weekly and take great pride in providing others help with their needs. We have been able to maintain an awesome sender rating too! We love getting the email that a posting has sold, and getting to tally up all of our totals as well as the thoughts of being able to help other small pharmacies." - ***Gundersen Health***

"MatchRX has made our small, and community based practice accessible to pharmacies all over the U.S. We are able to retrieve medications at a lower price, and thus in return for having a lower out of pocket expense, we can pay it forward and help in situations that arise with patients that have a lower income and have trouble purchasing their prescriptions. The ease of use on MatchRX allows both the pharmacists and technicians the ability to manage sales and purchases. We make sure to check it periodically and the return of investment is immeasurable and is very valuable in establishing and maintaining the confidence our patients have in filling with us." – ***Bluegrass Family Pharmacy***

When B12 injections were not available for our pharmacy to order from any of our vendors we were able to order from MatchRX to continue to fill prescriptions for our customers. Majority of our B12 injection customers are 65+ and receive a shot weekly. HUGE HELP!! We have several testimonies like those above!!! Thanks so much!! - ***Thomas Drugs***

"We have a patient that needs a specific brand of Carbamazepine ER caps that we have been unable to get from any of our wholesalers. For the last several months I have been buying them on MatchRX. I don't know what we would do if we didn't have MatchRx in these situations." – ***Streus Pharmacy***

We often use MatchRX to find higher priced name-brand items for our patients, especially when it is an item we may only need a small amount of. Recently a regular customer of ours had a prescription for #14 Zyvox tablets. We had just pulled some expired Zyvox off of our shelf so rather than ordering another 20 count bottle from our wholesaler we were able to find #16 on MatchRX. We received the item very quickly from the seller and rather than being stuck with 6 tabs sitting in our inventory we only have 2 extra tablets to deal with. While we continue to see reimbursements diminish, anything we can do to keep our costs down and manage our inventory really helps out. We supply to a lot of low-income uninsured patients and we work together with a clinic in town to provide low-cost drugs to these patients. We are committed to serving this demographic and MatchRX has really helped us to manage our inventory, which helps our customers and our community! – ***Sigler Pharmacy***

Our pharmacy services many reduced income patients. Before we started using MatchRX, we were afraid to open bottles of many expensive medications for just one patient. If the medication was returned to us, or the order discontinued, we would be stuck with a product unable to be returned to the wholesaler. After starting with MatchRX, we feel more comfortable sending just enough medication to service our customers' needs. If it is discontinued, we can recoup some of the lost capital. Our patients have more consistent service thanks to MatchRX. - ***Wellness Concepts***

Advisor Profiles



Ned Milenkovich - Advisor

Ned Milenkovich, Pharm.D, Attorney at Law
Much Shelist, P.C

Practice & Background: Ned Milenkovich is the Chair of legal Health Care practice at Much Shelist PC. Ned helps health care and drug & pharmacy clients meet the demands of federal and state regulators, strengthen their positions in a highly competitive marketplace, and resolve a broad range of commercial disputes. Ned represents businesses of all sizes, with a focus on companies with interests and operations throughout the drug supply chain. A licensed pharmacist, Ned has extensive experience in the areas of medical device, drug and pharmacy law. He regularly advises clients on regulatory compliance, including matters involving requirements of the U.S. Food and Drug Administration (FDA), Drug Enforcement Administration (DEA), Medicare Part D matters, 340B issues, Health Insurance Portability and Accountability Act (HIPAA) compliance, prescription drug monitoring programs, drug diversion issues and drug pedigree and compounding issues. He also advises industry participants on a broad range of licensing, transactional, and corporate compliance and accountability issues. Ned's clients include drug manufacturers, wholesale distributors, third-party logistics providers, and pharmacy retailers (including brick-and-mortar, long-term care, mail-order and specialty pharmacies), as well as pharmacy technology companies, prescription management companies and physician practices.

Ned is a member of and holds leadership positions in a number professional and industry organizations, including his current role as vice chair of the Illinois State Board of Pharmacy. From 2009 through 2012, he was a member of the planning committee for the annual Health Law Summit, presented by the Health Law Section of the American Bar Association.

Ned is a member of the Illinois State Bar Association, the American Society of Pharmacy Law, the Illinois Association of Health Care Attorneys, the Illinois Pharmacists Association and the National Association of Boards of Pharmacy. He is also a former member of the American Health Lawyers Association and the American Society of Consultant Pharmacists.

Ned regularly attends and speaks at events organized by leading legal and industry groups, including conferences, meetings and seminars sponsored by Asembia and the National Association of Chain Drug Stores. A longtime thought leader in the drug and pharmacy industry, Ned is currently a member of the editorial advisory board of Pharmacy Times®, where he helps guide the editorial direction of and contributes content to the publisher's print, digital and live events channels. He also served for nearly a decade as a columnist for Drug Topics magazine, including two years on the publication's editorial advisory board.

Advisor Profiles



Chris Dimos- Advisor

Chris Dimos, Chief Operating Officer
AccentCare, Inc

Practice & Background: Chris Dimos retired from McKesson Corporation in 2021 after spending over 10 years as SVP of Corporate Strategy / Business Development, and President of Retail Solutions. He brings over 40 years of experience in the retail pharmacy industry. Prior to McKesson, Mr. Dimos was the President of Supervalu Inc, and Vice President of Pharmacy Services at Albertsons. Responsibilities have included assessing new opportunities in the global pharma supply chain, adjacent Healthcare markets\opportunities, pharmaceutical manufacturer opportunities \ relationships and generally informing company strategy vis-a-vis healthcare reform and market evolution. Mr. Dimos is a graduate of Indiana University Northwest and Purdue University.



Donnie Calhoun - Advisor

Donnie Calhoun BPharm RPh., President
Calhoun Wellness & Compounding Pharmacy

Practice & Background: Donnie Calhoun, a 1987 graduate of Samford University School of Pharmacy, owns Calhoun Wellness Pharmacy in Calhoun County. He has served as the Executive Director and CEO of the American College of Apothecaries and the American College of Veterinary Pharmacists. He served as a board member of the National Community Pharmacists Association and served as president in 2012-2013. He is a national director for Pharmacist's Mutual Insurance Company and has served for 12 years. He served on the Alabama Board of Pharmacy for 5 years and served as President in 2012. He also has served on the National Home Infusion Association board of directors and Member Health's P&T committee. He has served as President of the Alabama Independent Drugstore Association and as a board member of the Alabama Pharmacy Association. He has been involved with teaching pharmacy students as an adjunct professor of Samford, Campbell, and Auburn Schools of Pharmacy. Donnie has served on many pharmacy committees at a local, state and national level. He has been a recipient of many awards including distinguished young pharmacist (1991) and the Alabama Pharmacy Association Pharmacist of the year award (2005).

Advisor Profiles



Nathan A. Brown - Advisor

Nathan A Brown, Partner
Akin Gump Strauss Hauer & Feld LLP

Practice & Background: Nathan A. Brown leads the FDA practice at Akin Gump LLP advises health industry participants with regard to medical devices, drugs and biologics, and other products regulated by the FDA. His practice covers regulatory, compliance and policy advice.

Mr. Brown previously held several prominent roles with the FDA. He was detailed by the FDA to serve as health policy advisor to the Senate Health, Education, Labor and Pensions (HELP) Committee to cover FDA issues, where he played a lead role negotiating and drafting the Drug Quality and Security Act of 2013 (drug compounding and track and trace legislation). He advised committee leadership on a broad range of FDA-related legislative and oversight matters, including device, drug and biologics issues, and met with stakeholders across the FDA-regulated industries. He also served as special assistant to the chief counsel and as senior advisor in the Office of Regulatory Affairs. Education: J.D., Harvard Law School, 1999; B.S., University of Maryland, College Park, 1996; B.A., University of Maryland, College Park, 1995.

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

October 10, 2024

VIA CERTIFIED U.S. MAIL

MatchRx
210 E. 3rd Street - Suite 100
Royal Oak, MI 48067

Re: CEASE-AND-DESIST ORDER: Unlicensed Activity in Nevada (Case No. 24-133-WH-O)

To Whom It May Concern:

The Nevada State Board of Pharmacy (Board) has determined that MatchRx is engaged in the business of soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State without a license to engage in business as a wholesaler. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233 and NAC 639.593.

MatchRx is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State. This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity.

The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3). MatchRx must pay this administrative fine within 30 days of receipt of this citation. Payment must be by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

MatchRx has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

Tele: 775-850-1440 • Fax: 775-850-1444 • Web: bop.nv.gov
• E-mail: pharmacy@pharmacy.nv.gov

9171 9690 0935 0313 8186 10

24-133. MatchRx.LVCommPharmacy.Macintosh.Nguyen. 0064

MatchRX

FILED
NOV 12 2024
NEVADA STATE BOARD OF PHARMACY

October 23, 2024

VIA CERTIFIED U.S. MAIL

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

Re: CEASE-AND-DESIST ORDER: Unlicensed Activity in Nevada (Case No. 24-133-WH-O)

To Whom It May Concern:

MatchRX hereby requests a hearing to appeal this citation. In an act of good faith, we are ceasing operations in the state of Nevada until this matter is resolved. All future correspondence should be addressed as follows:

MatchRX Compliance Department
210 E 3rd Street STE 100
Royal Oak, MI 48067

Thank you,

10/23/2024

Johny Kello, CEO

Enclosure: State of Nevada BOP notice

210 E. 3rd Street STE 100, Royal Oak MI 48067
www.matchrx.com P. 877-590-0808

24-133. MatchRx.LVCommPharmacy.Macintosh.Nguyen. 0065

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

October 10, 2024

VIA CERTIFIED U.S. MAIL

MatchRx
210 E. 3rd Street - Suite 100
Royal Oak, MI 48067

Re: CEASE-AND-DESIST ORDER: Unlicensed Activity in Nevada (Case No. 24-133-WH-O)

To Whom It May Concern:

The Nevada State Board of Pharmacy (Board) has determined that MatchRx is engaged in the business of soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State without a license to engage in business as a wholesaler. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233 and NAC 639.593.

MatchRx is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State. This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity.

The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3). MatchRx must pay this administrative fine within 30 days of receipt of this citation. Payment must be by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

MatchRx has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

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

January 29, 2025

VIA ELECTRONIC MAIL TO nmilenkovich@muchlaw.com

Ned Milenkovich, Esq.
Much Shelist, PC
191 North Wacker Drive, Suite 1800
Chicago, IL 60606

Re: Board of Pharmacy v. MatchRx – Case No. 24-133-WH-O

Dear Ned:

I am prosecuting this matter on behalf of the State of Nevada. This will confirm that pursuant to NAC 639.120(1)(a) the in-person appeal hearing noticed for March 5, 2025, in Las Vegas will be continued and re-noticed for June 4, 2025, in Las Vegas at your client's request. No further continuance will be granted except as provided in NAC 639.120(1)(c).

Please also be advised that pursuant to NRS 622A.310(1) and NAC 639.130, counsel representing respondents before the Nevada State Board of Pharmacy must be licensed to practice law in this State or properly associated with an attorney licensed to practice law in this State.

If you have any questions please contact me at 775-232-1896 or bkandt@pharmacy.nv.gov.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

FILED
JAN 11 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATCHRX,** **Respondent.**	**Case No. 24-133-WH-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 October 10, 2024, an Order to Cease-and-Desist/Citation and Fine was served upon Respondent MatchRX, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. On or about April 10, 2024, during an annual inspection of Las Vegas Community Pharmacy, License No. PH04396, located in Las Vegas, a Board Inspector found supplier invoices and shipping confirmations demonstrating that MatchRX is soliciting and brokering the sales of prescription drug products between pharmacies in Nevada.

2. MatchRX, located in Michigan, is not licensed to engage in business as a wholesaler in Nevada.

\\\

\\\

\\\

\\\

\\\

3. MatchRX's website, located at www.matchrx.com, and marketing materials represent in pertinent part that:

> MatchRX is a private web-based inter-pharmacy marketplace for independent pharmacies to buy and sell small quantities of non-controlled, non-expired overstock prescription drugs. . . . To date, 7,000+ independent dispensers have generated more than 1,000,000 orders through the MatchRX marketplace.

4. On or about October 23, 2024, MatchRX appealed the Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

5. Any person who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100(3); NRS 639.233(1).

6. Every wholesale distributor who engages in wholesale distributions of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

7. A person is "engaged in the business of furnishing" if the person solicits or accepts orders for drugs or devices whose sale in this State are restricted by chapters 453, 454 and/or 639 of the Nevada Revised Statutes. NRS 639.233(2).

8. "Wholesaler" means a wholesale distributor as defined by 21 CFR § 205.3(g), including brokers. NRS 639.016.

9. Wholesalers are subject to the licensing requirements specified in NRS 639.500, NRS 639.505, and NAC 639.593-5938, *inclusive*. Licensing of wholesalers is also subject to the requirements of federal law. 21 U.S.C. § 353(e)(1)(A); 21 CFR Part 205.

10. Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

COUNT ONE
Violation of Federal and State Law – Unlicensed Wholesale Distribution

11. By soliciting and brokering the sales of prescription drug products between pharmacies in Nevada, MatchRX violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.100(1), NRS 639.233(1) and/or 21 U.S.C. § 353(e)(1)(A) and 21 CFR Part 205.

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, March 5, 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 14th day of JANUARY 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 13th day of January 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:

MatchRX Compliance Department
210 E 3rd Street, Ste 100
Royal Oak, MI 48067

Darlene Nases
DARLENE NASES
BOARD COORDINATOR

Much

Much Shelist, P.C.
Attorneys at Law
191 N. Wacker Drive
Suite 1800
Chicago, IL 60606
312.521.2000
muchlaw.com

March 12, 2025

DIRECT DIAL: 312.521.2487
[redacted]
nmilenkovich@muchlaw.com

VIA FEDERAL EXPRESS
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Re: ***Match Rx, Case No. 23-133-WH-O***

To Whom It May Concern:

This law firm represents MatchRx in connection with the above referenced matter before the Nevada Board of Pharmacy. Please see the attached Nevada communication (the "Letter"), dated October 10, 2024.

MatchRx agrees to make payment of the $5,000 fee referenced in the Letter and respectfully asks that Case No. 23-133-WH-O to be vacated and dismissed. MatchRx maintains its actions were in good faith and that it conducts its business in compliance with all laws and regulations, including Nevada requirements.

Nevertheless, MatchRx recognizes that Nevada seeks a wholesaler license from MatchRx in order to engage in business there. As a result, MatchRx intends to apply for such license and trusts that it will qualify for such license in the ordinary course of application notwithstanding prior receipt of the Letter.

MatchRx is enclosing a check in the amount of $5,000 to bring closure to this matter.

Sincerely,

Ned Milenkovich, PharmD, JD

Enclosures

CC: Brett Kandt, Esq. – Nevada Board of Pharmacy (via email)
Johny Kello – MatchRx (via email)

An International member of
AllyLaw

15117108

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

March 14, 2025

VIA ELECTRONIC MAIL TO nmilenkovich@muchlaw.com

Ned Milenkovich, Esq.
Much Shelist, PC
191 North Wacker Drive, Suite 1800
Chicago, IL 60606

Re: Board of Pharmacy v. MatchRx – Case No. 24-133-WH-O

Dear Ned:

This will confirm that pursuant to your correspondence of March 12, 2025, your client will no longer pursue an appeal of the citation and fine issued pursuant to NRS 639.2895. The appeal hearing noticed for June 4, 2025, in Las Vegas will be vacated.

If you have any questions please contact me at 775-232-1896 or bkandt@pharmacy.nv.gov. Thank you for your courtesy and professionalism in this matter.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

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

October 10, 2024

VIA CERTIFIED U.S. MAIL

MatchRx
210 E. 3rd Street - Suite 100
Royal Oak, MI 48067

Re: CEASE-AND-DESIST ORDER: Unlicensed Activity in Nevada (Case No. 24-133-WH-O)

To Whom It May Concern:

The Nevada State Board of Pharmacy (Board) has determined that MatchRx is engaged in the business of soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State without a license to engage in business as a wholesaler. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233 and NAC 639.593.

MatchRx is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of soliciting, brokering, shipping and/or delivering orders for prescription drugs to pharmacies in this State. This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity.

The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3). MatchRx must pay this administrative fine within 30 days of receipt of this citation. Payment must be by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

MatchRx has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

6229

MATCHRX.COM
210 E. 3RD ST. #100
ROYAL OAK, MI 48067

First Merchants Bank
www.firstmerchants.com
71-65/749

03/11/2025

PAY TO THE ORDER OF State of Nevada, Office of the Treasurer $ **5,000.00

Five thousand and 00/100********** DOLLARS

State of Nevada, Office of the Treasurer

MEMO

AUTHORIZED SIGNATURE

Security features. Details on back.

[redacted]

MATCHRX.COM

6229

03/11/2025 **State of Nevada, Office of the Treasurer**

Date	Type	Reference	Original Amount	Balance Due	Payment
03/01/2025	Bill		5,000.00	5,000.00	5,000.00
		Check Amount			5,000.00

Level One Bank - Mai 5,000.00

After printing this label:
1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is $1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

ORIGIN ID:CHIA
NED MILENKOVICH
MUCH SHELIST, P.C.
191 N. WACKER DR.
SUITE 1800
CHICAGO, IL 60606
UNITED STATES US

(312) 521-2000

SHIP DATE: 12MAR25
ACTWGT: 1.00 LB
CAD: 3930758/INET4535

BILL SENDER

TO **BOARD OF PHARMACY**
STATE OF NEVADA
985 DAMONTE RANCH PKWY
SUITE 206
RENO NV 89521
(312) 521-2000

REF 1012121.0020
INV:
PO:
DEPT:

FedEx Express

THU - 13 MAR 5:00P
STANDARD OVERNIGHT

TRK# 7726 7225 4890
0201

XW RNOA

89521
NV-US RNO

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

March 14, 2025

VIA U.S. MAIL
MatchRx
Attn: Compliance Department
210 E 3rd Street, Ste 100
Royal Oak, MI 48067

Re: Satisfaction of the Nevada State Board of Pharmacy's Citation and Fine - Case No. 23-133-WH-O

Match Rx:

This letter serves to acknowledge your satisfaction of the payment terms of the Citation and Fine issued by the Nevada State Board of Pharmacy ("Board") in Case No. 23-133-WH-O and dated/filed on October 11, 2024.

If you have questions, please do not hesitate to contact the Board's Coordination Office at 775-850-1440 or teambc@pharmacy.nv.gov.

Sincerely,

Board Coordination
Nevada State Board of Pharmacy

Exhibit 4
24-133-S
Las Vegas Community Pharmacy; Natalie Nguyen; Ali MacIntosh

Las Vegas Community Pharmacy, Inc. d/b/a
Las Vegas Community Pharmacy
3200 N Soaring Gulls Dr, Suite 101
Las Vegas, NV 89129

May 16, 2025

Nevada State Board of Pharmacy
Executive Secretary
431 W. Plumb Lane
Reno, NV 89509

To Whom it May Concern:

Las Vegas Community Pharmacy located at 3200 N Soaring Gulls Dr, Suite 101, Las Vegas, NV 89129, State License #PH04396, D.E.A. #[redacted] plans to close its pharmacy at the close of business on 6/6/2025.

All prescription records, controlled & non-controlled substances and required D.E.A. record keeping will be properly transferred to Nevada CVS Pharmacy, L.L.C. d/b/a CVS/pharmacy #8790 located at 3550 W. Sahara Ave, Las Vegas, NV 89102 (State License #PH00629, D.E.A #[redacted].

Upon closing, the State License will be returned to your office.

Sincerely,

Ali Macintosh , Owner

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **NATALIE NHU NGUYEN, RPH, Certificate of Registration No. 18735, and** **ALI MACINTOSH, PT Certificate of Registration No. PT26920,** **Respondents.**	**CASE NOS. 24-133-PH-S** **24-133-RPH-S** **24-133-PT-S** **DECLARATION OF JESSETTE PHAYNARIKONE**

I, Jessette Phaynarikone, hereby state the following:

1. I am the Board Coordinator I and Administrative Assistant to the Nevada State Board of Pharmacy (Board). I have personal knowledge of the matters stated herein and would be competent to testify thereon if called upon to do so.

2. I am responsible for filing and serving by mail pleadings and notices related to disciplinary actions before the Board.

3. On September 15, 2026, I served a Notice of Hearing by certified mail to Respondent Ali Macintosh, PT, Certificate of Registration No. PT26920, owner of Respondent Las Vegas Community Pharmacy, License No. PH04396, at his address of record with the Board, affixed with a tracking number, in conformance with NRS 241.0333. True and correct copies of the Notice of Hearing, the envelopes with tracking numbers, and USPS tracking results are attached hereto.

4. I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 25th day of September, 2026.

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

56 - Exhibit D

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL E. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

September 15, 2026

Ali Macintosh
[redacted]
Las Vegas, NV [redacted]

Re: Ali Macintosh and Case No. 24-133-PT-S

Dear Ali Macintosh,

The hearing for case number **24-133-PT-S** has been scheduled for **Wednesday, 10/14/2026** at **9:00:00 AM PST** or soon thereafter at the following location:

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

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

Pursuant to NRS 241.033 and NRS 241.0333, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

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

9171 9690 0935 0298 3446 61

ALERT: IMPACTS FROM A NOR'EASTER IN THE NORTHEAST, TROPICAL WEATHER IN HAWAII,...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9171969009350298344661

Copy Schedule a Redelivery

Latest Update

We attempted to deliver your item at 1:18 pm on September 21, 2026 in LAS VEGAS, NV 89108 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice beginning September 22, 2026. If this item is unclaimed by October 6, 2026 then it will be returned to sender.

Feedback

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivery Attempt: Action Needed

Notice Left (No Authorized Recipient Available)
LAS VEGAS, NV 89108
September 21, 2026 1:18 PM

Arrived at USPS Facility
LAS VEGAS NV DISTRIBUTION CENTER
September 20, 2026 7:58 AM

Arrived at USPS Facility
RENO NV DISTRIBUTION CENTER
September 16, 2026 9:31 AM

Accepted at USPS Facility
RENO, NV 89521
September 16, 2026 8:16 AM

Pre-Shipment Info Sent to USPS

September 16, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Schedule Redelivery

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

From: Jessette Phaynarikone
To: [redacted]@gmail.com
Cc: Brett Kandt; Board Coordination
Subject: NVBOP Case No. 24-133-PT-S. Ali Macintosh, PT - Notice of Hearing for October 14, 2026
Date: Tuesday, September 15, 2026 3:33:00 PM
Attachments: image001.png
24-133-PT-S. 21DayNotice_Macintosh.pdf

Hello,

The **Notice of Hearing** has been sent out via certified/standard U.S. mail. Please see attached courtesy copy for Case No. 24-133-PT-S regarding Pharmacy License No. PT26920.

If you have any questions, please contact General Counsel Brett Kandt (bkandt@pharmacy.nv.gov).

Thank you.

Jessette Phaynarikone
Administrative Assistant - Board Coordinator I | Nevada State Board of Pharmacy
jphaynarikone@pharmacy.nv.gov
Office: 775-850-1440
Fax: 775-850-1444
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

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

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

Outlook

Re: Board of Pharmacy v. Las Vegas Community Pharmacy (24-133-PH-S)/Natalie Nhu Nguyen, RPh (24-133-RPH-S)/Ali Macintosh, PT (24-133-PT-S)

From George Omar Koury <george@paradiselaw.com>
Date Wed 8/19/2026 3:44 PM
To Brett Kandt <bkandt@pharmacy.nv.gov>
Cc aniela@anielalaw.com <aniela@anielalaw.com>; Board Coordination <teambc@pharmacy.nv.gov>

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

Understood.

Kindly note that, at this time, I cannot confirm current representation regarding this matter... until further notice, I do not presently qualify as "counsel" or "attorney of record" in regard to NRS/NAC service requirements.

Additionally, as previously stated, it is my understanding that Mr. Macintosh is out of the country... "personal service" may not be possible at this time. Although sending notice via Certified Mail might be statutorily sufficient, I'm simply providing you notice of his inability to receive such correspondence until his return.

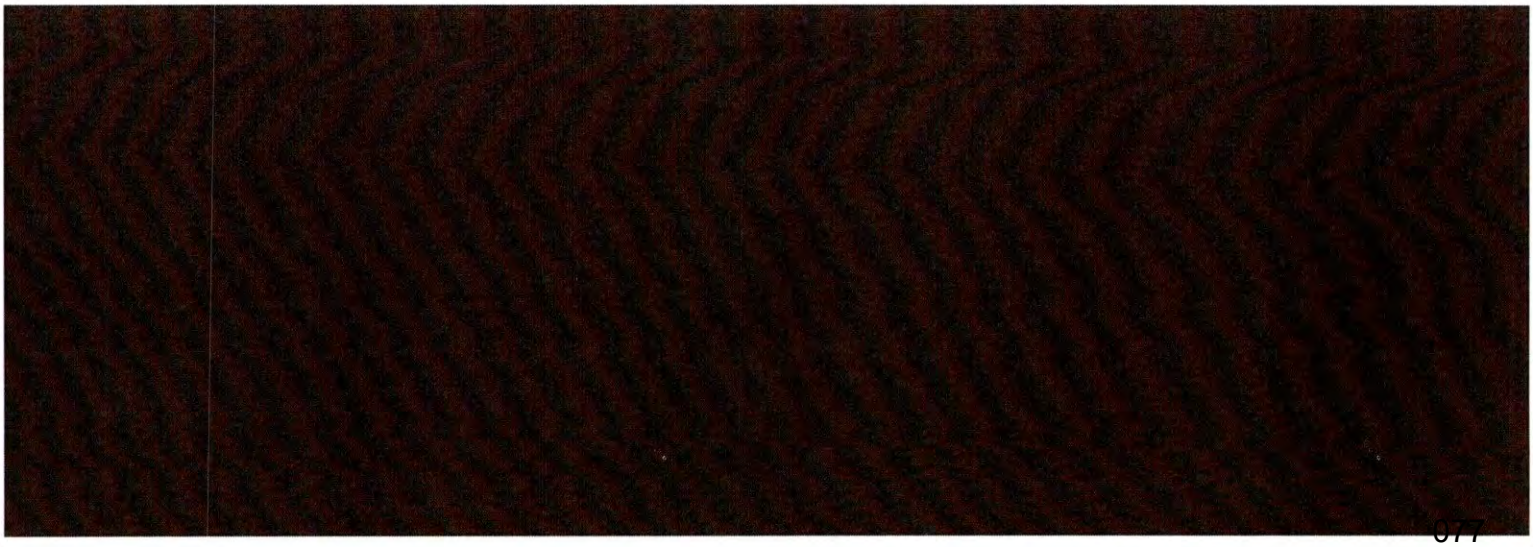
In the meantime, should I hear from him, I will send you an update to this information.

Respectfully,

George Omar Koury, Esq.

PARADISE LAW LLC
Post Office Box 96537, Las Vegas, Nevada 89193-6537
O: (702) 727-3747 | F: (702) 727-3744 | D: (702) 900-6627
george@paradiselaw.com

CONFIDENTIALITY NOTICE: The information contained in this message is confidential and may be privileged. If you have received this email in error, please notify the sender, delete this email and destroy any copy. Thank you.



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS COMMUNITY PHARMACY, Pharmacy License No. PH04396,** **NATALIE NHU NGUYEN, RPH, Certificate of Registration No. 18735, and** **ALI MACINTOSH, PT Certificate of Registration No. PT26920,** **Respondents.**	**CASE NOS. 24-133-PH-S** **24-133-RPH-S** **24-133-PT-S** **MEMORANDUM OF ATTORNEY'S FEES AND COSTS**

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigative Time –Monica Segedy				
Date(s)	Description	Hours	Rate	Amount
See attached	See attached	6.50	$53.00/hr	$344.50
Subtotal (Investigation): $344.50				
Attorney Time - Brett Kandt				
Date(s)	Description	Hours	Rate	Amount
4/18/25	Confer with staff and review investigative case file in case 24-133-S; draft Notice of Intended Action and Accusation	2.50	$104.00/hr	$260.00
9/11/25	Confer w/ staff re: service	1.25	$104.00/hr	$130.00

5E/5G/5F - exhibit 5

9/18/25	Confer with staff and review investigative case file in case 24-133-S; draft Amended Notice of Intended Action and Accusation	1.00	$104.00/hr	$104.00
9/23/25	Confer w/ staff and review Answer and Notice of Defense to original Accusation	0.50	$104.00/hr	$52.00
9/29/25	Confer w/ Koury	1.50	$104.00/hr	$156.00
9/30/25	Confer w/ Koury	0.50	$104.00/hr	$52.00
10/1/25	Confer w/ Koury	0.50	$104.00/hr	$52.00
10/22/25	Confer w/ Szymanski re: extension to respond	0.50	$104.00/hr	$52.00
10/31/25	Confer w/ Szymanski re: public records request and discovery production	0.50	$104.00/hr	$52.00
11/4/25	Confer w/ staff, Koury and Szymanski re: discovery production	1.75	$104.00/hr	$182.00
11/5/25	Confer w/ staff and research scope of unlicensed purchases	1.00	$104.00/hr	$104.00
11/6/25	Confer w/ staff re: supplemental discovery production	1.00	$104.00/hr	$104.00
11/19/25	Confer w/ Koury re: resolution	0.50	$104.00/hr	$52.00
12/1/25	Review Nguyen Answer and Notice of Defense and confer w/ Szymanski re: resolution	1.25	$104.00/hr	$130.00
12/9/25	Confer w/ Koury re: resolution	0.50	$104.00/hr	$52.00
12/13/25	Confer w/ Koury re: resolution	0.50	$104.00/hr	$52.00

12/17/25	Confer w/ Koury re: resolution and supplemental discovery production	1.00	$104.00/hr	$104.00
12/18/25	Confer w/ Koury re: resolution; confer w/ Szymanski re: continuance	1.50	$104.00/hr	$156.00
12/30/25	Confer w/ Koury re: resolution	0.50	$104.00/hr	$52.00
12/31/25	Confer w/ Koury re: resolution; confer w/ Szymanski re: continuance	0.50	$104.00/hr	$52.00
1/6/26	Confer w/ Koury re: resolution	0.50	$104.00/hr	$52.00
1/12/26	Confer w/ client and Koury re: resolution	0.50	$104.00/hr	$52.00
1/15/26	Confer w/ client and Koury re: continuance of hearing date	0.50	$104.00/hr	$52.00
8/19/26	Confer w/ client and opposing counsel re: hearing	0.50	$104.00/hr	$52.00
9/11/26	Confer w/ staff and prepare for hearing	2.50	$104.00/hr	$260.00
9/25/26	Prepare hearing exhibits including Memo of Atty Fees & Costs	2.50	$104.00/hr	$260.00
10/12/26	Final hearing prep and send Memo of Atty Fees & Costs w/ notice of default to Szymanski	0.50	$104.00/hr	$52.00
10/14/26	Hearing in case 24-133-S; finalize order.	1.00	$104.00/hr	$104.00
Subtotal (Attorney Time): $2782.00				

Administrative Costs				
Date(s)	Description	Hours	Rate	Amount
7/28/25	Jessette Phaynarikone finalized, filed and served Notice of Intended Action and Accusation.	0.50	$25.00/hr	$12.50
8/18/25	Jessette Phaynarikone finalized, filed and served Notice of Intended Action and Accusation to attorney.	0.50	$25.00/hr	$12.50
8/20/25	Jessette Phaynarikone re-served Notice of Intended Action and Accusation.	0.50	$25.00/hr	$12.50
9/15/25	Jessette Phaynarikone served Notice of Hearing for October 14, 2026.	0.50	$25.00/hr	$12.50
9/30/25	Jessette Phaynarikone finalized, filed and served Amended Notice of Intended Action and Accusation.	0.50	$25.00/hr	$12.50
10/23/25	Jessette Phaynarikone re-served Amended Notice of Intended Action and Accusation.	0.50	$25.00/hr	$12.50
12/11/25	Jessette Phaynarikone served Notice of Hearing for January 15, 2026.	0.50	$25.00/hr	$12.50
9/15/26	Jessette Phaynarikone served Notice of Hearing for October 14, 2026.	0.50	$25.00/hr	$12.50
Subtotal (Administrative Costs): $100.00				
Additional Recoverable Costs: Postage/Mailing Costs: $189.71				
Total Attorney's Fees and Recoverable Costs: $3,416.21				

I, Brett Kandt, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of reasonable attorney's fees and recoverable costs incurred by the Board in the above-entitled action.

DATED this 14th day of October 2026.



Brett Kandt, General Counsel

Investigation hours

Case No. 24-133-O **MatchRx**
Investigator Monica S. Segedy

Date	Duties	Hours
9/16/2024	Discussions with Yenh Long/Request for Add. Invest.	1
9/16/2025	Database Queries and Interview of RPh Nguyen	1
9/16/2025	Interviewed RPh Natalie Nguyen	1
9/17/2025	Interview of RPh An Lai	1
9/18/2025	Attemptd to Locate and Intervew PT Ali McIntosh	1
9/18/2025	Prep of Supplemental Report	1
9/18/2025	Supplemental Report Reviewed and Approved	0.5
Total hrs		**6.50**
Wage per Hour		**$53.00**
Total Investigative Cost		**$344.50**

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HISBAY HAIDER ALI, MD,** **Certificate of Registration No. CS31898,** **Respondent.**	**Case No. 24-444-CS-S** **DECLARATION OF JESSETTE PHAYNARIKONE**

I, Jessette Phaynarikone, hereby state the following:

1. I am the Board Coordinator I and Administrative Assistant to the Nevada State Board of Pharmacy (Board). I have personal knowledge of the matters stated herein and would be competent to testify thereon if called upon to do so.

2. I am responsible for filing and serving by mail pleadings and notices related to disciplinary actions before the Board.

3. On September 15, 2026, I served a Notice of Hearing by certified mail to Respondent Hisbay Haider Ali, MD, Certificate of Registration No. CS31898, at his address of record with the Board, affixed with a tracking number, in conformance with NRS 241.0333. True and correct copies of the Notice of Hearing, the envelopes with tracking numbers, and USPS tracking results are attached hereto.

4. I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 24th day of September, 2026.

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

5H - exhibit 1

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

September 15, 2026

Hisbay Ali
[redacted]
Las Vegas, NV[redacted]

Re: Hisbay Ali and Case No. 24-444-CS-S

Dear Hisbay Ali,

The hearing for case number 24-444-CS-S has been scheduled for **Wednesday, 10/14/2026** at **9:00:00 AM PST** or soon thereafter at the following location:

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

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

Pursuant to NRS 241.033 and NRS 241.0333, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

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

9171 9690 0935 0298 3446 85

Reno: 985 Damonte Ranch Parkway., Suite 206, Reno, Nevada 89521 - Telephone (775) 850-1440 - Fax (775) 850-1444
Website: BOP.NV.GOV Email: Pharmacy@Pharmacy.NV.GOV

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

September 15, 2026

Hisbay Ali c/o Hope LLC
500 N Rainbow Blvd Suite 313
Las Vegas, NV 89107

Re: Hisbay Ali and Case No. 24-444-CS-S

Dear Hisbay Ali,

The hearing for case number 24-444-CS-S has been scheduled for **Wednesday, 10/14/2026** at **9:00:00 AM PST** or soon thereafter at the following location:

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

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

Pursuant to NRS 241.033 and NRS 241.0333, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

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

9171 9690 0935 0298 3446 78

ALERT: IMPACTS FROM A NOR'EASTER IN THE NORTHEAST, TROPICAL WEATHER IN HAWAII,...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9171969009350298344685

Copy Add to Informed Delivery

Latest Update

Your item arrived at our SACRAMENTO CA DISTRIBUTION CENTER origin facility on September 24, 2026 at 4:31 am. The item is currently in transit to the destination.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

On the Way

Arrived at USPS Facility
SACRAMENTO CA DISTRIBUTION CENTER
September 24, 2026 4:31 AM

Arrived at USPS Facility
RENO NV DISTRIBUTION CENTER
September 16, 2026 9:30 AM

Accepted at USPS Facility
RENO, NV 89521
September 16, 2026 8:15 AM

Pre-Shipment Info Sent to USPS
September 16, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9171969009350298344678

Copy **Add to Informed Delivery**

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 4:07 pm on September 21, 2026 in LAS VEGAS, NV 89107.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Front Desk/Reception/Mail Room

LAS VEGAS, NV 89107
September 21, 2026 4:07 PM

Arrived at USPS Facility

LAS VEGAS NV DISTRIBUTION CENTER
September 20, 2026 7:58 AM

Arrived at USPS Facility

RENO NV DISTRIBUTION CENTER
September 16, 2026 9:30 AM

Accepted at USPS Facility

RENO, NV 89521
September 16, 2026 8:15 AM

Pre-Shipment Info Sent to USPS
September 16, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

From: Hisbay Ali
To: Brett Kandt
Cc: David Wuest; Yenh Long; Board Coordination
Subject: Re: NVBOP notice
Date: Tuesday, October 6, 2026 10:55:09 AM
Attachments: Outlook-hmz24yw4

You don't often get email from hisbayali81@gmail.com. Learn why this is important

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

Good morning, Brett. I was advised not to admit to anything so if you just wanna do a default judgment on the 14th that's fine. Thank you and have a nice day and rest of the week.

-Hisbay

On Tue, Sep 22, 2026 at 9:23 AM Brett Kandt <bkandt@pharmacy.nv.gov> wrote:

> Dr. Ali-
>
> Following up on my prior emails and voicemails, the Nevada State Board of Medical Examiners has notified me that your NSBME License No. 20660 to practice medicine was revoked on September 18.
>
> Given that you no longer qualify to hold a controlled substance registration, please advise if you intend to appear at the hearing scheduled for October 14, 2026. I have attached a proposed stipulation resolving this matter in lieu of a hearing,
>
> Please contact me with any questions.
>
> **Brett Kandt**
> **General Counsel**
> **Nevada State Board of Pharmacy**
>
> NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

24-444-CS-S
Hisbay Ali
Exhibit 2

5H

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **HISBAY HAIDER ALI, M.D.,** **Respondent.**	**Case No. 26-53587-1**

FILED

SEP 28 2026

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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 18, 2026, at the Board's office located at 9600 Gateway Drive Reno, NV 89521, on the Complaint filed herein. Hisbay Haider Ali, M.D, (Respondent), who was duly served with notice of the adjudication. The adjudicating members of the Board participating in these Findings of Fact, Conclusions of Law, and Order (FOFCOL) were Ms. Maggie Arias-Petrel, Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela J. Beal, Irwin B. Simon, M.D., FACS, Apeksha Desai, M.D., MBA, and Ms. Kathleen A. Conaboy. Henna Rasul, Esq., Senior Deputy Attorney General, served as legal counsel to the Board. Respondent did not appear.

The Board, having received and read the Complaint and exhibits admitted in the matter and filed into the record in this case, the "Findings and Recommendations" prepared by the Hearing Officer, Paul A. Lipparelli, 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 Nevada Medical Practice Act or NMPA), NRS Chapter 622, 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:

FINDINGS OF FACT

I.

Respondent held a license to practice as a medical doctor in the State of Nevada issued by the Board at all relevant times.

II.

On March 3, 2026, the Investigative Committee (IC) of the Board filed its formal Complaint in Case No. 26-53587-1 alleging Respondent violated the NMPA. Respondent was personally served with the Complaint on or about March 3, 2026, at an address in Las Vegas, Nevada, which was on file with the Board for Respondent. The Complaint alleged one (1) violation of the NMPA, including: NRS 630.3065(2)(a), Knowing or Willful Failure to Comply with a Board Order.

III.

On May 22, 2026, Hearing Officer Lipparelli conducted a telephonic Scheduling Conference, serving as the Early Case Conference, via Zoom in this matter. Ian J. Cumings, Senior Deputy General Counsel, (Mr. Cumings) was present on behalf of the Investigative Committee (IC) and Respondent was present without counsel. As a result of the Scheduling Conference, a Scheduling Order was issued and filed June 1, 2026, setting dates for prehearing and hearing. The Prehearing Conference was scheduled for June 10, 2026, and a hearing date was set for July 15, 2026. Respondent was served a copy of the Scheduling Order by email and U.S. Certified Mail. At the time fixed for the Prehearing Conference, legal counsel for the IC, Mr. Cumings, appeared, as well as Hearing Officer Lipparelli., and Respondent. At the Prehearing Conference, counsel for the IC provided the Hearing Officer with the mandated Prehearing Conference 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

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Disclosures in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622, 622A and 233B, and the requirements of due process.

IV.

On July 15, 2026, as duly noticed and ordered, a hearing was held before the Hearing Officer to receive evidence and to hear arguments of both parties. Legal counsel for the IC, Mr. Cumings, appeared, along with Respondent, without legal counsel, and Hearing Officer Lipparelli.

The Hearing Officer received the complete record of proceedings, including the transcript of the testimony received and the exhibits admitted. The Hearing Officer issued his Findings and Recommendations, which were filed August 3, 2026, and served upon Respondent via email and U.S Certified Mail.

The matter was scheduled for final adjudication on September 18, 2026, at a regularly scheduled Board meeting. The notice of the adjudication was mailed to Respondent on August 19, 2026, via U.S. Certified Mail, with a copy sent by email. Additionally, on September 2, 2026, via Fed Ex mail, Respondent was provided with a copy of the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees and a packet of the adjudication materials to be presented at the September 18, 2026, Board meeting.

V.

Pursuant to NRS 622A.300(5)(a), the Findings and Recommendations of the Hearing Officer are hereby approved by the Board and are hereby specifically incorporated and made part of this Order by reference. A copy of the Findings and Recommendations filed August 3, 2026, in this matter are attached hereto as **Exhibit 1.**

VI.

The Board hereby finds that Count I, as 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 are more properly deemed a Conclusion of Law, it may be so construed.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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 the Medical Practice Act, as alleged in the Complaint, as follows: one (1) count of NRS 630.3065(2)(a), Knowing or Willful Failure to Comply with a Board Order. 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 and necessary attorneys' fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent as it hereby enters this Findings of Fact, Conclusions of Law, and Order finding that Respondent has violated the NMPA, which the Board has the authority to enforce.

V.

The Board has reviewed the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees, and the Board finds these costs and fees to be necessary and actually incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent. The Board further finds 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

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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.

VI.

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 pursuant to NRS 630.352, NRS 622A.410, and NRS 622.400:

1. The stay on Respondent's revocation shall be lifted immediately and Respondent's license to practice medicine is revoked. Respondent shall not reapply for a new license until June 6, 2030, in accordance with the timeline set forth in the Settlement Agreement and Order, in Case Nos. 24-53587-1, 24-53587-2, and 24-53587-3, filed June 6, 2025 (Global Settlement);

2. Pursuant to NRS 622.400, Respondent shall pay the remainder of the Board's costs and fines imposed by his Global Settlement, in the amount of seventy-six thousand eight hundred eleven dollars and seventy-six cents ($76,811.76), in addition to the costs incurred in the prosecution of this case in the amount of four thousand eight hundred eighty dollars and seventy-two cents($4,880.72), for a total amount of eighty-one thousand six hundred ninety-two dollars and forty-eight cents ($81,692.48) due if/when Respondent re-applies for licensure and must be paid in full upon submission of Respondent's re-application for licensure;

3. Respondent shall be issued a Public Letter of Reprimand; and

///

///

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

4. Respondent's discipline shall be reported to the appropriate entities, including but not limited to, the National Practitioner Databank (NPDB).

IT IS SO ORDERED.

DATED this 28th day of September, 2026.

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 Hisbay Haider Ali, M.D., Case No. 26-53587-1.

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 28th day of September, 2026.

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

EXHIBIT 1

EXHIBIT 1

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **HISBAY HAIDER ALI, M.D.,** **Respondent.**	**Case No. 26-53587-I** FILED AUG - 3 2026 NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

FINDINGS AND RECOMMENDATIONS/SYNOPSIS OF RECORD

I. INTRODUCTION

A formal hearing was held on July 15, 2026, at 9:00 a.m. via Zoom. The under-signed served as hearing officer. Ian J. Cumings, Senior Deputy General Counsel, appeared on behalf of the Investigative Committee of the Nevada State Board of Medical Examiners (the "IC"). Respondent, Hisbay Haider Ali, M.D. appeared on his own behalf and without legal counsel. Court Reporter Adriane Bell was present and transcribed the proceedings. Legal Assistant Mercedes Fuentes was also present to provide administrative and technical assistance, including admitting witnesses to the on-line hearing from the on-line waiting room and dismissing them.

The following witnesses appeared and were sworn in by the court reporter before testifying:

- Johnna LaRue, and
- Respondent Hisbay Haider Ali, M.D.

The rule of exclusion for witnesses was not invoked.

The transcript prepared by the court reporter consists of 43 pages of testimony and argument. References to the hearing transcript are made below and designated by "TR-" followed by the page number of the transcript. References are made to the exhibits submitted by IC by the designation "NSBME" followed by the page number.

The following exhibits were admitted into evidence:

- Exhibit 1—Settlement Agreement and Order, NSBME 001-012 (TR-17-18)

- Exhibit 2—Compliance letter, NSBME 013-016 (TR-17-18)
- Exhibit 3—Public Reprimand, NSBME 0017-018 (TR-17-18)
- Exhibit 4—Proof of Service of Compliance Packet, NSBME 019-021 (TR-17-18)
- Exhibit 5—Invoices Paid, NSBME 022-027 (TR-17-18)
- Exhibit 6—Compliance Payment Log, NSBME 028-029 (TR-17-18)

Dr. Ali is the Respondent and referred to during the hearing and in this Synopsis and Recommendation as Respondent or Dr. Ali.

Opening and closing statements of roughly equal length were made by counsel for the parties. The formal hearing began at 9:04 A.M. and concluded at 9:51 A.M.

II. ALLEGATIONS

A Complaint was filed against Respondent on March 3, 2026. The Complaint contains one count (Count I) alleging a violation of NRS 630.3065(2)(a) for the knowing and willful failure to comply with an order of the Board of Medical Examiners ("Board") by failing to make timely payments as required by the Board's orders in Case Nos. 24-53587-1, 24-53587-2, and 24-53587-3. The complaint alleges that because of that failure to comply with a Board order, the Respondent is subject to discipline as provided by NRS 630.352.

No Answer appears in the record.

III. WITNESSES, EVIDENCE AND THE FORMAL HEARING

The testimony of the witnesses is summarized below from the 43 pages of the transcript of the hearing. As a summary of testimony, it does not include everything stated on the record and specifically does not include all the arguments of counsel and comments of the hearing officer which are not testimony.

A. Johnna LaRue.

1. Direct Examination.

State Board of Medical Examiners Deputy Chief of Investigations, Johnna LaRue, was called by the IC. TR-13. Ms. LaRue described her duties as compliance officer including staying in contact with licensees who have settlement agreements with the Board. TR-15. Settlement agreements become orders of the Board when accepted by the Board. TR-16.

After a Board order takes effect, Ms. LaRue sends documentation of the order to the licensee along with a compliance letter. TR-16. The settlement agreement and compliance letter together are considered by the Board to be the compliance packet. The compliance packet is sent to licensees and proof of service of the compliance packet is kept by Ms. LaRue. TR-17-18. The Respondent received the compliance packet on June 24, 2025. TR-18.

Exhibit 1, the settlement agreement, contains a statement of the violations the Respondent admitted to from previous cases. TR-19-20. Pursuant to paragraphs D and E of that exhibit, Respondent was ordered to pay $62,811.76 for costs in18 payments. The first six payments were to be $1,000 each and the subsequent 11 payments would be $4,734.31 each. The first payment was due July 15, 2025. TR-21. Paragraph E sets forth the payment plan for the $20,000 fine. There were to be 11 equal payments of $1,666.66 each with the first payment due January 15, 2026. TR-21.

Exhibit 5 depicts the payments received from Dr. Ali. Ms. LaRue gets these records from the Finance Department of the Board. TR-22. These documents show that five payments of $1,000 were made for August, September, October, November, and December. TR-22.

Exhibit 6 is an Excel tracking sheet Ms. LaRue prepared showing the licensee involved, the total cost, the amount due, the fines due and the date and amount of payments received. TR-22. The tracking sheet shows Ms. LaRue wrote "7/24/25" on NSBME 027 which corresponds to the $1,000 payment noted on NSBME 028 as received on 7/24/2025. TR-23-24. Then $5,000 is noted as received on August 21, 2025. That amount goes with payments for five months. TR-24. The remaining balance is for the costs imposed is $56,811.76. The remaining balance for the fine is $20,000 and no payments have been made on the fine. TR-24.

Ms. LaRue had phone conversations and emails with Dr. Ali about the payment of costs and fines. TR-24-25. During those communications Dr. Ali told Ms. LaRue he could not afford to pay any more at the time. He was hoping for some kind of arrangement to make payments, but Ms. LaRue said she was not the person with whom he could discuss that. TR-25. Ms. LaRue said that discussion would have to be with the finance manager. Ms. LaRue said Dr. Ali was aware he needed to make the payments. TR-25.

2. Cross-Examination.

There was no cross-examination of Ms. LaRue. TR-25-26.

B. Hisbay Haider Ali.

1. Direct Statement.

Dr. Ali was called as a witness by the IC, but was allowed to testify for himself in a narrative fashion. TR-28. Dr. Ali explained he is aware of the settlement agreement and financial obligations. He borrowed money to make the initial payments with the hope that he would be working by December. TR-29.

To work in his field, he needs a controlled substance license and a DEA license. His plan was to be reinstated and go back to the clinic where he had worked before. But, the clinic owner hired another provider and Dr. Ali felt he was misled. TR-30. His understanding of his ability to return to the clinic influenced his decision to sign the settlement agreement. TR-30.

Without any earnings, Dr. Ali used his retirement funds which are now depleted. He borrowed money from his family and is selling his house to make ends meet. TR-30. He does not have the money to pay. If he could get his license back, get his controlled substance license back and get a DEA license, he could get a job and start making payments. TR-32.

2. Cross-Examination.

Dr. Ali does not question the existence of the order. TR-31. He also does not contest that he has made no payments after 8/21/2025.

3. Hearing Officer Questions.

The hearing officer asked the difference between the controlled substance license and the DEA approval. Dr. Ali explained that the first requirement is a controlled substance license from the State of Nevada. He hoped to have that license in December, but his appointment was changed to March. TR-32. He made over 45 applications for telemedicine jobs throughout the country and had 15 or 20 interviews. But all the employers were waiting for him to have his controlled substance license. TR-32.

Dr. Ali told Ms. LaRue by email and phone that as soon as he started working, he would catch up on his payments. But, his medical license was suspended just before the controlled

substance licensing hearing. TR-33. He was granted a controlled substance license, but it was suspended when his medical license was suspended. TR-33. Dr. Ali has another hearing with the Board of Pharmacy for October, but without a medical license, he will not be given the controlled substance license. TR-33.

Dr. Ali explained that he told the Board of Pharmacy that he had an active medical license when he appeared for the controlled substance license in March and that he did not know that the package he received from the Board just the day before included another suspension of his license. That is why the Board of Pharmacy set another hearing in October.

Dr. Ali has complied with all the non-monetary requirements of the settlement agreement including drug and alcohol counseling, complying with the PHP program, using Soberlink device, and completing his probation for the DUI case. TR-35-36.

Dr. Ali surrendered his DEA license in October of 2024 after his medical license was suspended. If he can get his controlled substance license restored, he can apply to the DEA for a license. TR-36.

C. Closing Arguments.

The parties gave closing arguments. TR-38-41.

IV. LEGAL STANDARDS FOR HEARINGS AND EVIDENCE

A. The Rules of Evidence in Administrative Agency Discipline Cases.

This case is an administrative proceeding under NRS Chapter 233B and the usual evidentiary standards are relaxed. NRS 630.346 provides that in any disciplinary hearing, a hearing officer is "not bound by formal rules of evidence, except that evidence must be taken and considered in the hearing pursuant to NRS 233B.123, and a witness must not be barred from testifying solely because the witness was or is incompetent."

NRS 233B.123, in turn, provides:

> 1. Irrelevant, immaterial or unduly repetitious evidence must be excluded. Evidence may be admitted, except where precluded by statute, if it is of a type commonly relied upon by reasonable and prudent persons in the conduct of their affairs. Agencies shall give effect to the rules of privilege recognized by law. Objections to evidentiary offers may be made and must be noted in the record.

Subject to the requirements of this subsection, when a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.

2. Documentary evidence may be received in the form of authenticated copies or excerpts. Upon request, parties must be given an opportunity to compare the copy with the original.

3. Every witness shall declare, by oath or affirmation, that he or she will testify truthfully.

4. Each party may call and examine witnesses, introduce exhibits, cross-examine opposing witnesses on any matter relevant to the issues even though the matter was not covered in the direct examination, impeach any witness, regardless of which party first called the witness to testify, and rebut the evidence against him or her.

5. Notice may be taken of judicially cognizable facts and of generally recognized technical or scientific facts within the specialized knowledge of the agency. Parties must be notified either before or during the hearing, or by reference in preliminary reports or otherwise, of the material noticed, including any staff memoranda or data, and they must be afforded an opportunity to contest the material so noticed. The experience, technical competence and specialized knowledge of the agency may be utilized in the evaluation of the evidence.

B. The Burden of Proof.

The allegations of the Complaint must be proven by a preponderance of evidence. NRS 630.346. The standard is met if the greater weight of the evidence makes the existence of a fact more probable than its nonexistence. NRS 233B.0375.

V. FINDINGS

The witnesses appeared to be genuine and gave credible testimony. The hearing officer finds the education, training and work experience of Ms. LaRue and Dr. Ali qualifies them to provide helpful testimony about the facts and exhibits.

The Respondent and the Board entered into a settlement agreement to resolve a number of violations of the Medical Practice Act from three prior cases (Case Nos. 24-53587-1, 24-53587-2, and 24-53587-3). Exhibit 1. The Complaint in the present case is centered on the Respondent's obligation to make periodic payments to the Board for the costs and fines imposed as part of the settlement of the prior cases. Respondent had non-monetary obligations under the settlement agreement. The Complaint makes no allegations about those non-monetary obligations.

Under the settlement agreement the Respondent was to pay $62,811.76 in costs. The first payment of $1,000 was due on or before July 15, 2025. There were to be six such $1,000 payments

every month including December of 2025. The first of 12 payments of $4,734.31 per month were scheduled to begin on January 15, 2026. Those larger payments were to continue until December 15, 2026, when the total amount would be paid. Thus, the financial obligations were weighted more heavily on the last 12 months of the 18-month payment schedule.

The evidence is that Respondent paid a total of $6,000 between June and August of 2025. The evidence is he has made no further payments since August 21, 2025.

Under the settlement agreement the Respondent was to pay $20,000 in fines in 11 equal payments of $1,666.66. The payments were scheduled to begin on January 15, 2026. None of the fine payments have been made.

The Respondent acknowledges the settlement agreement and understands his obligations. He does not dispute that he has failed to make timely payments since August 21, 2025. Dr. Ali explained his inability to work as a physician due to his suspended medical license, and the lack of a controlled substance license and DEA license. He further described his financial situation and his current inability to make further payments. He does not dispute the obligation or the amounts due. He says he does not have the means to pay.

Paragraph 8 of the settlement agreement provides that if the Board accepts, approves and adopts the settlement agreement, the Board will issue a final order making the settlement agreement an order of the Board. The Settlement Agreement establishes that the Board accepted and approved the settlement agreement. NSBME 012. Thus, the settlement agreement is an order of the Board.

Paragraph 13 of the settlement agreement describes the consequences of failing to comply with the terms of the settlement. It provides "failure to pay any fines, costs, expenses or fees owed to the Board pursuant to this Agreement will result in immediate suspension pending resolution of any payment delinquency, 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 the next regularly scheduled board meeting to request a modification to the payments ordered in this Agreement." Both Ms. LaRue and Dr. Ali testified that they had telephone and email communications concerning the payments due. There is no evidence that Respondent's emails constituted a writing indicating the inability to comply with the terms of the settlement and a

request to appear before the Board to request a modification of the payments ordered. Ms. LaRue testified that she informed Dr. Ali he needed to contact the finance manager. There is no evidence that he did.

The allegations of County I have been proven by a preponderance of the evidence.

VI. RECOMMENDATION

A hearing officer appointed by the Board is responsible for submitting written findings and recommendations to the Board. NRS 622A.380(1)(l).

It is the recommendation of the undersigned hearing officer that a preponderance of the evidence establishes that, as alleged in the Complaint and as further described in the Findings, above, the Board should find Respondent, Dr. Hisbay Haider Ali, did knowingly and willfully fail to comply with an order of the Board to pay amounts due for costs and fees in settlement of Case Nos. 24-53587-1, 24-53587-2, and 24-53587-3 as alleged in Count I.

DATED this 3rd day of August, 2026.

Hearing Officer

Paul A. Lipparelli
Tel: 775-771-6927
Email: paul.lipparelli@gmail.com

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HISBAY HAIDER ALI, MD,** **Certificate of Registration No. CS31898,** **Respondent.**	**Case No. 24-444-CS-S** **MEMORANDUM OF ATTORNEY'S FEES AND COSTS**

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigative Time – Monica Segedy				
Date(s)	Description	Hours	Rate	Amount
See attached	See attached	12.50	$53.00/hr	$662.50
Subtotal (Investigation): $662.50				
Attorney Time - Brett Kandt				
Date(s)	Description	Hours	Rate	Amount
3/25/26	Confer with staff and review investigative case file in case 24-444-CS-S; draft Notice of Intended Action and Accusation.	5.50	$104.00/hr	$572.00
6/8/26	Confer w/ client and respondent.	0.50	$104.00/hr	$52.00
7/2/26	Confer w/ client re: service of hearing notice.	0.50	$104.00/hr	$52.00
7/21/26	Confer w/ NSBME re: medical license status	0.50	$104.00/hr	$52.00

5H - exhibit 6

9/8/26	Confer w/ client and respondent re: hearing	0.50	$104.00/hr	$52.00
9/18/26	Confer w/ NSBME re: medical license status	0.50	$104.00/hr	$52.00
9/22/26	Confer w/ client and respondent re: hearing and prepare for hearing	1.50	$104.00/hr	$156.00
9/23/26	Prepare Exhibits and Memo of Atty Fees & Costs for hearing.	2.50	$104.00/hr	$260.00
10/14/26	Hearing in case 24-444-CS-S; finalize order.	1.00	$104.00/hr	$104.00
Subtotal (Attorney Time): $1,352.00				
Administrative Costs				
Date(s)	Description	Hours	Rate	Amount
6/15/26	Erin Miller finalized, filed and served Notice of Intended Action and Accusation.	0.50	$25.00/hr	$12.50
6/21/26	Erin Miller re-served Accusation.	0.50	$25.00/hr	$12.50
6/22/26	Jessette Phaynarikone served Notice of Hearing for July 15, 2026.	0.50	$25.00/hr	$12.50
8/15/26	Jessette Phaynarikone served Notice of Hearing for October 14, 2026.	0.50	$25.00/hr	$12.50
Subtotal (Administrative Costs): $50.00				
Additional Recoverable Costs: Postage/Mailing Costs: $52.86				
Total Attorney's Fees and Recoverable Costs: $2,117.36				

I, Brett Kandt, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of reasonable attorney's fees and recoverable costs incurred by the Board in the above-entitled action.

DATED this 14th day of October 2026.



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

5K

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMERICAN WELLNESS PHARMACY, Pharmacy License No. PH02705, and** **JAMES MICHAEL BARBER, RPH, Certificate of Registration No. 24357,** **Respondents.**	**CASE NOS. 25-464-PH-S** **25-464-RPH-S** **STIPULATION AND ORDER [RESPONDENT AMERICAN WELLNESS PHARMACY ONLY]**

J. David Wuest, in his capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent American Wellness Pharmacy and its owners, Pharmacy License No. PH02705, by and through counsel, Colleen N. Savage, Esq., and Anthony P. Sgro, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 31, 2026, Respondent American Wellness Pharmacy 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 September 18, 2026, Respondents 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 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 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 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. By compounding drug products to patients in Nevada that were essentially copies of commercially available drug products, Respondent and/or Respondent's personnel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 353a(b)(1)(D) and Section 3 of LCB File No. R053-24, and Respondent is therefore subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1), NRS 639.230(5), NAC 639.702, and/or NAC 639.945(3).

B. By filling and dispensing dangerous drug prescriptions with a stamped signature from the practitioner, Respondent and/or Respondent's personnel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.223(2)(a), NRS 639.2353(2)(a) and/or NAC 454.060, and Respondent is therefore subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1), NRS 639.230(5), NAC 639.702, and/or NAC 639.945(3).

C. By compounding sterile and non-sterile drug products out of compliance with USP-800, Respondent and/or Respondent's personnel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.661 -.690, *inclusive*, as amended by LCB File No. R053-24, and related federal law, 21 U.S.C. § 353a, and Respondent is therefore

subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1), NRS 639.230(5), NAC 639.702, and/or NAC 639.945(3).

D. By their acts Respondent and/or Respondent's personnel engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and Respondent is therefore subject to discipline pursuant to NRS 639.210(4), NRS 639.220(1), NRS 639.230(5), NAC 639.702, and/or NAC 639.945(3).

E. As the pharmacy/pharmacy owner at the time of the errors, omissions and violations, Respondent American Wellness Pharmacy and/or Respondent's owners are responsible pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3) and subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

7. Those violations are pled 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 American Wellness Pharmacy, stipulate to the following penalties. Respondent American Wellness Pharmacy, Pharmacy License No. PH02705, is placed on probation pursuant to NRS 639.255(1)(b) for a period of two (2) years subject to the following conditions:

A. The Amended Cease-and-Desist Order issued April 14, 2026, shall be immediately lifted contingent upon American Wellness Pharmacy installing a permanent hand-washing sink in compliance with Section 5.3.2 of chapter 800 of the *United States Pharmacopeia - National Formulary* (USP-800) within thirty (30) days of the effective date of this Order, which shall be subject to verification by Board staff – upon notice Board staff shall make reasonable efforts to verify compliance with this paragraph at the earliest possible time;

B. American Wellness Pharmacy shall dispense patient-specific compounded medications in compliance with Section 503A of the Federal Food, Drug, and Cosmetic Act and its implementing regulations, and in conformance with all applicable federal law and Nevada law;

C. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), American Wellness Pharmacy shall pay a fine of Eight Thousand Dollars ($8,000.00) 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 4, 2026;

D. Pursuant to NRS 622.400, American Wellness Pharmacy shall pay Four Thousand Two Hundred Thirty-Four Dollars and Sixteen Cents ($4,234.16) to partially reimburse the Board for recoverable 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 4, 2026;

E. American Wellness Pharmacy shall undergo an inspection by the National Association of Boards of Pharmacy (NABP) Verified Pharmacy Program (VPP) within 120 days of the effective date of this Order, with all findings provided Board staff, and shall provide a response to NABP with a copy to Board staff;

F. American Wellness Pharmacy shall undergo a second NABP VPP inspection within 12 months of the first inspection, with all findings provided Board staff, and shall provide a response to NABP with a copy to Board staff; and

G. From the effective date of this Stipulation and Order and continuing through the probation period, American Wellness Pharmacy shall comply with all federal and state statutes and regulations regarding controlled substances, dangerous drugs, and the practice of pharmacy. During that period, American Wellness Pharmacy shall have no additional administrative charges filed by the Board, and shall have no action taken that would be reportable pursuant to NAC 639.229. The Board's enforcement of this condition is limited to conduct occurring on or after the date of execution; consistent with Paragraph 13 of this Stipulation.

Upon successful completion of probation, Respondent's Pharmacy License No. PH02705 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 impose additional discipline upon Respondent not inconsistent 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 October 14, 2026. Respondent 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 will 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, including its owners, agree to release one another from any and all claims, whether known or unknown and whether or not alleged in the Accusation, arising from any conduct occurring 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 have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2026

_____
AMERICAN WELLNESS PHARMACY
Pharmacy License No. PH02705

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2026

_____
COLLEEN N. SAVAGE, ESQ.
ANTHONY P. SGRO
Counsel for Respondents

Signed this ___ day of _____ 2026

_____
BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent American Wellness Pharmacy, Pharmacy License No. PH02705, in Case No. 25-464-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 October 2026.

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

5P

FILED
SEP 2 5 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **STRIVE PHARMACY,** **License No. PH04562,** **Respondent.**	**Case No. 24-482-PH-C-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, files the following document that will serve as both a first amended 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 and this respondent because, at the time of the events alleged herein, Respondent Strive Pharmacy ("Strive") held a license issued by the Board to operate a pharmacy, License No. PH04562.

FACTUAL ALLEGATIONS

2. Since February 8, 2024, Strive, an out-of-state compounding pharmacy located at 1275 E. Baseline Road #104, in Gilbert, Arizona, has held a pharmacy license in Nevada issued by the Board.

3. Since on or about March 2022, Magnus Medical Health and Wellness ("Magnus") was a clinic located 8540 S. Eastern Avenue, Suite 160, in Las Vegas, Nevada. On or about September 2024, Magnus was renamed Young4Life (hereinafter "Magnus/Young4life")

5P

4. During the timeframe of its operation, Magnus/Young4Life employed at least three practitioners who transmitted prescriptions for patients to Strive.

5. A Board investigation found that, during the relevant timeframe, forty-nine (49) controlled substance prescriptions for eight (8) different patients were sent to Magnus/Young4Life's business address and fifteen (15) controlled substance prescriptions for five (5) unique patients were sent to the same residential address. Strive's internal investigation confirmed that multiple prescriptions for unique Magnus/Young4Life patients were sent to the same address.

6. Furthermore, a Board investigation found that between February 2024 and November 2024, some electronic prescriptions Strive received were not compliant with Electronic Prescribing of Controlled Substances ("EPCS") standards. Following discovery of the compliance issues, Strive confirmed the findings through an internal investigation and took action to implement stronger two-factor authentication procedures.

7. Because of these compliance issues, from February 2024 and November 2024, at least three prescribers for Magnus/Young4Life did not have two-factor authentication enabled and were not EPCS compliant.

APPLICABLE LAW

8. The Drug Enforcement Administration outlines the requirements for electronic orders and prescriptions through 21 CFR Part 1311 Subpart C. Among other things, the system must require practitioners to use two-factor authentication when electronically submitting a prescriptions. 21 CFR § 1311.115; § 1311.120; § 1311.145. The pharmacy is responsible for ensuring that the pharmacy application imports, stores, and displays the indication or signing and verifies the practitioner's electronic signature. 21 CFR § 1311.200(a).

9. A pharmacist shall not fill a prescription if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a physician, physician assistant, dentist, advanced practice registered nurse, certified registered nurse anesthetist, podiatric physician, pharmacist registered pursuant to NRS 639.28079 or veterinarian. NRS 453.381(4). Compounded drugs must be dispensed pursuant to a valid prescription or chart order. NAC 639.757(1)(c).

10. 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).

11. Any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in its employ. NAC 639.945(3).

12. The Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. 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 639.210(11).

COUNT ONE

Unprofessional Conduct – Negligently Processing Non-Compliant Prescriptions

14. As alleged above, Strive filled at least sixty-four (64) prescriptions transmitted from prescribers at Magnus and/or Young4Life, located at 8540 S. Eastern Avenue, Suite 160, in Las Vegas, Nevada, that were delivered to just two addresses.

15. The prescriptions were written by three different prescribers.

16. Once filled, 49 prescriptions for 8 patients were shipped by Strive to Magnus/Young4Life's address in Las Vegas.

17. Once filled, 15 prescriptions for 5 patients were shipped by Strive to the same residential street address in Las Vegas.

18. The patients for whom the prescriptions were written did not reside at the addresses.

19. Based upon the conflicting information in the prescriptions and the large number of prescriptions received from a single source, as well as corroboration by an internal investigation, Strive knew or should have known that the patients listed on the prescription did not reside at the addresses.

20. Considered in totality, the above prescriptions contained sufficient information to put Strive on notice that they were invalid, issued in violation of NAC 639.757, and/or not issued in the ordinary course for a legitimate medical purpose.

21. Strive had a duty to exercise reasonable care to ensure that the above prescriptions were issued in compliance with applicable state and federal laws and not outside the ordinary course of the professional practice of the prescriber. NRS 453.381(4).

22. Strive performed that duty in a negligent manner, thus engaging in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

\\\

\\\\

\\\

\\\

COUNT TWO

Violation of Federal Regulation Relating to Prescription Drugs/Non-compliance with ECPS

23. As alleged above, Strive did not have two-factor authentication in place for prescriber registrations and filled prescriptions that did not meet EPCS standards.

24. In filling prescriptions that did not comply with and were not submitted according to EPCS standards, Strive violated federal law. *See* 21 CFR § 1311.115; § 1311.120; § 1311.145; and 21 CFR § 1311.200(a).

25. By violating federal law, Strive is subject to discipline pursuant to NRS 639.210(11).

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

DATED this 25th day of SEPTEMBER 2026.

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.** **STRIVE PHARMACY,** **License No. PH04562,** **Respondent.**	**Case No. 24-482-PH-C-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, October 14, 2026, 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, Laura Tucker 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 2nd day of SEPTEMBER 2026.

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.** **STRIVE PHARMACY,** **License No. PH04562,** **Respondent.**	**Case No. 24-482-PH-C-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 _____ 2026.

AUTHORIZED REPRESENTATIVE FOR STRIVE PHARMACY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of September 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Strive Pharmacy
c/o Luis J. Lanz, Esq.
One Renaissance Square
Two North Central Ave Suite 600
Phoenix, AZ 85004

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **STRIVE PHARMACY,** **License No. PH04562,** **Respondent.**	**Case No. 24-482-PH-C-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 Laura M. Tucker, Esq., and Respondent Strive Pharmacy. (Respondent), License No. PH04562, by and through counsel, Luis J. Lanz, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 2, 2026, Respondent was served with the Notice of Intended Action and Accusation on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about September 18, 2026, the Board's General Counsel and Respondent's Counsel agreed to a stay of the deadline for Respondent to file an Answer and Notice of Defense to the Accusation.

3. On or about September 25, 2026, Respondent was served with the First Amended Accusation (Accusation) on file in this matter.

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

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby 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 the Nevada Administrative Procedure Act, Administrative Procedure Before Certain Regulatory Bodies, and the Nevada Pharmacy Act.

7. 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*:

A. During the relevant timeframe, Respondent processed certain non-compliant prescriptions from Magnus Medical Health and Wellness (Magnus), a clinic located in Las Vegas, in violation of NAC 639.757 and NRS 453.381(4), thus engaging in unprofessional conduct for which the Board may impose administrative discipline pursuant to NRS 639.210(4) and NAC 639.945(1)(i).

B. Respondent filled certain prescriptions that did not meet Electronic Prescribing of Controlled Substances (EPCS) standards, to which Respondent is subject to discipline pursuant to NRS 639.210(11).

8. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

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

A. Respondent shall pay a fine of **Six Thousand Dollars ($6,000)** for the alleged violations, payable by *cashier's check* or *check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Respondent shall pay **One Thousand Five Hundred Dollars ($1,500)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing 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.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 14, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

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

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation

on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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

AGREED:

Signed this ___ day of _____, 2026

MATT GUZMAN
Vice President of Compliance
STRIVE PHARMACY,
License No. PH04562

Signed this ___ day of _____, 2026

LAURA M. TUCKER, ESQ.
Senior General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____, 2026

LUIS J. LANZ, ESQ.
Attorney for Strive Pharmacy

DECISION AND ORDER

As to Strive Pharmacy, in Case No. 24-482-PH-C, 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 October 2026.

Helen Park, President
Nevada State Board of Pharmacy

5R

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MIKAYLA STRIEF, APRN** **Certificate of Registration No. CS37751,** **JUSTIN SPANGLER, PA** **Certificate of Registration No. CS28770,** **DANIEL INGLISH, DO** **Certificate of Registration No. CS22888,** **MARY MILLER-WILSON, APRN** **Certificate of Registration No. CS33703,** **MARK BERNARDI, MD** **Certificate of Registration No. CS29595, and** **TIANA HUBBARD, APRN** **Certificate of Registration No. CS25791,** **Respondents.**	**Case No. 24-482-CS-A-S** **24-482-CS-B-S** **24-482-CS-C-S** **24-482-CS-D-S** **24-482-CS-E-S** **24-482-CS-F-S** **STIPULATION AND ORDER** **(JUSTIN SPANGLER, PA ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Senior General Counsel Laura M. Tucker, Esq., and Respondent Justin Spangler, PA (Respondent), Certificate of Registration No. CS28770, by and through counsel, Maria Nutile, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about August 28, 2026, 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 September 14, 2026, the Board's General Counsel and Respondent's Counsel agreed to a stay of the deadline for Respondent to file 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 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 by the Nevada Administrative Procedure Act, Administrative Procedure Before Certain Regulatory Bodies, and the Nevada Pharmacy Act.

6. In the interest of compromise, the parties agree that Counts One, Two, Three, Four, and Five of the Accusation shall be dismissed with prejudice upon the Board's acceptance of this Stipulation and Order. Respondent does not contest the allegations in Count Six of the Accusation, and 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. During the relevant timeframe, Respondent worked as a practitioner at the wellness clinic D.C.L., LLC, dba Magnus Medical Health and Wellness (Magnus), located at 8540 S. Eastern Avenue, Suite 160, in Las Vegas, Nevada.

B. During the course of Respondent's employment, the Board found that, at least one individual, David Lindberg, who is not a licensed prescriber with the DEA or the Board, regularly used Respondent's credentials to issue prescriptions.

C. According to the Board's records, Respondent did not access the PMP database to review his own prescribing activity (MyRx report) from September 2019 to July 18, 2025, as required by NRS 453.164(7). Respondent has only run one patient PMP query, as required by NRS 639.23507, in October 2019.

D. By failing to query the PMP database to review his patients' utilization reports prior to issuing a prescription for a controlled substance, and by failing to review his own prescriber activity on a semi-annual basis, Respondent violated NRS 453.164(7) and NRS 639.23507.

E. Furthermore, by failing to query the PMP database to review his patients' utilization report prior to issuing a prescription for a controlled substance, and by failing to review his own prescriber activity on a semi-annual basis, Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner.

F. As alleged above, Respondent's conduct constitutes unprofessional conduct for which the Board may impose administrative discipline. NRS 639.210(4); NAC 639.945(1)(i).

7. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

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

A. Respondent agrees to participate in training with Board staff on use of the PMP system within sixty (60) days of the effective date of this Order;

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

C. Respondent shall pay **Five Hundred Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985

Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

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 October 14, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent 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 freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1st day of October, 2026

Justin Spangler (Oct 1, 2026 13:55:23 PDT)

JUSTIN SPANGLER, PA
Certificate of Registration No. CS28770

Signed this ___ day of _____, 2026

LAURA M. TUCKER
Senior General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 1st day of October **, 2026**

Maria Nutile

MARIA NUTILE, ESQ.
Attorney for Respondent Justin Spangler, PA

DECISION AND ORDER

As to Justin Spangler, PA, in Case No. 24-482-CS-B-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 October 2026.

Helen Park, President
Nevada State Board of Pharmacy

24-482-CS-B-S - Spangler, Justin - Stip

Final Audit Report 2026-10-01

Created:	2026-10-01
By:	Maria Nutile (maria@nutilelaw.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAANfdGilyAlj-Jmji0WxiC25MUI58LQ0VN

"24-482-CS-B-S - Spangler, Justin - Stip" History

Document created by Maria Nutile (maria@nutilelaw.com)
2026-10-01 - 7:40:08 PM GMT

Document emailed to Justin Spangler [redacted] for signature
2026-10-01 - 7:41:14 PM GMT

Email viewed by Justin Spangler [redacted]
2026-10-01 - 8:54:33 PM GMT

Document e-signed by Justin Spangler [redacted]
Signature Date: 2026-10-01 - 8:55:23 PM GMT - Time Source: server - Signature Appearance Selected: MOBILE_DRAW

Document emailed to Maria Nutile (maria@nutilelaw.com) for signature
2026-10-01 - 8:55:24 PM GMT

Email viewed by Maria Nutile (maria@nutilelaw.com)
2026-10-01 - 9:25:46 PM GMT

Document e-signed by Maria Nutile (maria@nutilelaw.com)
Signature Date: 2026-10-01 - 9:26:03 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE

Agreement completed.
2026-10-01 - 9:26:03 PM GMT

Adobe Acrobat Sign

5S

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MIKAYLA STRIEF, APRN** **Certificate of Registration No. CS37751,** **JUSTIN SPANGLER, PA** **Certificate of Registration No. CS28770,** **DANIEL INGLISH, DO** **Certificate of Registration No. CS22888,** **MARY MILLER-WILSON, APRN** **Certificate of Registration No. CS33703,** **MARK BERNARDI, MD** **Certificate of Registration No. CS29595, and** **TIANA HUBBARD, APRN** **Certificate of Registration No. CS25791,** **Respondents.**	**Case No. 24-482-CS-A-S** **24-482-CS-B-S** **24-482-CS-C-S** **24-482-CS-D-S** **24-482-CS-E-S** **24-482-CS-F-S** **STIPULATION AND ORDER** **(DANIEL INGLISH, DO ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Senior General Counsel Laura M. Tucker, Esq., and Respondent Daniel Inglish, DO (Respondent), Certificate of Registration No. CS22888, by and through counsel, Maria Nutile, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 14, 2026, 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 September 14, 2026, the Board's General Counsel and Respondent's Counsel agreed to a stay of the deadline for Respondent to file 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 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 by the Nevada Administrative Procedure Act, Administrative Procedure Before Certain Regulatory Bodies, and the Nevada Pharmacy Act.

6. In the interest of compromise, the parties agree that Counts One, Two, Three, Four, and Five of the Accusation shall be dismissed with prejudice upon the Board's acceptance of this Stipulation and Order. Respondent does not contest the allegations in Count Six of the Accusation, and 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. During the relevant timeframe,. Respondent worked as a practitioner at the wellness clinic D.C.L., LLC, dba Magnus Medical Health and Wellness (Magnus), located at 8540 S. Eastern Avenue, Suite 160, in Las Vegas, Nevada.

B. During the course of Respondent's employment, the Board found that, at least one individual, David Lindberg, who is not a licensed prescriber with the DEA or the Board, regularly used Respondent's credentials to issue prescriptions.

C. According to the Board's records, Respondent did not access the PMP database to review his own prescribing activity (MyRx report) two times, in April 2025 and August 2025. He did not check it every six months as required by NRS 453.164(7). Respondent has not run any patient PMP queries, as required by NRS 639.23507, since June 2022.

D. By failing to query the PMP database to review his patients' utilization reports prior to issuing a prescription for a controlled substance, and by failing to review his own prescriber activity on a semi-annual basis, Respondent violated NRS 453.164(7) and NRS 639.23507.

E. Furthermore, by failing to query the PMP database to review his patients' utilization report prior to issuing a prescription for a controlled substance, and by failing to review his own prescriber activity on a semi-annual basis, Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner.

F. As alleged above, Respondent's conduct constitutes unprofessional conduct for which the Board may impose administrative discipline. NRS 639.210(4); NAC 639.945(1)(i).

7. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

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

A. Respondent agrees to participate in training with Board staff on use of the PMP system within sixty (60) days of the effective date of this Order;

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

C. Respondent shall pay **Five Hundred Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985

Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

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 October 14, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent 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 freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 1st day of October, 2026

Daniel Inglish (Oct 1, 2026 13:05:01 PDT)

DANIEL INGLISH, DO
Certificate of Registration No. CS22888

Signed this ___ day of _____, 2026

LAURA M. TUCKER
Senior General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
This 1st day of October, 2026

Maria Nutile

MARIA NUTILE, ESQ.
Attorney for Respondent Daniel Inglish, DO

DECISION AND ORDER

As to Daniel Inglish, DO, in Case No. 24-482-CS-C-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 October 2026.

Helen Park, President
Nevada State Board of Pharmacy

24-482-CS-C-S - Inglish, Daniel - Stip

Final Audit Report 2026-10-01

Created:	2026-10-01
By:	Maria Nutile (maria@nutilelaw.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAC6WcGxP90lH62SqXel-CltukKJFLekwN

"24-482-CS-C-S - Inglish, Daniel - Stip" History

Document created by Maria Nutile (maria@nutilelaw.com)
2026-10-01 - 7:14:47 PM GMT

Document emailed to [redacted] for signature
2026-10-01 - 7:17:28 PM GMT

Email viewed by [redacted]
2026-10-01 - 8:04:23 PM GMT

Signer [redacted] entered name at signing as Daniel Inglish
2026-10-01 - 8:04:59 PM GMT

Document e-signed by Daniel Inglish ([redacted])
Signature Date: 2026-10-01 - 8:05:01 PM GMT - Time Source: server - Signature Appearance Selected: MOBILE_DRAW

Document emailed to Maria Nutile (maria@nutilelaw.com) for signature
2026-10-01 - 8:05:03 PM GMT

Email viewed by Maria Nutile (maria@nutilelaw.com)
2026-10-01 - 8:11:39 PM GMT

Document e-signed by Maria Nutile (maria@nutilelaw.com)
Signature Date: 2026-10-01 - 8:12:09 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE

Agreement completed.
2026-10-01 - 8:12:09 PM GMT

Adobe Acrobat Sign

5T

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MIKAYLA STRIEF, APRN** **Certificate of Registration No. CS37751,** **JUSTIN SPANGLER, PA** **Certificate of Registration No. CS28770,** **DANIEL INGLISH, DO** **Certificate of Registration No. CS22888,** **MARY MILLER-WILSON, APRN** **Certificate of Registration No. CS33703,** **MARK BERNARDI, MD** **Certificate of Registration No. CS29595, and** **TIANA HUBBARD, APRN** **Certificate of Registration No. CS25791,** **Respondents.**	**Case No. 24-482-CS-A-S** **24-482-CS-B-S** **24-482-CS-C-S** **24-482-CS-D-S** **24-482-CS-E-S** **24-482-CS-F-S** **STIPULATION AND ORDER (MARY MILLER-WILSON, APRN ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Senior General Counsel Laura M. Tucker, Esq., and Respondent Mary Miller-Wilson, APRN (Respondent), Certificate of Registration No. CS33703, by and through counsel, Adam R. Fulton, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 3, 2026, 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 September 28, 2026, the Board's General Counsel and Respondent's Counsel agreed to a stay of the deadline for Respondent to file 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 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 by the Nevada Administrative Procedure Act, Administrative Procedure Before Certain Regulatory Bodies, and the Nevada Pharmacy Act.

6. In the interest of compromise, the parties agree that Counts One, Two, Three, Four, and Five of the Accusation shall be dismissed with prejudice upon the Board's acceptance of this Stipulation and Order. Respondent does not contest the allegations in Count Six of the Accusation, and 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. During the relevant timeframe, Respondent worked as a practitioner at the wellness clinic D.C.L., LLC, dba Magnus Medical Health and Wellness (Magnus), located at 8540 S. Eastern Avenue, Suite 160, in Las Vegas, Nevada.

B. During the course of Respondent's employment, the Board found that, at least one individual, David Lindberg, who is not a licensed prescriber with the DEA or the Board, regularly used Respondent's credentials to issue prescriptions.

C. According to the Board's records, Respondent accessed the PMP database as required by NRS 453.164(7) to review her own prescribing activity (MyRx report) only one time

since activating it, in October 2024. Respondent has never run a patient utilization report, as required by NRS 639.23507.

D. By failing to query the PMP database to review her patients' utilization reports prior to issuing a prescription for a controlled substance, and by failing to review her own prescriber activity on a semi-annual basis, Respondent violated NRS 453.164(7) and NRS 639.23507.

E. Furthermore, by failing to query the PMP database to review her patients' utilization report prior to issuing a prescription for a controlled substance, and by failing to review her own prescriber activity on a semi-annual basis, Respondent performed her duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner.

F. As alleged above, Respondent's conduct constitutes unprofessional conduct for which the Board may impose administrative discipline. NRS 639.210(4); NAC 639.945(1)(i).

7. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

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

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

B. Respondent shall pay **Five Hundred Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985

Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

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 October 14, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent 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 freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____, 2026

MARY MILLER-WILSON, APRN
Certificate of Registration No. CS33703

Signed this ___ day of _____, 2026

LAURA M. TUCKER
Senior General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____, 2026

ADAM R. FULTON, ESQ.
Attorney for Respondent

DECISION AND ORDER

As to Mary Miller-Wilson, APRN, in Case No. 24-482-CS-D-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 October 2026.

Helen Park, President
Nevada State Board of Pharmacy

5V

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TIANA HUBBARD, APRN,** **Certificate of Registration No. CS25791,** **Respondent.**	**Case No. 24-482-CS-F-S** **DECLARATION OF JESSETTE PHAYNARIKONE**

I, Jessette Phaynarikone, hereby state the following:

1. I am the Board Coordinator I and Administrative Assistant to the Nevada State Board of Pharmacy ("Board"). Pursuant to NRS 53.045, I have made this declaration at the request of Laura M. Tucker, Senior General Counsel, for use in the above-entitled administrative action.

2. In my capacity as the Board Coordinator I and Administrative Assistant to the Board, I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Board. I am knowledgeable about the Board's business processes and information systems as they pertain to filing, mailing, document management, and records retention.

3. I have examined Exhibits 1 through 4 attached hereto, and I make this declaration for the purpose of authenticating these exhibits, which are identified and discussed below.

4. On August 28, 2026, I served upon Respondent the Notice of Intended Action and Accusation and Statement to the Respondent and Notice of Hearing ("Notice of Hearing") on file herein. I served the Notice of Hearing upon Respondent by mailing true and correct copies via Certified U.S. Mail, with postage prepaid, addressed to Respondent at her one (1) address of record with the Board, in conformance with NAC 639.972. A true and correct copy of Certificate of Service filed with the Notice of Hearing and the mailing information with associated tracking numbers is attached hereto as **Exhibit 1.** The corresponding U.S. Postal Service ("USPS") tracking information is attached hereto as **Exhibit 2.**

SV - ex A

5. On September 15, 2026, I, or another member of the Board Coordination team, mailed a letter to Respondent confirming the time, date, and location of the hearing in the above-entitled action, a true and correct copy of which is attached hereto as **Exhibit 3** (the "21-Day Letter"). The 21-Day Letter was mailed via Certified U.S. Mail, with postage prepaid, addressed to Respondent at her last-known addresses on file with the Board, in conformance with NRS 241.0333. A corresponding tracking number was affixed to the bottom of each copy of the 21-Day Letter. A true and correct copy of the associated USPS tracking information is attached hereto as **Exhibit 4.**

I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 1st day of October, 2026.

Jessette Phaynarikone,
Administrative Assistant, Board Coordinator I
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 28th day of August 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Tiana Hubbard, APRN
c/o Kalologie Medspa
3730 S Las Vegas Blvd.
Las Vegas, NV 89158

And via Electronic Mail to: [redacted]@gmail.com

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
AUG 2 8 2026
NEVADA STATE BOARD OF PHARMACY

Tiana Hubbard, APRN
c/o Kalologie Medspa
3730 S Las Vegas Blvd.
Las Vegas, NV 89158
24-482-CS-F-S. NIAA

MAILED
8·28·26

certified - $11.02
standard - $2.56

9171 9690 0935 0298 3441 28

ALERT: IMPACTS FROM HURRICANE POLO IN THE SOUTHWEST REGION OF THE U.S. MAY D...

USPS Tracking®

FAQs >

Remove ✕

Tracking Number:

9171969009350298344128

Copy Add to Informed Delivery

Latest Update

Your item was picked up at a postal facility at 8:14 am on September 3, 2026 in LAS VEGAS, NV 89193.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

LAS VEGAS, NV 89193
September 3, 2026 8:14 AM

Available for Pickup

JAMES C BROWN JR
1001 E SUNSET RD UNIT 1001
LAS VEGAS NV 89199-9712
Mon-Fri 5:00 AM-8:00 PM
Sat 6:00 AM-12:00 PM
September 2, 2026 10:28 AM

Arrived at USPS Facility

LAS VEGAS NV DISTRIBUTION CENTER
August 31, 2026 7:43 AM

Arrived at USPS Facility

SACRAMENTO CA DISTRIBUTION CENTER

August 29, 2026 7:57 PM

Accepted at USPS Facility

RENO, NV 89521
August 29, 2026 6:42 PM

Pre-Shipment Info Sent to USPS

August 29, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

September 15, 2026

Tiana Hubbard c/o Kalologie Medspa
3730 S Las Vegas Blvd
Las Vegas, NV 89158

Re: Tiana Hubbard and Case No. 24-482-CS-F-S

Dear Tiana Hubbard,

The hearing for case number 24-482-CS-F-S has been scheduled for **Wednesday**, **10/14/2026** at **9:00:00 AM PST** or soon thereafter at the following location:

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

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

Pursuant to NRS 241.033 and NRS 241.0333, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

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

9171 9690 0935 0298 3449 06

ALERT: IMPACTS FROM HURRICANE POLO IN THE SOUTHWEST REGION OF THE U.S. MAY D...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9171969009350298344906

Copy Add to Informed Delivery

Latest Update

Your item was picked up at a postal facility at 9:07 am on September 24, 2026 in LAS VEGAS, NV 89193.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

LAS VEGAS, NV 89193
September 24, 2026 9:07 AM

Available for Pickup

JAMES C BROWN JR
1001 E SUNSET RD UNIT 1001
LAS VEGAS NV 89199-9712
Mon-Fri 5:00 AM-8:00 PM
Sat 6:00 AM-12:00 PM
September 23, 2026 9:09 AM

Arrived at USPS Facility

LAS VEGAS NV DISTRIBUTION CENTER
September 20, 2026 4:07 AM

Arrived at USPS Facility

RENO NV DISTRIBUTION CENTER

September 16, 2026 9:40 AM

Accepted at USPS Facility

RENO, NV 89521
September 16, 2026 8:25 AM

Pre-Shipment Info Sent to USPS

September 16, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,

Respondent.

Case No. 24-482-CS-F-S

MEMORANDUM OF COSTS AND FEES

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigative Time (Dena McClish)				
Date(s)	Description	Hours	Rate	Amount
1/23/25 – 2/10/25	Initial inquiries, PMP report, pharmacy dispensing reports	2.25	$53.00/hr	
3/10/25-8/14/25	Outer agency collaborations	1.5		
7/1/25	Alleg letter	.75		
8/14/25	Attorney outreach, subpoenas	..5		
11/4/25	ROI	0.75		
Subtotal (Investigation): $304.75				
Attorney Time (Laura Tucker)				
Date(s)	Description	Hours	Rate	Amount
02/20/2026	Review of investigatory file.	8.0	$65.00/hr	$520.00
02/24/2026	Draft Notice of Intended Action	4.0	$65.00/hr	$260.00

SV - Exhibit B

	and Accusation			
10/14/2026	(Anticipated) Hearing on Request for Default	0.5		$32.50
Subtotal (Attorney Time): $812.50				
Administrative Costs				
Date(s)	Description	Hours	Rate	Amount
8/28/26	Jessette Phaynarikone finalized, filed and served Notice of Intended Action and Accusation.	0.50	$25.00/hr	$12.50
9/15/26	Jessette Phaynarikone served Notice of Hearing for October 14, 2026.	0.50	$25.00/hr	$12.50
Subtotal (Administrative Costs): $25.00				
Additional Recoverable Costs: Postage/Mailing Costs: $23.60				
Total Costs and Fees: $1,165.85				

I, Laura M. Tucker, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of costs and reasonable attorney's fees incurred by the Board in the above-entitled action.

DATED this 1st day of October 2026.

Laura M. Tucker, Esq.
Senior General Counsel
Nevada State Board of Pharmacy

5X

yBEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AURELIA HURTADA-SADOWSKI, RPH, Certificate of Registration No. 15345, and** **SUMMERLIN HOSPITAL MEDICAL CENTER, License No. IA02194,** **Respondents.**	**CASE NOS. 25-209-RPH-S** **25-209-PH-S** **STIPULATION AND ORDER [AURELIA HURTADA-SADOWSKI 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 Aurelia Hurtada-Sadowski, RPH, Certificate of Registration No. 20104, ("Respondent"), by and through counsel, Jessica R. Gandy, 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 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 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

5X

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).

6. For the purposes of resolving this matter, without admitting to the alleged facts or legal conclusions, Respondent 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. On or about May 5, 2025, Respondent received a chart that did not contain complete information as required by NAC 639.484(1)(b),(c). Respondent knew or should have known to contact the patient's health care provider about the incomplete chart order.

B. Respondent engaged in unprofessional conduct as defined in NAC 639.945 when she failed to confer directly with a patient's health care provider and changed the chart order of the patient's health care provider.

C. Having performed her duties in an incompetent, unskillful, or negligent manner, as described above, Respondent is subject to discipline pursuant to NRS 639.210(4), NRS 639.255(1), NAC 639.945, and NAC 639.955.

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. Now, therefore, to resolve the allegations stated in Count One of the Accusation 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's certificate of registration no. 15345 shall be **SUSPENDED**; however, the suspension is **STAYED**, and Respondent shall be placed on probation for a period of one year from the effective date of this Order.

B. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *personal, business, certified or cashier's 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.

C. Respondent shall pay the sum of **One Thousand Five Hundred and 00/100 Dollars ($1,500.00)** 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 *personal, business, certified or cashier's 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, by January 15, 2027.

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.

Upon successful completion of the terms and conditions of probation as forth herein, Respondent's certificate of registration sball be automatically reinstated without conditions or restrictions.

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 October 14, 2026. Respondent will

appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent 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 freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 2 day of October 2026.

By _____
AURELIA HURTADA-SADOWSKI, RPH
Certificate of Registration No. 15345

Signed this ____ day of _____ 2026.
Nevada State Board of Pharmacy

By _____
LAURA M. TUCKER, ESQ.
Senior General Counsel

Signed this 2 day of October 2026
Approved as to Form and Content:

_____
JESSICA R. GANDY, ESQ.
Hutchison & Steffen, PLLC
Attorney for Respondent Aurelia Hurtada-Sadowski

DECISION AND ORDER

As to Aurelia Hurtada-Sadowski, in Case No. 25-209-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 October 2026.

Helen Park, President
Nevada State Board of Pharmacy

5Y

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JUSTIN WADE MANSFIELD, MD,** **Certificate of Registration No. CS41165,** **Respondent.**	**Case No. 25-447-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 Senior General Counsel Laura M. Tucker, Esq., and Respondent Justin Wade Mansfield, M.D. (Respondent), Certificate of Registration No. CS41165, by and through counsel, W. Michael Black, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 25, 2026, 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 August 5, 2026, the Board's General Counsel and Respondent's Counsel agreed to a stay of the deadline for Respondent to file 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 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 by the Nevada Administrative Procedure Act, Administrative Procedure Before Certain Regulatory Bodies, and the Nevada Pharmacy Act.

6. 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. On May 6, 2021, Respondent applied for a controlled substances license with the Board. However, he did not complete the application, and his license was never issued.

B. On October 13, 2025, Respondent registered for an account for Nevada's Prescription Monitoring Program (PMP) and also applied for a second time for his controlled substances license.

C. On November 6, 2025, the Board issued Respondent his controlled substances license number and also advised him that he was not authorized to prescribe controlled substances until he submitted his Nevada DEA certificate to the Board.

D. On December 29, 2025, Respondent submitted his Nevada DEA certificate to the Board. On December 30, 2025, the Board activated Respondent's PMP account.

E. Following activation of Respondent's account, a Board investigator ran a prescriber activity report in the PMP database and found that, between January 5, 2020 and December 29, 2025, when he did not have an active controlled substances license with the Board, Respondent prescribed a total of 2,494 controlled substances to Nevada patients. Respondent prescribed the controlled substances using his Utah DEA registration number.

F. A Board investigator ran a prescriber activity report and a patient request history for a date range of December 29, 2025 and March 17, 2026 and found that Respondent wrote one hundred sixty-nine (169) unique controlled substances prescriptions for seventy-seven (77) patients. Respondent did not run a patient activity report for any of the

patients. Respondent has run a report to review his own prescribing activity every work day since he has obtained his license.

G. By failing to review his own prescriber activity on a semi-annual basis, as required by NRS 453.164(7) and NRS 639.23507, and failing to review the patient utilization report prior to issuing an initial prescription, as required by NRS 639.23507, Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner. This violation of law renders his Nevada controlled substance registration inconsistent with the public interest. Respondent's conduct constitutes unprofessional conduct for which the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 639.255(3), NAC 639.945(1)(i), NRS 453.236(1)(d) and (e), and NRS 453.241(1).

H. Between January 5, 2020 and December 29, 2025, Respondent engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(k) when he prescribed controlled substances without a license as required by NRS 453.226(1); NRS 453.231(3); and NRS 639.100(1). *See also* NAC 639.945(1)(k). This is a violation of law for which the Board may impose administrative discipline. See NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

7. Those violations are pled 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 expenses associated with a hearing, the Board and Respondent agrees to the imposition of the following penalties:

A. Respondent shall pay a fine of **Six Thousand Dollars ($6,000.00)** for the alleged violations, payable by *cashier's check* or *check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

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

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 October 14, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent 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 freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____, 2026

JUSTIN WADE MANSFIELD, MD,
Certificate of Registration No. CS41165

Signed this ___ day of _____, 2026

LAURA M. TUCKER
Senior General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____, 2026

W. MICHAEL BLACK, ESQ.
Attorney for Respondent Justin Wade Mansfield, MD

DECISION AND ORDER

As to Justin Wade Mansfield, MD, in Case No. 25-447-CS-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 October 2026.

Helen Park, President
Nevada State Board of Pharmacy

5Z

FILED
OCT - 1 2026
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-341-2021
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlawyers.com

Attorneys for Respondent
Vita Pharmacy 2

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VITA PHARMACY 2,** **License No. PH04645,** **Respondent.**	**CASE NOS. 26-344-PH-S** **RESPONDENT'S ANSWER AND NOTICE OF DEFENSE**

Respondent, Vita Pharmacy 2, by and through its counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answers and provides notice of its defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondent request a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondent admits, denies, and allege as follows. Each reference to a "paragraph" is reference to a paragraph in the Notice.

JURISDICTION

1. Respondent admits the Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter for the reasons stated in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondent was not involved in the March 28, 2024 application (referenced in paragraph 1) to operate a pharmacy in Nevada (2024 Application) under the business name District Pharmacy. Respondent understands that District Pharmacy Corporation was the owner of District Pharmacy because Respondent's current owner, Ramy Massoud, purchased the shares of District Pharmacy Corporation eventually owning all shares. Respondent lacks sufficient knowledge to admit or deny the remaining allegations in paragraph 2 and therefor denies the same.

3. Respondent lacks sufficient knowledge to admit or deny whether he 2024 Application identified George Gange as the President and Janice Gange as the managing pharmacist of District Pharmacy and therefore denies the allegations in paragraph 3.

4. Respondent admits that in an action unrelated to District Pharmacy, on or about February 6, 2026, the Board issued a citation-and-fine-order (February Citation) to Ramy Massoud for unlicensed business activity related to his ownership of Lyfe Pharmacy, located at 9280 W. Sunset Road, Suite 230, Las Vegas, Nevada and that the Board cited Mr. Massoud for operating Lyfe Pharmacy without approval from the Board as a new owner. Mr. Massoud subsequently paid the citation. Mr. Massoud is the current owner of Respondent Vita Pharmacy 2. Mr. Massoud purchased the assets of Lyfe Pharmacy. The owner of Lyfe Pharmacy at the time did not submit a change of ownership application as required by Nevada law. *See Nevada Board of Pharmacy v. Lyfe Pharmacy and Nazakat Nigmatova*, RPh., case 25-360. Mr. Massoud acknowledged his mistake operating the pharmacy and paid the citation.

5. Respondent admits that on or about March 5, 2026, Mr. Massoud submitted a new pharmacy ownership and name change application for Lyfe Pharmacy, under the new name Vita Pharmacy. In the application, he disclosed the February Citation. The Board approved Vita Pharmacy's license on April 2, 2026, under License No. PH04799.

6. Respondent admits that Mr. Massoud sent a letter to the Board on or about March 16, 2026, indicating a "fractional change in beneficial ownership" of District Pharmacy. The letter indicated the following ownership structure:

- George Gange, 50 percent ownership;
- Ramy Massoud, 45 percent ownership; and
- Janice Gange, 5 percent ownership.

7. Respondent admits that in June 2026, Mr. Massoud sent the Board a change of ownership and name change application for District Pharmacy (June 2026 Application), which Respondent believes was received by the Board. The application listed Mr. Massoud as 100 percent owner and changed the name to Vita Pharmacy 2 (Vita 2).

8. Respondent admits that the person who completed the Vita 2 application inadvertently failed to disclose the February Citation in response to a question on the application "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?" Mr. Massoud as the person who signed the application accepts responsibility for not reading the application questions more carefully and catching the error. There was no intent to mislead or provide incorrect information. Indeed, it would have made no sense to try to hide the February citation from the Board. Mr. Massoud had disclosed the Citation on the March 5, 2026 application for Lyfe Pharmacy. Mr. Massoud discussed the Citation with the Board during his appearance before the Board on April 2, 2026 for approval of the new pharmacy ownership and

name change for Lyfe Pharmacy to Vita Pharmacy. The Board approved that license on April 2. Thus, Mr. Massoud knew that the payment of the citation was not a barrier to owning a pharmacy.

9. Respondent admits that the application failed to disclose to the Board Mr. Massoud's ownership of Vita Pharmacy and Lyfe Pharmacy in Section 7 of the Personal History Application section of the June 2026 Application. Again, the person who completed the application inadvertently failed to include the information about Mr. Massoud's ownership of Vita Pharmacy, previously Lyfe Pharmacy. Mr. Massoud as the person who signed the application accepts responsibility for not reading the application questions more carefully and catching this error. There was no intent to mislead or provide incorrect information. It would have made no sense for Mr. Massoud to hide his prior ownership especially because he had appeared before the Board just two months before for the new ownership and name change for Lyfe Pharmacy to Vita Pharmacy. Moreover, if Mr. Massoud was trying to hide his ownership in Vita Pharmacy, he would not have named the new pharmacy Vita Pharmacy 2.

10. Respondent admits Mr. Massoud signed and dated the application, acknowledging that the information was true and correct. Respondent denies that Mr. Massoud committed a crime and denies that there was any intent to mislead or provide false information. Respondent denies all allegations in paragraph 10.

11. Respondent admits that he Board approved Vita 2's application as part of the Board's consent agenda during the July 15, 2026 meeting, and Vita 2 was issued License No. PH004645 on July 16, 2026.

12. Respondent lacks sufficient knowledge to admit or deny the allegations in paragraph 12 and therefor denies the same.

13. Respondent admits that on or about August 11, 2026, the Board issued a cease-and-desist to Vita 2 and Mr. Massoud ordering Vita 2 to discontinue operations with Mr. Massoud as owner. On August 14, 2026, after further discussion with Board staff, the Board permitted Mr. Massoud to continue acting as owner with additional monitoring requirements.

APPLICABLE LAW

14. Paragraph 14 is a statement of law and is not susceptible to admission or denial. To the extent paragraph 14 implies unlawful conduct, Respondent denies the same.

15. Paragraph 15 is a statement of law and is not susceptible to admission or denial. To the extent paragraph 15 implies unlawful conduct, Respondent denies the same.

16. Paragraph 16 is a statement of law and is not susceptible to admission or denial. To the extent paragraph 16 implies unlawful conduct, Respondent denies the same.

17. Paragraph 17 is a statement of law and is not susceptible to admission or denial. To the extent paragraph 17 implies unlawful conduct, Respondent denies the same.

18. Paragraph 18 is a statement of law and is not susceptible to admission or denial. To the extent paragraph 18 implies unlawful conduct, Respondent denies the same.

19. Paragraph 19 is a statement of law and is not susceptible to admission or denial. To the extent paragraph 19 implies unlawful conduct, Respondent denies the same.

COUNT ONE
Furnishing False Material Information to Board/
Violations of State Law/Unprofessional Conduct

20. Respondent denies the allegations in paragraph 20.

21. Respondent denies the allegations in paragraph 21.

22. Respondent denies the allegations in paragraph 22.

COUNT TWO
Obtaining Registration by False or Fraudulent Application

23. Respondent denies the allegations in paragraph 23.

24. Respondent denies the allegations in paragraph 24.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility

25. Respondent denies the allegations in paragraph 25.

MITIGATING FACTORS

26. Mr. Massoud acknowledges the errors in the application and that as the person signing the application he was solely responsible for ensuring the accuracy of the application. As explained above, the failure to disclose the information about the fine paid for the citation and Mr. Massoud's ownership of Lyfe Pharmacy, now Vita Pharmacy was inadvertent. Mr. Massoud has taken steps to ensure that the process for completing documents submitted to the Board and any other entities will prevent any other errors. Mostly, Mr. Massoud himself is more careful and diligent in reviewing documents he signs to ensure they are accurate and complete.

OTHER DEFENSES

27. The allegations in the Notice fail to state a claim upon which discipline can be based.

RESERVATION OF RIGHTS

28. Respondent reserves the right to assert other factual, legal, and equitable defenses.

29. Respondent reserves the right to amend this Answer.

OTHER

30. To the extent Respondent has not expressly admitted a factual allegation, it denies all such allegations.

PRAYER FOR RELIEF

31. That the Board dismiss all Causes of Acton in the Notice or, in the alternative, that the Board finds that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.

32. That the Board provide further relief to Respondent as it finds just and proper.

DATED this 30th day of September 2026.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondent
Vita Pharmacy 2

CERTIFICATE OF SERVICE

I hereby certify that on September 30, 2026, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Laura Tucker General Counsel Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy #206, Reno, NV 895219 Nevada State Board of Pharmacy (L.Tucker@pharmacy.nv.gov)	☐ U.S. Mail postage prepaid ☐ Hand delivery ☐ Overnight Mail ☐ Facsimile ☑ Electronic Mail
Board Coordination Team Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy #206, Reno, NV 895219 teambc@pharmacy.nv.gov	☐ U.S. Mail postage prepaid ☐ Hand delivery ☐ Overnight Mail ☐ Facsimile ☑ Electronic Mail



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VITA PHARMACY 2, LICENSE NO. PH04645** **Respondent.**	**Case No. 26-344-PH-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 Senior General Counsel Laura M. Tucker, Esq., and Respondent Vita Pharmacy 2. (Respondent), License No. PH04645, by and through counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 9, 2026, 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 1, 2026, Respondent filed its 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 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 by the

Nevada Administrative Procedure Act, Administrative Procedure Before Certain Regulatory Bodies, and the Nevada Pharmacy Act.

6. Respondent does not contest the allegations in the Accusation, and 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. On its June 2026 change of ownership and name change application, by and through its owner Ramy Massoud (Massoud), Vita 2 misrepresented and/or failed to fully disclose information material to its application as to the February Citation and Massoud's other pharmacy ownership interests. Pursuant to Nevada law, Vita 2 had a duty to submit a complete and accurate application to the Board. NAC 639.500(2); NAC 639.6915(1).

B. In misrepresenting and/or failing to disclosed information on its application pursuant to Nevada law, Vita 2 breached its duty and violated NRS 639.281(1), and is therefore subject to discipline pursuant to NRS 639.210(9) and/or (12).

C. Vita 2, by and through its owner Massoud, misrepresented and/or failed to fully disclose information material to its application as to the February Citation and Massoud's other pharmacy ownership interests when obtaining a change of ownership and name change for License No. PH04645. By obtaining a license by filing an application in support thereof that is false or fraudulent, Vita 2 is therefore subject to discipline pursuant to NRS 639.210(10).

7. Those violations are pled with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

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

A. Respondent shall pay a fine of **Five Thousand Dollars ($5,000)** for the alleged violations, payable by *cashier's check* or *check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located

at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Respondent shall pay **One Thousand Dollars ($1,000)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

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 October 14, 2026. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent 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 freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____, 2026

RAMY MASSOUD,
Owner, Vita Pharmacy 2
License No. PH04645

Signed this ___ day of _____, 2026

LAURA M. TUCKER
Senior General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____, 2026

WILLIAM J. STILLING, ESQ.
Attorney for Respondent

DECISION AND ORDER

As to Vita Pharmacy 2, in Case No. 26-344-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 October 2026.

Helen Park, President
Nevada State Board of Pharmacy

7A & 7B

At present, only two Medicaid MCO plans (SilverSummit and CareSource), both processed through Express Scripts, serve this area. If Laughlin Pharmacy is not permitted to participate in the network, local Medicaid beneficiaries may be unable to access essential pharmacy services, creating a serious gap in care. Given these circumstances, I respectfully ask whether there is any exception, waiver, provisional participation, or alternative pathway available that would allow Laughlin Pharmacy to serve Medicaid members during the probationary period.

Thank you for your time and consideration. I would appreciate any guidance you can provide and am happy to submit additional documentation if needed.

Sincerely,

[Quoted text hidden]

ProviderCompliance <ProviderCompliance@express-scripts.com> Sun, Feb 15, 2026 at 5:36 PM
To: Youjin Seo [redacted]@gmail.com>
Cc: ProviderCompliance <ProviderCompliance@express-scripts.com>

Dear Provider,

The pharmacy will not be considered eligible to participate in Express Scripts networks for as long as its license is under probationary terms. If anything changes with the pharmacy's probationary status, or once the probation is completed, you are encouraged to consider submitting a new application for network participation.

If you have any questions, please feel free to contact ProviderCompliance@express-scripts.com.

RETAIL PROVIDER COMPLIANCE (WB)

Network Operations Senior Manager, Retail Provider Compliance

Express Scripts Pharmacy Benefit Services –

Part of Evernorth Health Services

Evernorth.com | Express-Scripts.com

Confidential, unpublished property of Evernorth Health Services.
Do not duplicate or distribute. Use and distribution limited solely to authorized personnel.
© 2025 Evernorth Health Services. Legal Disclaimer.

[Quoted text hidden]
[Quoted text hidden]

[Quoted text hidden]
[Quoted text hidden]

[Quoted text hidden]
[Quoted text hidden]

Hello,

We have received your application and have reviewed your pharmacy's credentials. Because your state pharmacy license is currently on probation, we have denied your pharmacy from participating in Express Scripts' networks. Once the probationary status has been lifted, you may re-apply.

Thank You!

PBM Provider Operations (LT)

IMPORTANT MESSAGES:

- As of 12/13/2024, PBMProviderOperations@express-scripts.com replaced our previous mailbox NetworkCompliance@express-scripts.com. Please utilize the new PBM Provider Operations going forward.
- Get the answers to your patient search, eligibility and claim detail questions
- Save time and sign up for Pharmacist Resource Center at https://prc.express-scripts.com
- Pharmacy Help Desk 800-922-1557

--

Youjin (Rachel) Seo, Pharm.D
Pharmacist / Owner
Laughlin Pharmacy

3080 S Needles Hwy, Ste 1800, Laughlin, NV 89029
Phone: (702) 709-5300 | Fax: (702) 709-5303

[Quoted text hidden]

Youjin Seo <[redacted]@gmail.com> Mon, Feb 16, 2026 at 8:47 AM
To: ProviderCompliance <ProviderCompliance@express-scripts.com>

Thank you for your response. I understand your explanation regarding the pharmacy's ineligibility to participate in the network while under probation.

I would like to ask for further clarification. The pharmacy license is currently under a three-year probation period. Separately, my individual pharmacist license, as the owner, is under a five-year probation period. The pharmacy operates under my LLC, and I am the 100% owner; however, the business is managed by a separate PIC. In this situation, would eligibility for network participation be reconsidered once the pharmacy's three-year probation is completed? Or would we need to wait until my individual five-year probation period is also fully completed?

I would sincerely appreciate your clarification on this matter.

Thank you again for your time and guidance.

Sincerely,

[Quoted text hidden]

ProviderCompliance <ProviderCompliance@express-scripts.com> Fri, Apr 24, 2026 at 2:05 PM
To: Youjin Seo <[redacted]@gmail.com>
Cc: ProviderCompliance <ProviderCompliance@express-scripts.com>

Hi Youjin,

Express Scripts' terms and conditions do not allow pharmacies to enter our networks while either the pharmacy, its pharmacist-in-charge, or the pharmacy owner are actively on probation. Accordingly, under the current ownership structure, the pharmacy would not be considered eligible for potential approval until after all probationary periods have concluded.

Thank you,

[Quoted text hidden]

Date: Oct 13, 2026

Summary of Efforts to Resolve Medicaid Pharmacy Network Access

Submitted by: Youjin (Rachel) Seo, Pharm.D.
Pharmacist / Owner, Laughlin Pharmacy

Purpose

Laughlin Pharmacy is the only pharmacy physically located in Laughlin, Nevada. Since 2025, I have made repeated good-faith efforts to identify a lawful and workable way to serve local Medicaid beneficiaries affected by pharmacy network restrictions.

1. Express Scripts Denial and Search for Alternatives — 2025

On February 9, 2025, Express Scripts denied Laughlin Pharmacy's network application because the pharmacy license was on probation.

In December 2025, I contacted Nevada Medicaid office and HPN to explore whether patients could select Health Plan of Nevada (HPN), a network in which our pharmacy already participated. I was advised that HPN would not be available in the (Laughlin/Pahrump) rural service area starting 2026.

On December 29, 2025, I asked Express Scripts to consider an exception, waiver, provisional participation, or alternative review pathway based on Laughlin's geographic circumstances and patient access concerns.

2. Confirmation of Network Restrictions — April 2026

After continued correspondence, Express Scripts confirmed in writing on April 24, 2026, that its terms and conditions do not allow network participation while the pharmacy, pharmacist-in-charge, or pharmacy owner remains on probation.

This confirmed that the existing probationary status of both the pharmacy and its owner prevents Laughlin Pharmacy from being considered for network participation under its current ownership structure.

3. Requests for Direct Assistance from SilverSummit Healthplan — April–July 2026

ex B

After exhausting the available options through PBM(Express Scripts), I sought assistance from Dr. DuAne Young, Vice President of SilverSummit Healthplan. In addition, on April 21, 2026, I also spoke with Tray Abney, founder of Abney Government Relations, to explore whether there might be another avenue for addressing the pharmacy network access issue.

On April 28, 2026, I submitted a written request explaining Laughlin's unique pharmacy access challenges, including transportation barriers, the distance to other Nevada pharmacies, and the needs of Medicaid and elderly residents. I also provided the relevant Express Scripts correspondence.

I followed up on July 22, 2026, but the issue remained unresolved.

Conclusion

Despite more than a year of efforts, I have been unable to identify a workable alternative that would allow Laughlin Pharmacy to be considered for participation in the applicable Medicaid pharmacy network while the current probationary restrictions remain in effect.

I understand that termination of probation would not guarantee network approval. However, it would remove the identified probation related barrier to consideration under Express Scripts' current policy.

LAUGHLIN PATIENT PHARMACY ACCESS QUESTIONNAIRE

Nevada Medicaid / Local and Cross-State Prescription Access

Purpose: This voluntary questionnaire documents patients' actual experiences obtaining prescription medications in or near Laughlin, Nevada, including transportation and attempts to use Arizona pharmacies. Responses may be summarized or submitted to the Nevada State Board of Pharmacy, local government officials, or other public officials to explain pharmacy-access concerns. Please answer only from your own experience. Do not list medication names, diagnoses, prescription numbers, Social Security numbers, Medicaid ID numbers, or other unnecessary medical information.

A. COVERAGE AND LOCAL ACCESS

1. Do you live in the Laughlin, Nevada area? ☑ Yes ☐ No ZIP Code (optional): [redacted]
2. Are you currently covered by Nevada Medicaid? ☑ Yes ☐ No ☐ Not sure
3. In 2026, have you had difficulty using your Nevada Medicaid pharmacy benefit at a pharmacy in Laughlin? ☑ Yes ☐ No
4. Were you told that your prescription coverage/network required use of an Express Scripts participating pharmacy? ☒ Yes ☐ No ☐ Not sure
5. Were you unable to use your insurance at a Laughlin pharmacy because the pharmacy was not in your required network? ☒ Yes ☐ No ☐ Not sure

B. WHAT HAPPENED

6. As a result, did you experience any of the following? (check all that apply)
   - ☒ Paid cash/out of pocket for a prescription
   - ☒ Delayed filling or picking up a prescription
   - ☒ Went without a medication for a period of time
   - ☒ Had to travel outside Laughlin to obtain a covered prescription
   - ☒ Contacted my doctor/prescriber to change, transfer, or resend a prescription
   - ☒ Missed work, needed help from another person, or experienced another burden
   - ☐ Other: _____

C. ARIZONA PHARMACY EXPERIENCE

7. Have you tried, or considered trying, to use a pharmacy across the state line in Arizona because you could not use your Nevada Medicaid benefit locally? ☑ Yes ☐ No
8. If YES, what made an Arizona pharmacy difficult or not a practical option for you? (check all that apply)
   - ☐ The Arizona pharmacy could not bill or accept my Nevada Medicaid coverage
   - ☐ I was told my prescription could not be filled there
   - ☐ I was told I needed my prescriber to issue, resend, or change the prescription
   - ☒ I had difficulty involving a controlled substance prescription
   - ☐ I could not afford to pay cash/out of pocket
   - ☐ Transportation to the Arizona pharmacy was difficult
   - ☐ The trip took too much time or required multiple transportation connections
   - ☐ My age, disability, health, mobility, caregiving duties, or work schedule made the trip difficult
   - ☐ I tried an Arizona pharmacy but returned without receiving the medication
   - ☒ Other: prescriber could not write Rx in arizona.
9. If you personally had difficulty at an Arizona pharmacy, please briefly explain what happened (do not identify the medication or diagnosis):
   Issues with them wanting to accept NV medicaid
   issues finding doctor to write Rx to AZ

D. TRANSPORTATION BARRIERS

10. Do you have regular access to your own car or a reliable ride? ☐ Yes ☐ No ☒ Sometimes
11. Have you relied, or would you need to rely, on public/community transportation to reach an Arizona pharmacy? ☑ Yes ☐ No ☐ Not sure
12. Which transportation issues have affected you? (check all that apply)
    - ☐ I depend on a bus and the available schedule makes pharmacy trips difficult

ex C

[redacted]

☐ I have experienced long waits between buses or transportation connections

☐ I have needed, or would need, to use a ferry/water-taxi connection to reach Arizona

☐ The total round trip takes too long for a routine prescription pickup

☒ I cannot easily make the trip when I am sick or have limited mobility

☒ I need another person to accompany or drive me

☒ Transportation cost is a hardship

☐ Weather/heat makes walking, waiting, or transferring difficult

☐ Other _____

13. Approximately how long does/would a round trip to an out-of-area pharmacy take you, including waiting time? ☐ Under 1 hour ☐ 1–2 hours ☐ 2–4 hours ☒ More than 4 hours ☐ Not sure

14. Approximately how far have you had to travel (one way) for a covered prescription? ☐ Under 10 miles ☐ 10–25 ☐ 26–50 ☐ 51–100 ☒ More than 100 ☐ Not applicable

15. Has this pharmacy-access issue happened more than once? ☒ Yes ☐ No If yes, approximately how many times? _____

E. PATIENT IMPACT

16. Please describe, in your own words, how lack of local in-network pharmacy access has affected you or your household.
Maintaining medications for multiple people, across state lines adds another barrier to accessing basic necessities it adds financial, emotional and physical hardship.

17. Would having a local Laughlin pharmacy able to participate in your required Nevada Medicaid pharmacy network improve your access to prescriptions? ☒ Yes ☐ No ☐ Not sure

OPTIONAL PERMISSION TO USE YOUR RESPONSE

Please choose ONE

☐ A. You may use my response anonymously in summaries, presentations, or submissions to government/public officials

☐ B. You may use my response and identify me by first name and last initial only

☒ C. You may use my response with my full name

☐ D. I am providing feedback only and do NOT authorize my response to be submitted or quoted

(Nov) Name (only if choosing B or C) [redacted]

Phone or email (optional, only if willing to be contacted) [redacted]

I certify that the information above reflects my own experience to the best of my knowledge. Participation is voluntary. My pharmacy services, prescriptions, prices, and treatment will not be affected by whether I complete this questionnaire or by the answers I provide.

Signature (optional) [redacted] Date 9.14.26

COLLECTION NOTE: Staff should not suggest answers. If a patient mentions a bus or ferry schedule, record the patient's experience here rather than representing a specific schedule as an established fact unless separately documented.

Gl [redacted]

LAUGHLIN PATIENT PHARMACY ACCESS QUESTIONNAIRE

Nevada Medicaid / Local and Cross-State Prescription Access

Purpose: This voluntary questionnaire documents patients' actual experiences obtaining prescription medications in or near Laughlin, Nevada, including transportation and attempts to use Arizona pharmacies. Responses may be summarized or submitted to the Nevada State Board of Pharmacy, local government officials, or other public officials to explain pharmacy-access concerns. Please answer only from your own experience. Do not list medication names, diagnoses, prescription numbers, Social Security numbers, Medicaid ID numbers, or other unnecessary medical information.

A. COVERAGE AND LOCAL ACCESS

1. Do you live in the Laughlin, Nevada area? ☑ Yes ☐ No ZIP Code (optional): _____

2. Are you currently covered by Nevada Medicaid? ☐ Yes ☐ No ☐ Not sure

3. In 2026, have you had difficulty using your Nevada Medicaid pharmacy benefit at a pharmacy in Laughlin? ☐ Yes ☐ No

4. Were you told that your prescription coverage/network required use of an Express Scripts participating pharmacy? ☐ Yes ☐ No ☐ Not sure

5. Were you unable to use your insurance at a Laughlin pharmacy because the pharmacy was not in your required network? ☑ Yes ☐ No ☐ Not sure

B. WHAT HAPPENED

6. As a result, did you experience any of the following? (check all that apply)

- ☐ Paid cash/out of pocket for a prescription
- ☐ Delayed filling or picking up a prescription
- ☐ Went without a medication for a period of time
- ☑ Had to travel outside Laughlin to obtain a covered prescription
- ☑ Contacted my doctor/prescriber to change, transfer, or resend a prescription
- ☐ Missed work, needed help from another person, or experienced another burden
- ☐ Other: _____

C. ARIZONA PHARMACY EXPERIENCE

7. Have you tried, or considered trying, to use a pharmacy across the state line in Arizona because you could not use your Nevada Medicaid benefit locally? ☑ Yes ☐ No

8. If YES, what made an Arizona pharmacy difficult or not a practical option for you? (check all that apply)

- ☐ The Arizona pharmacy could not bill or accept my Nevada Medicaid coverage
- ☑ I was told my prescription could not be filled there
- ☐ I was told I needed my prescriber to issue, resend, or change the prescription
- ☑ I had difficulty involving a controlled substance prescription
- ☐ I could not afford to pay cash/out of pocket
- ☐ Transportation to the Arizona pharmacy was difficult
- ☐ The trip took too much time or required multiple transportation connections
- ☐ My age, disability, health, mobility, caregiving duties, or work schedule made the trip difficult
- ☐ I tried an Arizona pharmacy but returned without receiving the medication
- ☐ Other: _____

9. If you personally had difficulty at an Arizona pharmacy, please briefly explain what happened (do not identify the medication or diagnosis):

_____

_____

D. TRANSPORTATION BARRIERS

10. Do you have regular access to your own car or a reliable ride? ☐ Yes ☐ No ☐ Sometimes

11. Have you relied, or would you need to rely, on public/community transportation to reach an Arizona pharmacy? ☐ Yes ☐ No ☐ Not sure

12. Which transportation issues have affected you? (check all that apply)

- ☐ I depend on a bus and the available schedule makes pharmacy trips difficult

ex D

☐ I have experienced long waits between buses or transportation connections

☐ I have needed, or would need, to use a ferry/water-taxi connection to reach Arizona

☐ The total round trip takes too long for a routine prescription pick-up

☐ I cannot easily make the trip when I am sick or have limited mobility

☐ I need another person to accompany or drive me

☐ Transportation cost is a hardship

☐ Weather/heat makes walking, waiting, or transferring difficult

☐ Other: _____

13. Approximately how long does/would a round trip to an out-of-area pharmacy take you, including waiting time? ☐ Under 1 hour ☐ 1–2 hours ☑ 2–4 hours ☐ More than 4 hours ☐ Not sure

14. Approximately how far have you had to travel (one way) for a covered prescription? ☐ Under 10 miles ☐ 10–25 ☐ 26–50 ☐ 51–100 ☑ More than 100 ☐ Not applicable

15. Has this pharmacy-access issue happened more than once? ☑ Yes ☐ No If yes, approximately how many times? _____

E. PATIENT IMPACT

16. Please describe, in your own words, how lack of local in-network pharmacy access has affected you or your household.

This problem with trying to get meds is upsetting me very much. And WE ARE SUFFERING TRAVELING to Vegas FOR DR. This is affecting ME MENTALLY + PHYSICALLY. I NEED TO RECIEVE

17. Would having a local Laughlin pharmacy able to participate in your required Nevada Medicaid pharmacy network improve your access to prescriptions? ☐ Yes ☐ No ☐ Not sure

OPTIONAL PERMISSION TO USE YOUR RESPONSE

Please choose ONE:

☐ A. You may use my response anonymously in summaries, presentations, or submissions to government/public officials.

☐ B. You may use my response and identify me by first name and last initial only.

☐ C. You may use my response with my full name.

☐ D. I am providing feedback only and do NOT authorize my response to be submitted or quoted.

Name (only if choosing B or C): _____

Phone or email (optional; only if willing to be contacted): _____

I certify that the information above reflects my own experience to the best of my knowledge. Participation is voluntary. My pharmacy services, prescriptions, prices, and treatment will not be affected by whether I complete this questionnaire or by the answers I provide.

Signature (optional): _____ Date: _____

COLLECTION NOTE: Staff should not suggest answers. If a patient mentions a bus or ferry schedule, record the patient's experience here rather than representing a specific schedule as an established fact unless separately documented.

my meds In ONE place this pharmacy. I travel to Vegas almost 2 HRS. To GET there and back. I don't know why this is so much traveling In in pain all time. This situation needs to be FIX. poor Commucation also. pain mangement is in Vegas DR.

[redacted] 9-23.24

KEO LLC • 2900 South Casino Dr., Laughlin, NV 89029• (702) 208-7289

October 7th, 2026

Nevada State Board Of Pharmacy
985 Damonte Parkway Suite 206
Reno, Nevada 89521
(775) 850-1440

To Whom It May Concern:

As a 32 year local resident, business owner, and community volunteer within the Township of Laughlin, I would like to enter this letter of support for our local Laughlin Pharmacy and Pharmacist into the records of the hearing conducted on October 14th.

I have personally been involved in the difficult processes we have undergone in the search and attempts to recruit an Pharmacist and Pharmacy to this underserved rural community, for more than 25 years. During this timeline I have served in numerous roles I have held (and still hold) with Clark County or the Nevada State Small Business Representative with the Laughlin Chamber of Commerce, as well as one of the largest small business employers to the town, outside of the Casino owners.

Through my involvement in politics and business I must advocate for our local residents and ask for your consideration in the lifting of the Probationary status placed upon the Pharmacy and our Pharmacist Youjin Seo (aka Rachel to our local community). With this "probationary status" they have been restricted from being able to serve those most at need in our community due to regulations that are in place through Express Scripts, Silver Scripts, and Nevada Medicaid. While it can be said that numerous Pharmacies exist in close proximity to Laughlin, the logistics of public transportation across State lines are a true hinderance to our local residents that use the Pharmacy.

I am familiar with precipitating events that led to this probationary status, and also the status of the ongoing inspections, training, and corrections done by our Pharmacist to remediate the issue. Please consider lifting this status in order to allow our Nevada residents to begin to receive the care they need, from the aforementioned programs that those living in urban areas have full access to.

Kathy Ochs

President/ CEO
KEO LLC/O.N.E.Holdings LLC/ Torah Holdings LLC
Sovereign Wellness/Legacy Builders
Laughlin Chamber of Commerce
State Of Nevada Small Business Representative

Examples of Challenges for Laughlin Medicaid Patients

Even with insurance coverage, many patients face significant barriers to obtaining their medications.

e 1: Post-Surgery Patient – Pain Medication (Controlled Substance)



from Laughlin
to a large hospital
/egas/Henderson
gery.



After surgery,
the surgeon sends
a pain medication
(controlled substance)
prescription to
Laughlin Pharmacy.



Laughlin pharmacist
contacts the surgical team
and asks if the prescription
can be sent to an Arizona
pharmacy that accepts
the patient's insurance.



The surgeon/hospital
staff declines to send the
controlled-substance
prescription out of state.

Result for Patient



Travel back to Las V
to get the medicatio

OR



Pay cash for the me

OR



Go without the medi

e 2: Minor Patient – ADHD Medication (Controlled Substance)



tient in Laughlin
ADHD treatment
ediatric mental
ecialist in
ıs.



In-person visit in
Las Vegas every
6 months, with
virtual follow-ups.



Laughlin pharmacist
requested the doctor to
send the prescription to
an Arizona pharmacy
that accepts the patient's
insurance.



The doctor declined
to send the controlled-
substance prescription
to an Arizona pharmacy.

Result for Patient



Family has to travel to the
Las Vegas/Henderson area eve
to get the medication.

OR



Consider changing to an Arizo
however, finding a pediatric m
health specialist in Bullhead C
Laughlin is very limited.

e 3: Transportation Barrier for Medicaid Patients Without a Car



Patient from a residential
area in Laughlin needs to
get their medication at
Sam's Club Pharmacy
(600 AZ-95, Bullhead City, AZ).

By Public Transportation
(using the local bus and ferry)



Take the local bus
(about once per hour)
to Riverside Casino.



Get off at
Riverside Casino.



Take the ferry
across the Colorado River
to Bullhead City (Arizona).



Wait for another bus
on the Arizona side
to go to Sam's Club Pharmacy.

Total travel t
about 2 h
round t



Walk from Riverside Casino
to a Pharmacy in Arizona
Walk across the Colorado River from
Riverside Casino to a pharmacy in Arizona.

Total travel t
about 2 h
round t

er Pharmacy Limitations for Controlled Substances



- Many providers decline to send controlled-substance prescriptions to mail order pharmacies due to concerns about risk of theft, loss, or unreliability.
- Therefore, mail order is often not a practical option for many Laughlin patients who require controlled medications.

Additional Option: Arizona Pharmacy Delivery to Laughlin



- There is an Arizona pharmacy that provides delivery to Laughlin approximately once per week.
- This option can help some patients.
- However, once-weekly delivery does not meet every patient's needs, such as new prescriptions, antibiotics, pain medication, or other medications that cannot wait until the next scheduled delivery.

Key Takeaways



- Geographic distance and limited transportation o create real challenges for patients to obtain their r
- Many providers decline to send controlled substa mail order pharmacies.
- Arizona pharmacy delivery is limited (about once and may not meet all needs.
- These barriers affect vulnerable populations, inclu children, elderly patients, and those without reliable

Transportation Example for Medicaid Patients Without a Car

From a residential area in Laughlin to Sam's Club Pharmacy (Bullhead City, Arizona)

By Car (Driving)

From a residential area in Laughlin to Sam's Club Pharmacy (600 AZ-95, Bullhead City, AZ)

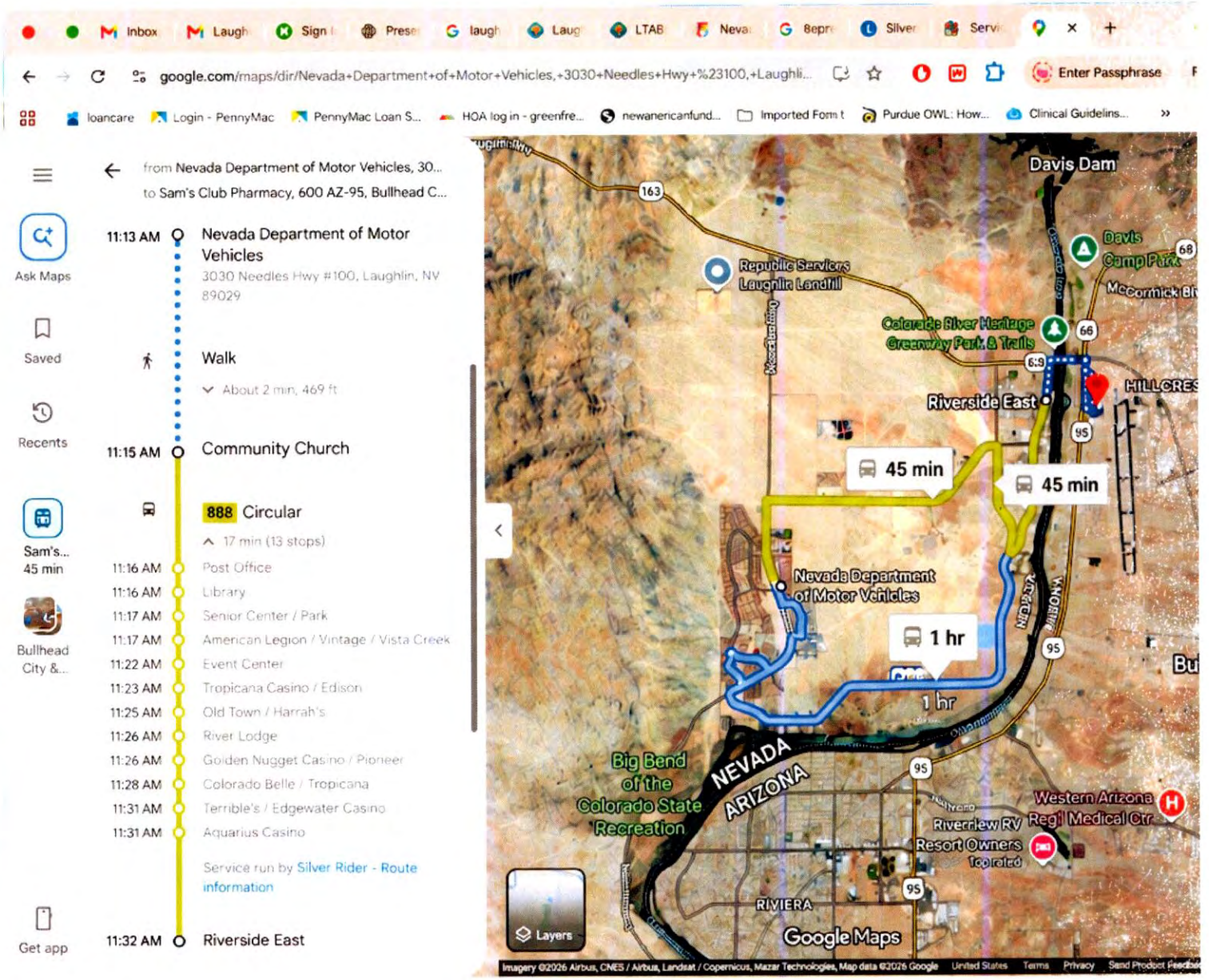
bout 12 minutes
the closest pharmacy in Arizona

By Public Transportation

From a residential area in Laughlin to Sam's Club Pharmacy (600 AZ-95, Bullhead City, AZ)

About 1 hour one way

Medicaid patients in Laughlin : have a car and rely on public ortation. This route is from e Maps.



LAUGHLIN NEVADA CHAMBER OF COMMERCE

1585 S. Casino Dr.
Laughlin, NV 89029
P: (702) 298-2214
F: (702) 298-5708
www.laughlinchamber.com



October 12, 2026

Nevada State Board of Pharmacy

Re: Support for Early Termination of Probation — Youjin (Rachel) Seo, Pharm.D.
Case No. 24-289-RPH-S; Related Pharmacy Case No. 24-289-PH-S

Dear Members of the Board:

As President and CEO of the Laughlin Chamber of Commerce, I write in support of the request for early termination of the individual probation of Youjin (Rachel) Seo, Pharm.D., pharmacist and owner of Laughlin Pharmacy. I recognize the seriousness of the conduct that resulted in her probation, as well as the Board's responsibility to protect patients and uphold the standards of the profession. My support is not intended to diminish either. Rather, I respectfully ask the Board to consider Dr. Seo's reported compliance and corrective efforts alongside the substantial consequences continued probation carries for pharmacy access in Laughlin.

Laughlin worked for more than a decade to secure a pharmacy in our community. Today, Laughlin Pharmacy remains the only pharmacy physically located here. Its presence is especially important to seniors, people with disabilities, and residents without reliable transportation. Access to local prescription services is also vital to the health of our workforce and the families and businesses that sustain Laughlin. Preserving this essential service is a community concern, not simply a matter affecting one business.

When Dr. Seo addressed the Laughlin Town Advisory Board, I found her to be contrite and remorseful about her actions and the conduct that led to her probation. She reports that she has completed all required education and paid her restitution. I believe those steps warrant consideration as the Board evaluates her compliance and request for early termination.

Her subsequent purchase of the former owner's interest also merits consideration. As Dr. Seo has explained, following dealings with the Board and the Attorney General's Office, the Board permitted her to purchase the interest of the former owner, who was barred from conducting pharmacy business in Nevada. By assuming ownership, Dr. Seo kept the pharmacy operating and preserved local access to prescriptions.

Although Laughlin Pharmacy is a contracted provider with Nevada Medicaid, its current probationary circumstances prevent participation in the Express Scripts network. SilverSummit Healthplan and CareSource, the two rural Medicaid managed-care organizations serving Laughlin, both use Express Scripts. Consequently, approximately 2,000 Laughlin Medicaid beneficiaries cannot use their coverage to obtain prescriptions at the only pharmacy in their community.

According to Dr. Seo's written account, she has pursued a lawful solution with Express Scripts, Nevada Medicaid, and SilverSummit Healthplan since February 2025, including requests for an exception, waiver, or provisional participation. She reports that Express Scripts clarified that active probation affecting the pharmacy, pharmacist-in-charge, or owner prevents network participation. The pharmacy's probation is scheduled to end in January 2027, but Dr. Seo's individual probation extends until 2029. Even after the pharmacy completes its probation, her status as an owner on probation would therefore remain a barrier under the reported policy.

1585 S. Casino Dr.
Laughlin, NV 89029
P: (702) 298-2214
F: (702) 298-5708
www.laughlinchamber.com



Early termination of Dr. Seo's individual probation would not, by itself, lift the pharmacy's current restriction; it would, however, address the owner-related barrier that would otherwise continue beyond January 2027.

The alternatives for affected patients are often impractical. Sam's Club and other nearby pharmacies are in Arizona. Our region lacks a comprehensive public transit system, and Laughlin's local bus does not take residents across the state line. Residents cannot simply transfer to another bus to reach an Arizona pharmacy. Many providers also will not send controlled-substance prescriptions out of state, leaving some patients to arrange transportation to Las Vegas to obtain their medication. For those with limited income, illness, or mobility challenges, these obstacles can delay access to needed care.

The consequences extend beyond Medicaid beneficiaries. Laughlin is a community of roughly 4,300 households. With approximately 2,000 Medicaid beneficiaries unable to use their coverage at the local pharmacy, a substantial source of potential prescription business remains beyond its reach. That restriction affects the viability of a local business providing an essential service. If the remaining prescription volume cannot sustain the pharmacy, residents across the community, regardless of insurance coverage, could lose local pharmacy access altogether. After more than a decade spent establishing this service, that is a prospect we cannot overlook.

The Chamber does not ask the Board to overlook the underlying conduct or compromise its responsibility to protect the public. Whether Dr. Seo has satisfied the requirements for early termination is a determination for the Board alone. If the Board concludes that her compliance and corrective measures warrant that relief, the Laughlin Chamber of Commerce respectfully supports ending her individual probation. As President and CEO, I must also advocate for the residents and businesses whose well-being depends on accessible, sustainable pharmacy services. I ask that the Board give thoughtful consideration to that community interest as it evaluates her request.

Thank you for your careful consideration of this matter and of the needs of the Laughlin community.

Sincerely,

Carrie Larson
President & CEO
Laughlin Chamber of Commerce

9A

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: CUR8 PHARMACY

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A - NEW APPLICANT

Physical Address: TBD - LOCATION SCOUTING / LEASE NOT YET FINALIZED

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): 9075 S. EASTERN AVE, SUITE 6-114

City: LAS VEGAS State: NV Zip: 89123

Telephone: (702) 460-4364 Website: CUR8RX.COM

Licensing Company Email: HELLO@CUR8RX.COM

Section 2: Personal Information

First: MARIANNE Middle: _____ Last: MIRTCHEV

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

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

Mailing Address: 9075 S. EASTERN AVE, SUITE 6-114

City: LAS VEGAS State: NV Zip: 89123

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 NEVADA, LAS VEGAS			08/07 - 05/12
Address	**City**	**State**	**Zip**
4505 S. MARYLAND PKWY	LAS VEGAS	NV	89154
Diploma/Degree obtained, if any			
MASTER OF SCIENCE - ACCOUNTING, BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION - ACCOUNTING			

School Name			From - To (MM/YY – MM/YY)
SILVERADO HIGH SCHOOL			08/04 - 05/07
Address	**City**	**State**	**Zip**
1650 SILVER HAWK AVE	LAS VEGAS	NV	89123
Diploma/Degree obtained, if any			
HONORS 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
02/17 - PRESENT	[redacted]	LAS VEGAS	NV	[redacted]
From - To (MM/YY – MM/YY)		City	State	
01/16 - 02/17		SEATTLE	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
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)
RANDSTAD PROFESSIONALS US LLC			01/25 - 08/25
Business Address	**City**	**State**	**Zip**
3625 CUMBERLAND BLVD	ATLANTA	GA	30339
Phone	**Title**		
(866) 435-7456	TECHNICAL PROGRAM MANAGER - CYBERSECURITY GRC		

Description of Duties

TEMPORARY STAFF AUGMENTATION FOR LULULEMON ATHLETICA, INC. CYBERSECURITY GRC TEAM. OVERSEE SECURITY AND ACCESS CONTROLS FOR PRIVILEGED ACCOUNTS ON COMPANY SYSTEMS.

Business Name			From - To (MM/YY – MM/YY)
BOYD GAMING			06/23 - 09/24
Business Address	**City**	**State**	**Zip**
6465 SOUTH RAINBOW BLVD	LAS VEGAS	NV	89118
Phone	**Title**		
(702) 792-7200	DIRECTOR, CYBERSECURITY GOVERNANCE, RISK, COMPLIANCE (GRC)		

Description of Duties

OVERSEE INFORMATION TECHNOLOGY AND CYBERSECURITY GOVERNANCE, RISK MANAGEMENT, AND REGULATORY COMPLIANCE OPERATIONS FOR THE COMPANY.

Business Name			From - To (MM/YY – MM/YY)
VENETIAN RESORT LLC / LAS VEGAS SANDS CORPORATION			09/17-02/22
Business Address	**City**	**State**	**Zip**
3355 S LAS VEGAS BLVD	LAS VEGAS	NV	89109
Phone	**Title**		
(702) 414-1000	SENIOR MANAGER, IT GOVERNANCE, RISK, COMPLIANCE		

Description of Duties

OVERSEE INFORMATION TECHNOLOGY GOVERNANCE, RISK MANAGEMENT, AND REGULATORY COMPLIANCE OPERATIONS FOR THE COMPANY.

Business Name			From - To (MM/YY – MM/YY)
ROBERT HALF CORPORATION			03/17- 06/17
Business Address	**City**	**State**	**Zip**
2613 CAMINO RAMON	SAN RAMON	CA	94583
Phone	**Title**		
(855) 432-0924	AUDIT & ACCOUNTING SPECIALIST		

Description of Duties

TEMPORARY STAFF AUGMENTATION FOR MGM RESORTS FINANCE SHARED SERVICES TEAM IN LAS VEGAS, NV. PERFORM CASINO ACCOUNTING AND AUDIT PROCEDURES.

Business Name			From - To (MM/YY – MM/YY)
CRAY INC.			10/15 - 01/17
Business Address	**City**	**State**	**Zip**
901 FIFTH AVENUE	SEATTLE	WA	98164
Phone	**Title**		
(206) 701-2000	REVENUE ACCOUNTANT		

Description of Duties

ANALYZED CUSTOMER CONTRACTS TO IDENTIFY KEY DELIVERABLES AND CLAUSES REQUIRED FOR REVENUE RECOGNITION.

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:

_____ _____

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.

MARIANNE MIRTCHEV

Print Name (First, Last)

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, _____, 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

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

11A

Quarles

One Renaissance Square
Two North Central Avenue
Suite 600
Phoenix, Arizona 85004-2322
602-229-5200
Fax 602-229-5690
www.quarles.com

Writer's Direct Dial: 602-229-5331
E-Mail: Luis.Lanz@quarles.com

Attorneys at Law in
Chicago
Denver
Indianapolis
Madison
Milwaukee
Minneapolis
Naples
Phoenix
San Diego
St. Louis
Tampa
Tucson
Washington D.C

August 26, 2026

Via E-Mail and UPS

Mark I. Sedar
Chief Operating Officer
Email: msedar@pharmacy.nv.gov
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy. Ste 206
Reno, NV 89521

RE: Bespoke Pharmaceuticals, LLC – New Outsourcing Facility Application

Dear Mark:

On behalf of Bespoke Pharmaceuticals, LLC ("Bespoke"), please find enclosed a new outsourcing facility application for submission to the Nevada Board of Pharmacy. I understand that although the application makes reference to "Out-of-State Outsourcing Facility", the Board expects resident outsourcing facilities to complete this application, but please let me know if my understanding is incorrect. This application reflects updates to the following:

1. the designated representative;
2. the managing pharmacist;
3. ownership chart and Manager/Officer Information;
4. personal history applications; and
5. a voluntary disclosure.

Without prejudice to any of Bespoke's rights, positions, or defenses, please be advised that the submission of this new application and the voluntary disclosure accompanying it is provided to facilitate the Board's review and does not constitute an admission that any statute, regulation, or Board guidance requires the disclosure of the information contained therein. Bespoke maintains its position that the individuals discussed in the voluntary disclosure are not owners or "persons beneficially interested" within the meaning of NRS 639.231.

Furthermore, nothing in this application, the accompanying voluntary disclosure, or this correspondence is intended as, or should be construed as, admission of any allegation or waiver of

any of Bespoke's arguments in Case No. 25-385-PH-S, including objections to the Board's jurisdiction to proceed with the case. Bespoke expressly preserves all defenses, rights, claims, and legal arguments available to it in Case No. 25-385-PH-S.

Should you have any questions or require additional information regarding this submission, please do not hesitate to contact me.

Sincerely,

Luis Lanz

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: Bespoke Pharmaceuticals, LLC

Physical Address: 5795 N. Hollywood Blvd.

City: Las Vegas State: NV Zip Code: 89115

Telephone: (725) 529-3930 Fax: (725) 529-3572

Toll Free Number: (877) 277-6558 (Required per NAC 639.708)

E-mail: license@bespokepharmaceutical.com Website: www.bespokepharmaceutical.com

Supervising Pharmacist: Magdalena Cybulska Nevada License #: 22437

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: 8/27/20 Amount: $500-ck 7179361

FEI Number (From FDA application): 3032391393

Please provide the name of the facility as registered with the FDA and the registration number:
Bespoke Pharmaceuticals, LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Bespoke Pharmaceutical, LLC

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Magdalena Cybulska Nevada License Number: 22437

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NV20201930582

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

Fadi Abdel

Print Name of Authorized Person

31-July-2026

Date

OWNERSHIP IS A PUBLICY TRADED COMPANY

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

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.

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: State of Nevada

Parent Company if any: N/A

Address: 5795 N. Hollywood Blvd.

City: Las Vegas State: NV Zip: 89115

Telephone: (609) 310-0860 Fax: (888) 880-7488

Contact Person: Fadi Abdel

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Rise Equipment, LLC 3679 Benedict Canyon Ln, Sherman Oaks, CA 91423 50.1%
Name Address

b) Pharma X, LLC 18555 Collins Ave #5003, Sunny Isles, FL 33160 49.9%
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - LLC membership interests

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

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

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

/ Drug Establishments Current Registration Site (index.cfm)

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Bespoke Pha**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Bespoke Pharmaceutical, LLC	3032391393	117989075	LABEL; MANUFACTURE; RELABEL; REPACK;	5795 N Hollywood Blvd, Las Vegas, Nevada (NV) 89115-1833, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Sunday, Apr 12, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

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 **Bespoke Pharmaceuticals, 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 10/30/2020, 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 03/25/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603256578901

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

2026 Ownership Chart
& Manager/Officer Information



Note: percentages reflect membership ownership interests.

Rise Equipment, LLC

EIN: [redacted]
Address: [redacted] Sherman Oaks, CA [redacted]
Managers:
Irina Sarafyan – Manager
Peter Viskovatykh - Manager

Pharma X, LLC

EIN: [redacted]
Address: [redacted] Sunny Isles, FL [redacted]
Managers:
Irina Gampel – Manager
Yury Gampel – Manager

Bespoke Pharmaceuticals, LLC

EIN: [redacted]
Address: 5795 N. Hollywood Blvd., Las Vegas, NV 89115
Managers and Officers:
Irina Gampel – Manager
Irina Sarafyan – Manager
Fadi Abdel – Chief Development & Operations Officer

Voluntary Disclosure - Bespoke Pharmaceuticals, LLC

This statement is submitted as a voluntary attachment to the application of Bespoke Pharmaceuticals, LLC ("Bespoke"). Bespoke provides this disclosure in the interest of full transparency and for the Nevada Board of Pharmacy's consideration.

The individuals discussed below, Yury Gampel and Michael Tiraturian, are spouses of members of the entity members that own Bespoke, but hold no ownership interest of any kind in the company. They are not owners, shareholders, or partners with any interest in Bespoke, nor do they exercise any control over the company's day-to-day operations. Bespoke's corporate formation documents, including its Articles of Organization and Operating Agreement, conclusively establish that neither Mr. Gampel nor Mr. Tiraturian holds any ownership interest in Bespoke.

These individuals do not fall within the definition of a "person beneficially interested" as that term is used in Nev. Rev. Stat. Ann. § 639.231. Because they possess no ownership stake, profit-sharing arrangement, voting authority, or other beneficial interest in Bespoke, neither the application nor the relevant statutes and regulations require the disclosure of information related to them. Nevertheless, to facilitate the Nevada Board of Pharmacy's review and to address any concerns that may arise from the application process, Bespoke voluntarily provides the following information.

I. Relationship to Bespoke

Yury Gampel is the spouse of Irina Gampel (member of Pharma X, LLC, which is a member of Bespoke), and Michael Tiraturian is the spouse of Irina Sarafyan (member of Rise Equipment, LLC, which is a member in Bespoke). Neither Mr. Gampel nor Mr. Tiraturian has any role, responsibility, or interest in Bespoke apart from their marital relationships. It is solely by virtue of these spousal relationships that Bespoke addresses their backgrounds herein.

II. Michael Tiraturian

Michael Tiraturian has no criminal record.

In Miami-Dade County, Florida, Case No. F16005623, Mr. Tiraturian was arrested on March 18, 2016, and charged with fleeing or eluding a police officer, providing false information on a driver's license application, and driving under the influence (DUI). As reflected in the certified disposition issued by Harvey Ruvin, Clerk of the Circuit and County Courts for Miami-Dade County, Florida, all three charges were disposed of as "NOLLE PROS-COMP PT" on March 10, 2017. A nolle prosequi means the prosecution declined to proceed with the charges. The certified disposition therefore does not establish any criminal conviction arising from that matter.

In *The People v. Tiraturyan, Mikayel*, Case No. BA255311, Mr. Tiraturian was charged in 2005 in connection with an investigation into a physician whose offices had sent patient specimens to Mr. Tiraturian's now-closed California diagnostic laboratory. Investigators apparently concluded that billing associated with those tests was fraudulent based on alleged activity linked to the physician's offices. Counts 1 and 2 alleged violations of Penal Code § 487(a) and Welfare and

Institutions Code § 14107(b)(1), respectively. After counsel was retained and contemporaneous documentation of the laboratory's work and the physician's relationship was produced, the Court found "Insufficient Cause per 871 P.C." as to both counts on May 16, 2006, and neither charge proceeded.

Counts 3 and 4, brought under Revenue & Taxation Code § 19706, related to the corporation's unpaid minimum franchise tax for two years after the laboratory had ceased operations but before the entity was formally dissolved. The outstanding tax amounts and penalties were ultimately paid, and Mr. Tiraturian was acquitted of those charges. No criminal conviction resulted from any count in this case.

In summary, Mr. Tiraturian has never been convicted of any criminal offense.

III. Yury Gampel

Yury Gampel has no criminal record and has never been convicted of any criminal offense.

Mr. Gampel is a party to a pending *civil* lawsuit brought under the False Claims Act: *United States ex rel. Radhakrishnan v. Gampel*, Case No. CV-20-00176-PHX-GMS, in the United States District Court for the District of Arizona. On February 7, 2025, the court stayed the civil FCA case for 120 days because Mr. Gampel and co-defendant Ernest Tepman informed the Court that they were subjects of a Department of Justice criminal investigation. The court subsequently ordered periodic status reports from the United States regarding the continuing pendency of the criminal investigation and extended the stay on multiple occasions.

In a recent status report, filed on May 18, 2026 (Docket Entry 179), the United States informed the Court that it intends to close the criminal investigation. Mr. Gampel denies any wrongdoing and intends to vigorously defend the civil lawsuit.

IV. Conclusion

To be clear, Bespoke reiterates that neither Mr. Gampel nor Mr. Tiraturian holds any ownership interest, beneficial or otherwise, in Bespoke. No statute, regulation, or application requirement compels the disclosure of the foregoing information. This statement is provided solely as a voluntary courtesy to the Nevada Board of Pharmacy in the spirit of transparency and cooperation with the licensing process.

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: TIRATURYAN, MIKAYEL
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 2016 - 2016

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
F16005623	03/18/2016	FLEE/ELUDE PO	NOLLE PROS COMP PT	03/10/2017
		DL APPL/FALSE INFO	NOLLE PROS-COMP PT	03/10/2017
		DUI	NOLLE PROS-COMP PT	03/10/2017

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (10 YEARS FOR FELONY, MISDEMEANOR AND CRIMINAL TRAFFIC VIOLATIONS IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY).
PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 24 DAY OF MARCH, 2017.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK

NANCY [illegible]

PAGE: 001

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

Translate Page

Online Services | Self-Help | Types of Cases | General Info | Jury Duty | Attorneys | Justice Partners & Professionals

Home / Access a Case / Find Case Informatio... /

Criminal Case Access

View publicly available information about a criminal case

Open For Screen Reader

Case Information for BA255311

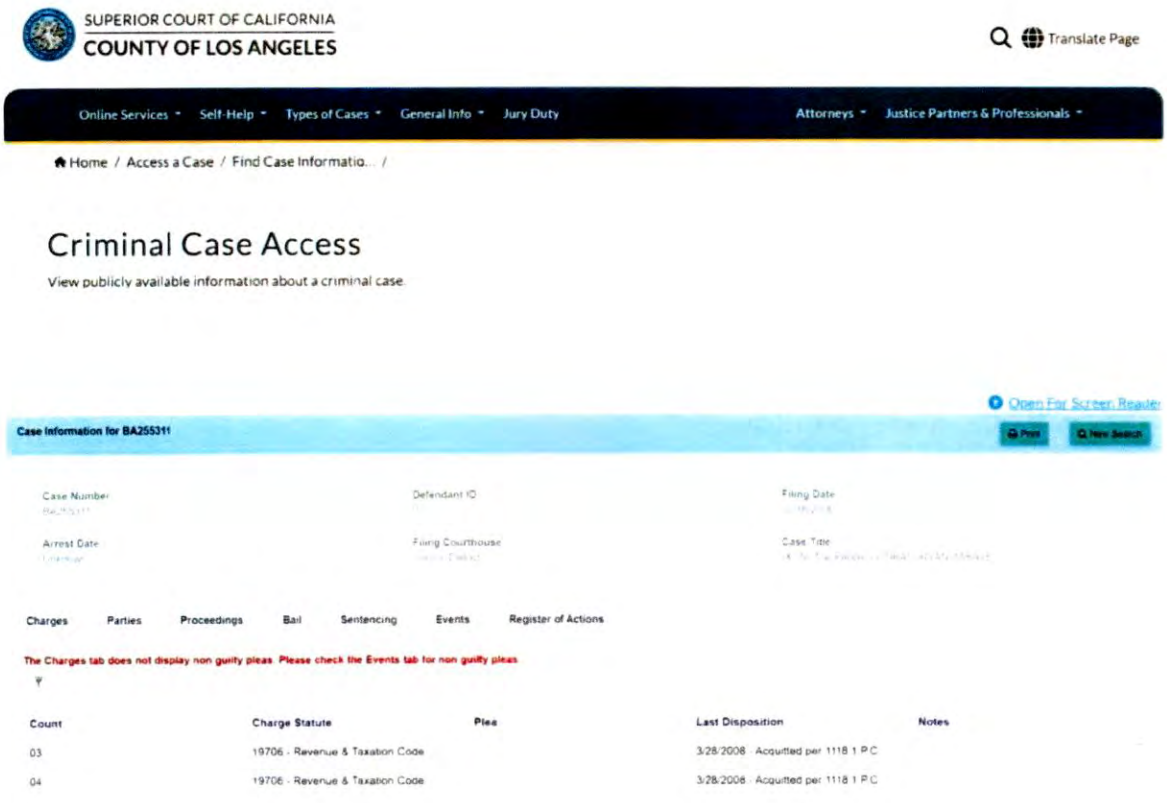
Print | New Search

Case Number
Defendant ID
Filing Date
Arrest Date
Filing Courthouse
Case Title

Charges | Parties | Proceedings | Bail | Sentencing | Events | Register of Actions

The Charges tab does not display non guilty pleas. Please check the Events tab for non guilty pleas.

Count	Charge Statute	Plea	Last Disposition	Notes
01	487(A) - Penal Code		5/16/2006 - Court Found Insufficient Cause per 871 P.C.	
02	14107(B)(1) - Welfare and Institutions Code		5/16/2006 - Court Found Insufficient Cause per 871 P.C.	
03	19706 - Revenue & Taxation Code		5/16/2006 - Held to Answer	
04	19706 - Revenue & Taxation Code		5/16/2006 - Held to Answer	


SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES
Translate Page
Online Services
Self-Help
Types of Cases
General Info
Jury Duty
Attorneys
Justice Partners & Professionals
Home / Access a Case / Find Case Informatio... /
Criminal Case Access
View publicly available information about a criminal case.
Open For Screen Reader
Case Information for BA255311
Print
New Search
Case Number
Defendant ID
Filing Date
Arrest Date
Filing Courthouse
Case Title
Charges
Parties
Proceedings
Bail
Sentencing
Events
Register of Actions
The Charges tab does not display non guilty pleas. Please check the Events tab for non guilty pleas.
Count
Charge Statute
Plea
Last Disposition
Notes
03
19706 - Revenue & Taxation Code
3/28/2008 - Acquitted per 1118.1 P.C.
04
19706 - Revenue & Taxation Code
3/28/2008 - Acquitted per 1118.1 P.C.

BRETT A. SHUMATE
Assistant Attorney General

TIMOTHY COURCHAINE
United States Attorney
District of Arizona

LON R. LEAVITT (Arizona Bar No. 35825)
Assistant United States Attorney
40 North Central Avenue, Suite 1800
Phoenix, Arizona 85004-4449
Telephone: (602) 514-7500
Email: lon.leavitt@usdoj.gov

JAMIE ANN YAVELBERG
NATALIE A. WAITES
JARED S. WIESNER (D.C. Bar No. 976856)
ERICA H. MA (New York Registration No. 5880703)
U.S. Department of Justice, Civil Division
Commercial Litigation Branch, Fraud Section
175 N Street, NE
Washington, D.C. 20002
Telephone: (202) 353-1274
Fax: (202) 541-0280
Email: jared.s.wiesner2@usdoj.gov

Attorneys for the United States of America

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ARIZONA

United States *ex rel.* Radhakrishnan, *et al.*,

Plaintiffs,

v.

Yury Gampel, *et al.*,

Defendants.

United States *ex rel.* Terry, *et al.*,

Plaintiffs,

v.

Modern Vascular of Glendale, LLC, *et al.*,

Defendants.

No. CV-20-00176-PHX-GMS
LEAD CASE

Consolidated with:
No. CV-21-00010-PHX-SPL
No. CV-21-01206-PHX-GMS

STATUS REPORT

United States *ex rel.* Katherine Diggins, *et al.*,

Plaintiffs,

v.

Modern Vascular LLC, *et al.*,

Defendants.

On February 7, 2025, the Court stayed this civil False Claims Act (FCA) case for 120 days because Yury Gampel and Ernest Tepman, who were set to be deposed soon, informed the Court that they were the subjects of a criminal investigation by the Department of Justice. (*See* Dkt. No. 161.) The Court further ordered that the United States inform the Court within 90 days – by May 8, 2025 – as to the continuing pendency of the criminal investigation (*id.*), and the United States did so (Dkt. No. 168). On June 13, 2025, the Court extended the stay for another 120 days from June 6, 2025, and ordered the United States to file a status report within 90 days (*i.e.*, by September 4, 2025) (Dkt. No. 170), which the United States did on August 28, 2025 (Dkt. No. 173). The Court has since ordered periodic status reports, which the United States has filed (Dkts. 175, 177), each time resulting in the stay being extended, most recently to May 22, 2026 (Dkts. 174, 176, 178). In compliance with the Court's order (Dkt. 178), the United States hereby informs the Court that the United States intends to close the criminal investigation.

\\

\\

\\

\\

\\

\\

\\

\\

RESPECTFULLY SUBMITTED May 18, 2026.

BRETT A. SHUMATE
Assistant Attorney General

TIMOTHY COURCHAINE
United States Attorney
District of Arizona

/s/ Lon R. Leavitt

LON R. LEAVITT
Assistant United States Attorney

JAMIE ANN YAVELBERG
NATALIE A. WAITES
JARED S. WIESNER
ERICA H. MA
Attorneys, Civil Division
U.S. Department of Justice
Attorneys for the United States of America

CERTIFICATE OF SERVICE

I hereby certify that on May 18, 2026, I caused the within and foregoing **STATUS REPORT** to be electronically transmitted to the Clerk's Office using the CM/ECF System for filing and transmittal of a Notice of Electronic Filing to all CM/ECF registrants listed as counsel in this case.

/s/ Lon R. Leavitt
Office of the United States Attorney

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: Bespoke Pharmaceuticals, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 5795 N Hollywood Blvd

City: Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (725) 529-3930 Toll Free # (NAC 639.708, NRS 639.23286): (877) 277-6558

Fax: (725) 529-3572 Contact Email: license@bespokepharmaceutical.com

Website: www.bespokepharmaceutical.com

Nevada Business License # (if applicable) NV20201930582

Supervising/Managing Pharmacist Name (NRS 639.220): Magdalena Cybulska

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22437

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

Email of Designated Person(s): fadi@bespokepharmaceutical.com

Telephone of Designated Person(s): (609) 310-0860

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? February 2026

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

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? Per environmental monitoring schedule & after significant events, maintenance, excursion

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:

Sterile compounded preparations containing methylcobalamin, sermorelin, NAD+, glutathione, gonadorelin, MIC

12. What laboratory performs your sterility or endotoxin testing?

Name: Nelson Laboratories, LLC

Address: 6280 S. Redwood Road

City: Salt Lake City State: Utah Zip: 84123

Telephone: 801-290-7625

13. What is your procedure for visual inspection of compounded sterile products?

Each finished compounded sterile product is visually inspected by trained and qualified personnel using manual, semi automated, or automated inspection, as applicable, before release. Inspection includes solution clarity, color, visible particulate matter, container closure integrity, fill volume, stopper and seal integrity, cracks, leaks, cosmetic defects, and labeling accuracy, including lot identification and beyond use date or expiry information. Any unit that does not meet acceptance criteria is rejected and investigated in accordance with written procedures.

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

Glove fingertip and thumb sampling and media fill qualification are completed initially, requalified per procedure, and repeated after failures, major changes, extended absence, or retraining.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel involved in sterile compounding complete initial training before performing any sterile compounding duties independently and complete ongoing requalification thereafter. Training includes personnel hygiene and garbing, aseptic technique, cleanroom behavior, material staging and transfer, equipment operation, environmental monitoring awareness, cleaning and disinfection practices, batch record documentation, deviation reporting, visual inspection, labeling controls, and applicable requirements under USP 797 and the facility quality system. Personnel must successfully complete required practical and written qualification activities, including gowning qualification, glove fingertip and thumb sampling, media fill qualification, and role specific competency assessments.

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:

Primary and secondary engineering controls are cleaned and disinfected in accordance with written procedures and established schedules. Cleaning is performed using qualified cleaning and disinfecting agents before operations begin, at defined intervals during operations as applicable, after compounding is completed, and after any spill, contamination event, or maintenance activity requiring additional cleaning. Disinfecting and sporicidal agents are used at defined routine frequencies under the environmental cleaning program. All cleaning activities are documented in facility logs and reviewed under the quality system. The specific agents used are listed below and are as approved in current procedures. Different types of Liquidnox cleaning agents, isopropyl alcohol (70%) Ready to use (RTU) Peridox, Tex-Q, Sporkenz and ionized hydrogen peroxide

17. Who performs the sterile compounding process at your facility?

Licensed pharmacists and certified pharm. techs perform sterile compounding after training, qualification, & authorization.

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

Responsibility for sterile compounding rests with the supervising pharmacist, designated person under USP 797, and Quality Assurance, including oversight of personnel qualification, environmental monitoring, deviations, cleaning, disinfection, and procedural compliance

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Products are shipped under labeled storage conditions using qualified packaging, temperature controls, and cold chain packaging and temperature monitoring devices when required. Shipping conditions are documented and reviewed, and any temperature excursion is assessed under written procedures before product disposition

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?

NA 07 31 2024

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:

7.31.2020

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

N/A

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? N/A 4 07.31.2026		
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.

Fadi Abdel

Name of Person who Completed the Form

Chief Development & Operations Officer

Title

Signature (copies or stamps not accepted)

July 31, 2026

Date

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

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 Bespoke Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5795 N Hollywood Blvd

City Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (725) 529-3930 Website www bespokepharmaceutical com

Licensing Company Email license@bespokepharmaceutical.com

Section 2: Personal Information

First Fadi Middle M Last Abdel

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

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

Mailing Address 5795 N. Hollywood Blvd

City Las Vegas State NV Zip 89115

Telephon[redacted] Email fadi@bespokepharmaceutical 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)	
Vanderbilt University		08/98 - 05/00	
Address	**City**	**State**	**Zip**
2201 West End Ave	Nashville	TN	37235
Diploma/Degree obtained, if any			
Pursued Medical Doctor Degree			
School Name		From - To (MM/YY – MM/YY)	
David Lipscomb University		08/95 - 05/98	
Address	**City**	**State**	**Zip**
1 University Park Dr	Nashville	TN	37204
Diploma/Degree obtained, if any			
Bachelor's of Science			
School Name		From - To (MM/YY – MM/YY)	
Beech High School		08/91 - 05/95	
Address	**City**	**State**	**Zip**
3126 Long Hollow Pike	Hendersonville	TN	37075
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
08/20 - present	[redacted]	Las Vegas	NV	[redacted]
06/20 - 08/20		Las Vegas	NV	
07/15 - 10/20		Princeton	NJ	
From - To (MM/YY – MM/YY)	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)	
Bespoke Pharmaceuticals, LLC			01/26 - present	
Business Address		City	State	Zip
5795 N Hollywood Blvd		Las Vegas	NV	89115
Phone	Title		Number of Employed Hours	
(725) 529-3930	Chief Development & Operations Officer		480 hours	
Description of Duties				
Executive responsible for everything from proper staff, facility, API, and sales to the proper states				

Business Name			From - To (MM/YY – MM/YY)	
Speratum Biopharma, Inc			10/24 - 01/26	
Business Address		City	State	Zip
9 East Loockerman Street, suite 311		Dover	DE	19901
Phone	Title		Number of Employed Hours	
(281) 299-7092	Chief Development & Operations Officer /Consultant		2,792 hours	
Description of Duties				
Executive responsible for the Research and Development (R&D) and the Operations of the facility along with the employees				

Business Name			From - To (MM/YY – MM/YY)	
Alto Neuroscience, Inc.			08/21 - 10/24	
Business Address		City	State	Zip
650 Castro Street, Suite 450		Mountain View	CA	94022
Phone	Title		Number of Employed Hours	
(650) 200-0412	Sr. Vice President, Clinical Innovation		6,783 hours	
Description of Duties				
End-to-End product lifecycle management within the R&D and global operations department with responsibility of four therapeutics and two diagnostic platforms.				

Business Name			From - To (MM/YY – MM/YY)	
Janssen Pharmaceutical (Johnson & Johnson)			01/16 -08/21	
Business Address		City	State	Zip
1125 Trenton Harbourton Rd		Titusville	NJ	08560
Phone	Title		Number of Employed Hours	
(609) 737-2699	Sr. Director, Global Program Leader		11,829	
Description of Duties				
Senior, strategic role responsible for defining the asset strategy and driving development from discovery to market launch within the Neuroscience J&J portfolio				

Business Name			From - To (MM/YY – MM/YY)	
Novartis Pharmaceuticals			04/02 - 01/16	
Business Address		City	State	Zip
1 Health Plaza		East Hanover	NJ	07936
Phone	Title		Number of Employed Hours	
(862) 778-8300	Director, Global Trial Management		28,874	
Description of Duties				
Drives end-to-end operational planning and execution for clinical trials within Global Clinical Operations				

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 # NA . **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				

NA FA 31-Jul-2026

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

31-Jul-2026
Date

I, Fadi M. Abdel, **certify that as the designated representative for**

Bespoke Pharmaceutical,

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

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

Fadi Abdel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

31-Jul-2026

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.

FADI ABDEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8.3.2026

Date

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

State of NEVADA, ss. County of Clark

I, Adrain Thingleton, 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

8/3/2026

Date

Subscribed and Sworn to before me this 3rd day of August.

Notary Public Signature

ADRAIN HINGLETON
Notary Public-State of Nevada
APPT. NO. 26-0862-01
My Appt. Expires 01-05-2030

(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 BESPOKE PHARAMCEUTICALS, LLC

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

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARAMCEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last GAMPEL

Alias(es, nicknames, name changes, etc.) BARSKI, MOSCOWITZ

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

Mailing Address [redacted]

City SUNNY ISLES BEACH State FL 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)	
SAN DIEGO STATE UNIVERSITY		09/95 - 05/99	
Address	**City**	**State**	**Zip**
5500 CAMPANILE DR	SAN DIEGO	CA	92182
Diploma/Degree obtained, if any			
BS OF SCIENCE MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
RESEDA HIGH SCHOOL		09/92 - 05/95	
Address	**City**	**State**	**Zip**
18230 KITTRIDGE ST	RESEDA	CA	91335
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
07/20 - PRESENT	[redacted]	SUNNY ISLES BEACH	FL	[redacted]
08/12 - 07/20	[redacted]	GLENDALE	AZ	[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

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)
NORTHERN LIGHT MEDICAL MANAGEMENT, LLC			05/23 - PRESENT
Business Address	**City**	**State**	**Zip**
1895 TYLER ST # 207	HOLLYWOOD	FL	33020
Phone	**Title**		
754 900 5014	ACCOUNT MANAGER		
Description of Duties			
DAILY OPERATIONS, OVERSEEING ACCOUNTING AND BANKING			

Business Name			From - To (MM/YY – MM/YY)
ACE MANAGEMENT, LLC			05/19 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGING MEMBER		
Description of Duties			
MANAGING MEMBER FOR INVESTMENT AND HOLDING COMPANY; DAILY OPEARATIONS, ACCOUNTING OVERVIEW.			

Business Name			From - To (MM/YY – MM/YY)
NOBILITY MANAGEMENT, LLC			02/15 - 08/22
Business Address	**City**	**State**	**Zip**
26025 MUREAU RD SUITE 110	CALABASAS	CA	91302
Phone	**Title**		
	ACCOUNT MANAGER		
Description of Duties			
OVERSEEING ACCOUNTING, BILLING PROCEDURE IMPLEMENTATION			

Business Name			From - To (MM/YY – MM/YY)
IG INVESTMENTS, INC			04/05 - 09/23
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
	SHAREHOLDER		
Description of Duties			
OVERSEEING INVESTMENT PORTFOLIO			

Business Name			From - To (MM/YY – MM/YY)
EMBRACE FOUNDATION, CHARITABLE FOUNDATION			05/18 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	PRESIDENT		
Description of Duties			
MANAGING ENTITY STRATEGY, CHARITY EVENTS, MANAGING VARIOUS CHANELS FOR CHARITY ACTIVITY.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
PHARMA X, LLC			10/20 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGER		
Description of Duties			
OVERSEES INVESTEMENT *this entity is the member of BESPOKE PHARMACEUTICALS, LLC			

Business Name			From - To (MM/YY – MM/YY)
BESPOKE PHARMACEUTICALS, LLC			10/20 - PRESENT
Business Address	**City**	**State**	**Zip**
5795 N. HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115
Phone	**Title**		
877 277 6558	MANAGER		
Description of Duties			
BOARD MEMBER			

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:

_____ _____

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.

IRINA GAMPEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/24/2026

Date

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

State of _____, ss. County of _____

I, _____, 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

8/24/26

Date

Subscribed and Sworn to before me this 24th day of August 2026.

Please see attached

Notary Public Signature

(Seal)

CALIFORNIA JURAT GOVERNMENT CODE § 8202

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 Los Angeles

Subscribed and sworn to (or affirmed) before me on this 24th (Date) day of August (Month), 2026 (Year), by

(1) Irina Gampel

(and (2) _____).
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

MATTHEW MIKHAEL
Notary Public - California
Los Angeles County
Commission # 2483953
My Comm. Expires Mar 5, 2028

Signature M. Mikhael
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application (NV State board of pharm)

Document Date: 08/24/2026 Number of Pages: 8

Signer(s) Other Than Named Above: —

©2019 National Notary Association

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 BESPOKE PHARMACEUTICALS, LLC

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

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last SARAFYAN

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

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

Mailing Address [redacted]

City SHERMAN OAKS State CA 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)	
YEREVAN STATE MEDICAL UNIVERSITY		09/91 - 05/96	
Address	**City**	**State**	**Zip**
2 KORYUN ST	YEREVAN	ARMENIA	
Diploma/Degree obtained, if any			
DOCTOR OF STOMATOLOGY			
School Name		From - To (MM/YY – MM/YY)	
#8 SCHOOL NAMED AFTRER A.S. PUSHKIN		09/81 - 05/91	
Address	City	State	Zip
17 MOSKOVYAN ST	YEREVAN	ARMENIA	
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
03/22 - PRESENT	[redacted]	SHERMAN OAKS	CA	[redacted]
08/01 - 03/22	[redacted]	BURBANK	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
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)
AMERIDENT HEALTH PRO INC			09/18 - PRESENT
Business Address	**City**	**State**	**Zip**
310 S SEPULVEDA BLVD	LOS ANGELES	CA	90034
Phone	**Title**		
310 268 0646	PRESIDENT		
Description of Duties			
EXECUTIVE/OVERSEEING DAILY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
SARAFYAN DENTAL PROFESSIONAL CORPORATION			05/15 - PRESENT
Business Address	**City**	**State**	**Zip**
3130 S SEPULVEDA BLVD	LOS ANGELES	CA	90034
Phone	**Title**		
310 767 6199	PRESIDENT		
Description of Duties			
DENTIST (LICENSED ONLY IN STATE OF CALIFORNIA CA LICENSE NUMBER 57323)			

Business Name			From - To (MM/YY – MM/YY)
ANSALIGY USA LLC			07/19 - 09/22
Business Address	**City**	**State**	**Zip**
16850 COLLINS AVE # 113	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 903 2226	PRESIDENT		
Description of Duties			
EXECUTIVE/ESTABLISHED PROTOCOLS AND PROCEDURES FOR THE BEAUTY PRODUCT LINE DISTRIBUTION COMPANY			

Business Name			From - To (MM/YY – MM/YY)
RISE EQUIPMENT LLC			08/20 - PRESENT
Business Address	**City**	**State**	**Zip**
3679 BENEDICT CANYON LANE	SHERMAN OAKS	CA	91423
Phone	**Title**		
310 767 6199	VICE PRESIDENT		
Description of Duties			
EXECUTIVE *this entity is the member of BESPOKE PHARMACEUTICALS, LLC			

Business Name			From - To (MM/YY – MM/YY)
BESPOKE PHARMACEUTICALS LLC			10/20 - PRESENT
Business Address	**City**	**State**	**Zip**
5795 N HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115
Phone	**Title**		
877 277 6558	MANAGER		
Description of Duties			
BOARD MEMBER			

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:

Original Signature (electronic, copies or stamps not accepted)

08
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.

IRINA SARAFYAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08.21.2026

Date

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

State of California, ss. County of Los Angeles

I, _____, 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

08 21 2026

Date

Subscribed and Sworn to before me this 21st day of August, 2026.

Notary Public Signature

BRABION ALLAHVERDI
Notary Public - California
Los Angeles County
Commission # 2427852
My Comm. Expires Nov 23, 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 BESPOKE PHARAMCEUTICALS, LLC

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

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First PETR Middle _____ Last VISKOVATYKH

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

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

Mailing Address [redacted]

City SUNNY ISLES BEACH State FL 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)
FAR EASTERN STATE INSTITUTE OF FISHING AND BUSINESS			09/87 - 06/89
Address	**City**	**State**	**Zip**
52B LUGOVAYA ST	VLADIVOSTOK	RUSSIA	
Diploma/Degree obtained, if any			
SENIOR MARINE ENGINEER			

School Name			From - To (MM/YY – MM/YY)
FAR EASTERN MARITIME UNIVERSIY			09/81 - 05/86
Address	**City**	**State**	**Zip**
50A VERKHNEPORTOVAYA ST	VLADIVOSTOKQ	RUSSIA	
Diploma/Degree obtained, if any			
MARINE ENGINEER			

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
07/13 - PRESENT	[redacted]	SUNNY ISLES BEACH	FL	[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)
ME TECHNOLOGY, INC			08/16 - PRESENT
Business Address	**City**	**State**	**Zip**
1704 PARK CENTRAL BLVD	POMPANO BEACH	FL	33064
Phone	**Title**		
800 222 4357	PRESIDENT		
Description of Duties			
EXECUTIVE, OVERSEEING DAILY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
GP FLORIDA INVESTMENTS GROUP, LLC			09/13 - PRESENT
Business Address	**City**	**State**	**Zip**
16850 COLLOINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE, HOLDING COMPANY FOR INVESTMENTS			

Business Name			From - To (MM/YY – MM/YY)
SOLOMON ASSETS MANAGEMENT, LLC			09/13 - 12/21
Business Address	**City**	**State**	**Zip**
3901 NE 12TH AVE #400	POMPANO BEACH	FL	33064
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Business Name			From - To (MM/YY – MM/YY)
PGV HOLDINGS, LLC			11/17 - PRESENT
Business Address	**City**	**State**	**Zip**
16850 COLLINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Business Name			From - To (MM/YY – MM/YY)
AMERICAN TRUST HOLDINGS, LLC			12/17 - PRESENT
Business Address	**City**	**State**	**Zip**
16850 COLLINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
RWC GROUP, LLC			01/15 - 2024	
Business Address		City	State	Zip
3901 NE 12TH AVE #400		POMPANO BEACH	FL	33160
Phone	Title			
754 222 1407	PRESIDENT			
Description of Duties				
EXECUTIVE/OVERSEEING DAILY OPERATIONS				

Business Name			From - To (MM/YY – MM/YY)	
NEXTECH INDUSTRIES, INC			07/08 - PRESENT	
Business Address		City	State	Zip
16850 COLLINS AVE @259		SUNNY ISLES BEACH	FL	33160
Phone	Title			
305 608 1720	VICE PRESIDENT			
Description of Duties				
INVESTOR				

Business Name			From - To (MM/YY – MM/YY)	
DENIL HOLDINGS, LLC			05/08 - PRESENT	
Business Address		City	State	Zip
16850 COLLINS AVE #259		SUNNY ISLES BEACH	FL	33160
Phone	Title			
305 608 1720	PRESIDENT			
Description of Duties				
EXECUTIVE/MANAGING INVESTMENT PORTFOLIO				

Business Name			From - To (MM/YY – MM/YY)	
RISE EQUIPMENT, LLC			08/20 - PRESENT	
Business Address		City	State	Zip
3676 BENEDICT CANYON LANE		SHERMAN OAKS	CA	91423
Phone	Title			
310 767 6199	MNGR/MBR			
Description of Duties				
EXECUTIVE *this entity is a memebr of BESPOKE PHARMACEUTICALS, LLC				

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 B: 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
08/07/2019	12/04/2020	FL	FORT LAUDERDATE	BROWARD
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CACE19016492		SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD		
Reason/Charge				
BREACH OF CONTRACT				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
PLAINTIFF			LAWSUIT	
Name of Business/Industry/Entity				
RWC GROUP, LLC VS CAA INDUSTRIES				

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted)

08.22.26.
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
06/30/2023	10/15/2024	FL	FORT LAUDERDATE	BROWARD
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CACE23015277		SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD		
Reason/Charge				
BREACH OF CONTRACT				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
DEFENDANT			LAWSUIT	
Name of Business/Industry/Entity				
EXHIBIT CRAFT, INC vs RWC GROUP, LLC				

Provide explanation below:

FOLLOWING COVID PANDEMIC, INFLATION AND
THE RESULTING OF BREAKDOWN OF THE SUPPLY CHAIN, RWC GROUP COULD NOT MAINTAIN ITS MANUFACTURING OPERATIONS AND HAD TO CLOSE.

Original Signature (electronic, copies or stamps not accepted)

08.22.26.
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
08/07/2019	12/04/2020	FL	FORT LAUDERDATE	BROWARD
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CACE19016492		SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD		
Reason/Charge				
BREACH OF CONTRACT				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
PLAINTIFF			LAWSUIT	
Name of Business/Industry/Entity				
RWC GROUP, LLC VS CAA INDUSTRIES				

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted)

08.22.26
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
05/04/2020	11/01/2021	FL	FORT LAUDERDATE	BROWARD
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CACE20007534		SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD		
Reason/Charge				
ENFOPRCEMENT ON THE INSURANCE CLAIM PAYMENT				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
PLAINTIFF			LAWSUIT	
Name of Business/Industry/Entity				
RWC GROUP, LLC and ME TEchnology, INC vs Lloyds of London				

Provide explanation below:

ENFOPRCEMENT ON THE INSURANCE CLAIM PAYMENT, RESOLUTION REACHED, CLAIM PAID, LAWSUIT DISMISSED

Original Signature (electronic, copies or stamps not accepted)

08.22.26
Date

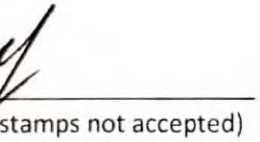
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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
09/13/2019	02/25/2021	FL	FORT LAUDERDATE	BROWARD
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CACE19019096		SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD		
Reason/Charge				
BREACH OF CONTRACT				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
DEFENDANT			LAWSUIT	
Name of Business/Industry/Entity				
MODERN GLOBAL INTERNATIONAL COMPANY LTD vs RWC GROUP, LLC				

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.



Original Signature (electronic, copies or stamps not accepted)

08.22.26

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
05/06/2024	09/05/2024	FL	FORT LAUDERDALE	BROWARD

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2414464	SOUTHER FLORIDA/FT LAUDERDALE/BROWARD COURT

Reason/Charge
BANKRUPTCY CHAPTER 11

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
PETITIONER RWC GROUP, LLC	BANKRUPTCY

Name of Business/Industry/Entity
RWC GROUP, LLC

Provide explanation below:

PETER VISKOVATYKH IS AN OFFICER OF RWC GROUP, LLC. IN MAY 2024 RWC GROUP, LLC ENTERED INTO THE ASSET PURCHASE AGREEMENT AND PROSPECTED BUYER REQUESTED RWC GROUP, LLC FILE FOR BANKRUPTCY CHAPTER 11 PROTECTION TO REORGONIZE THE DEBT. AFTERT BUYER FAILED TO PERFORM ON THE PURCHASE AGREEMENT TERMS IT WAS TERMINATED AND MOTION TO DISSMIS WAS FILED BY RWC GROUP, LLC. CASE WAS DISSMISED ON 09/05/2024

Original Signature (electronic, copies or stamps not accepted)

08.22.26
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
01/17/2023	03/23/2023	FL	FORT LAUDERDALE	BROWARD

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
23000660	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD COURT

Reason/Charge
CIVIL JUDGEMENT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDANT	LAWSUIT

Name of Business/Industry/Entity
RWC GROUP, LLC

Provide explanation below:

INDO MIM, INC WAS A VENDOR FOR RWC GROUP, LLC. INDO MIM, INC SUED RWC GROUP, LLC FOR OUTSTANDING BALANCE AND GOT JUDGEMENT AWARDED. FOLLOWING COVID PANDEMIC, INFLATION AND THE RESULTING OF BREAKDOWN OF THE SUPPLY CHAIN, RWC GROUP COULD NOT MAINTAIN ITS MANUFACTURING OPERATIONS AND HAD TO CLOSE.

Original Signature (electronic, copies or stamps not accepted)

08.22.26.
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
09/13/2019	12/16/2020	FL	FORT LAUDERDATE	BROWARD

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CACE19019089	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD

Reason/Charge
BREACH OF CONTRACT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DEFENDANT	LAWSUIT

Name of Business/Industry/Entity
OZ ASSET MANAGEMENT, LLC vs RWC GROUP, LLC

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted)

08.22.26
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.

PETR VISKOVATYKH

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08.22.26.

Date

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

State of Florida, ss. County of Miami-Dade

I, Petr Viskovatykh, 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

08.22.26.

Date

Subscribed and Sworn to before me this 23 day of August 2026

Notary Public Signature

FRANCISCO SCOTT
Commission # HH 750195
Expires December 17, 2029

(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: Bespoke Pharmaceuticals, LLC

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

Physical Address: 5795 N. Hollywood Blvd.

City: North Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-277-6558 Website: www.bespokepharmaceutical.com

Licensing Company Email: License@bespokepharmaceutical.com

Section 2: Personal Information

First: Elena Middle: Nikolayevna Last: Rabinovich

Alias(es, nicknames, name changes, etc.): Elena Nikolayevna Protasenko

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

Mailing Address: [redacted]

City: Sunny Isles Beach State: FL 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)	
Kemerovo State University		09/93-04/97	
Address	**City**	**State**	**Zip**
6 Krasnaya Street	Kemerovo	Russia	650043
Diploma/Degree obtained, if any			
Linquistics Program			

School Name		From - To (MM/YY – MM/YY)	
School No. 20		09/82-06/92	
Address	**City**	**State**	**Zip**
Lenin Street, 46	Leninsk-Kuznetsky	Russia	652507
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
06/24-present	[redacted]	Sunny Isles Beach	FL	[redacted]
06/23-06/24		Sunny Isles Beach	FL	
02/21-06/23		Aventura	FL	
08/10-02/21		Porter Ranch	CA	
	Address	City	State	Zip
	Address	City	State	Zip
	Address	City	State	Zip
	Address	City	State	Zip
	Address	City	State	Zip
	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)	
Northern Light Radiology Associates, Inc.			12/23-present	
Business Address		**City**	**State**	**Zip**
1895 Tyler Street, Suite 207		Hollywood	FL	33020
Phone	**Title**			
818-235-6243	VP of Treasury			
Description of Duties				
Supervising accounting department, including cash management, accounts payable, accounts receivables, payroll, and budgeting.				

Business Name			From - To (MM/YY – MM/YY)	
Bespoke Pharmaceuticals, LLC			10/20-03/25	
Business Address		**City**	**State**	**Zip**
795 N. Hollywood Blvd.		North Las Vegas	NV	89115
Phone	**Title**			
877-277-6558	Co-Manager			
Description of Duties				
Acted as co-manager through late 2024 (the term ended in early 2025). Not associated as an employee.				

Business Name			From - To (MM/YY – MM/YY)	
Nobility Management, LLC			09/17-11/23	
Business Address		**City**	**State**	**Zip**
23801 Calabasas Road		Calabasas	CA	91302
Phone	**Title**			
818-880-8605	Controller			
Description of Duties				
Supervised payroll and maintained books.				

Business Name			From - To (MM/YY – MM/YY)	
RMI International, Inc.			10/03-09/17	
Business Address		**City**	**State**	**Zip**
8125 Somerset Blvd.		Paramount	CA	90723
Phone	**Title**			
562-806-9098	Controller			
Description of Duties				
Supervised payroll and maintained books.				

Business Name			From - To (MM/YY – MM/YY)	
EJR Holdings, Inc.			07/19-present	
Business Address		**City**	**State**	**Zip**
1895 Tyler Street, Suite 207		Hollywood	FL	33020
Phone	**Title**			
818-235-6243	Director/President			
Description of Duties				
General supervision of family asset holding company. No commercial business activities.				

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:

Not applicable

Original Signature (electronic, copies or stamps not accepted)

8/24/2026
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.

Elena Rabinovich

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/24/2026

Date

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

State of Florida, ss. County of Broward

I, Elena Rabinovich, 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

08/24/2026

Date

Subscribed and Sworn to before me this 24 day of August.

Notary Public Signature

DOMINIQUE WALDEN
Notary Public
State of Florida
Comm# HH824466
Expires 7/15/2030

(Seal)

NEVADA HEALTH AUTHORITY

9850 DOUBLE R BLVD, STE 200
RENO, NEVADA 89521
OFFICIAL PERMIT **Permit No.** CL-039-38398

BESPOKE PHARMACEUTICAL LLC **Operator of** BESPOKE PHARMACEUTICAL LLC

at 5795 NORTH HOLLYWOOD BLVD., NORTH LAS VEGAS, NV 89115

is granted a permit to operate the following

Permit Description: DRUG (W/O AMYGDALIN/PROCAINE HYDROCHLORIDE)

Conditions of Permit: No restrictions

This establishment when inspected did comply with the public health laws of Nevada, and the rules, regulations and codes of Nevada Health Authority in effect on this date.

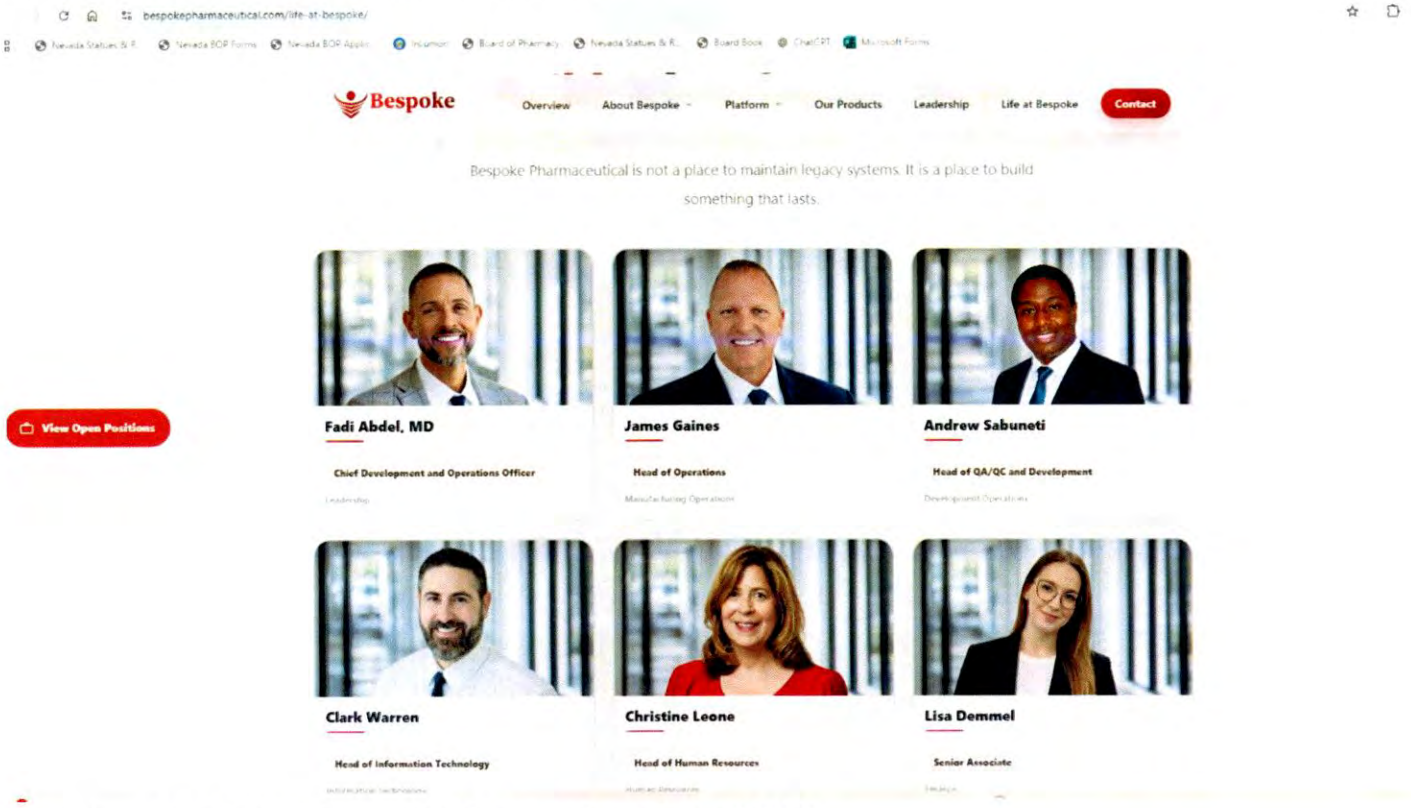
THIS PERMIT IS NOT TRANSFERABLE AND MUST BE POSTED IN VIEW OF THE PUBLIC.

It is subject to revocation at any time this establishment is not maintained or is not operated in a sanitary manner, and in accordance with Nevada statutes, and with rules, regulations and codes of the Nevada Health Authority. This permit becomes null and void upon the expiration date.

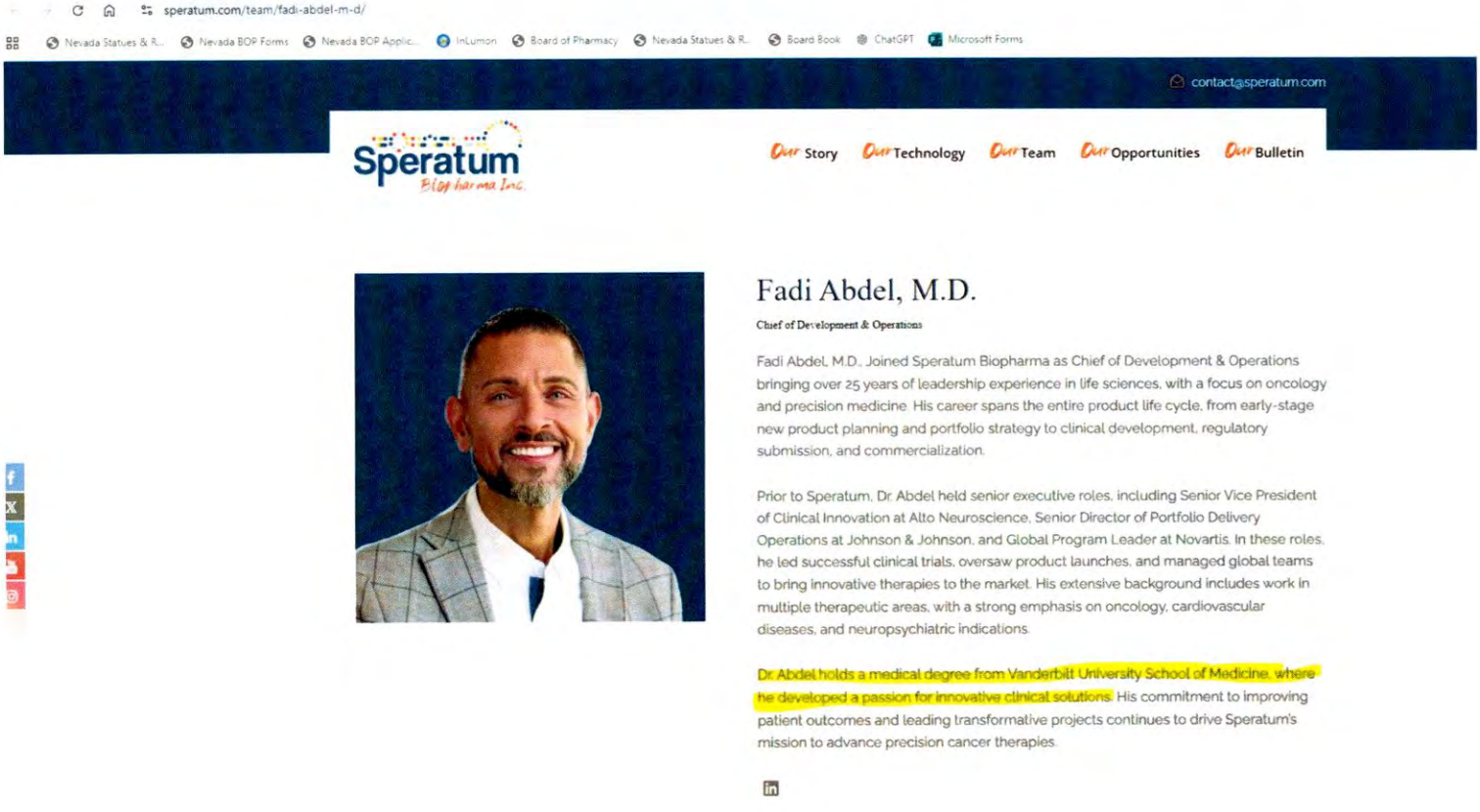
Expiration Date: 06/30/2027 **Official:** Vincent Valiente REHS

Documentation of Representations Regarding MD Degree

- **Bespoke Website: Screenshot taken 9/3/26**



- **Speratum Biopharma Website: Screenshot taken 9/3/26**



- **LinkedIn Website: Screenshot taken 9/3/26**

Education

Vanderbilt University School of Medicine

Urology Residency Program

May 2000

Medical degree with residency in Urology

American Military University

Doctorate Degree, Doctorate of strategic intelligence & Master's in Epidemiology

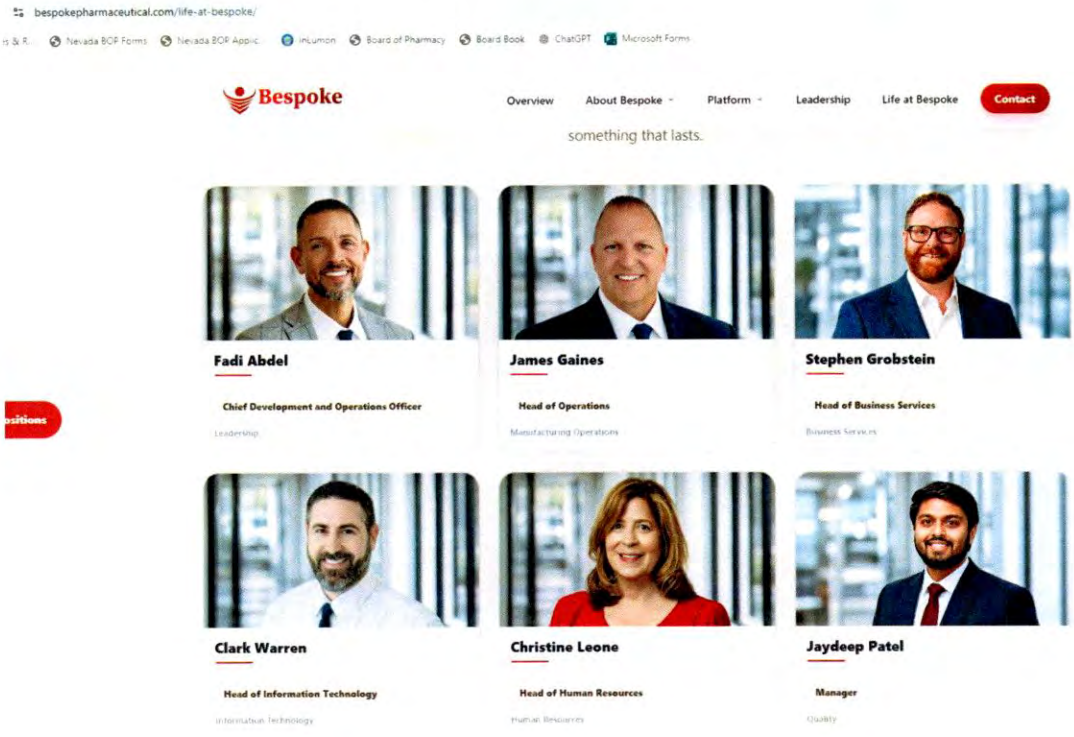
2010 – 2014

Pursued doctorate degree

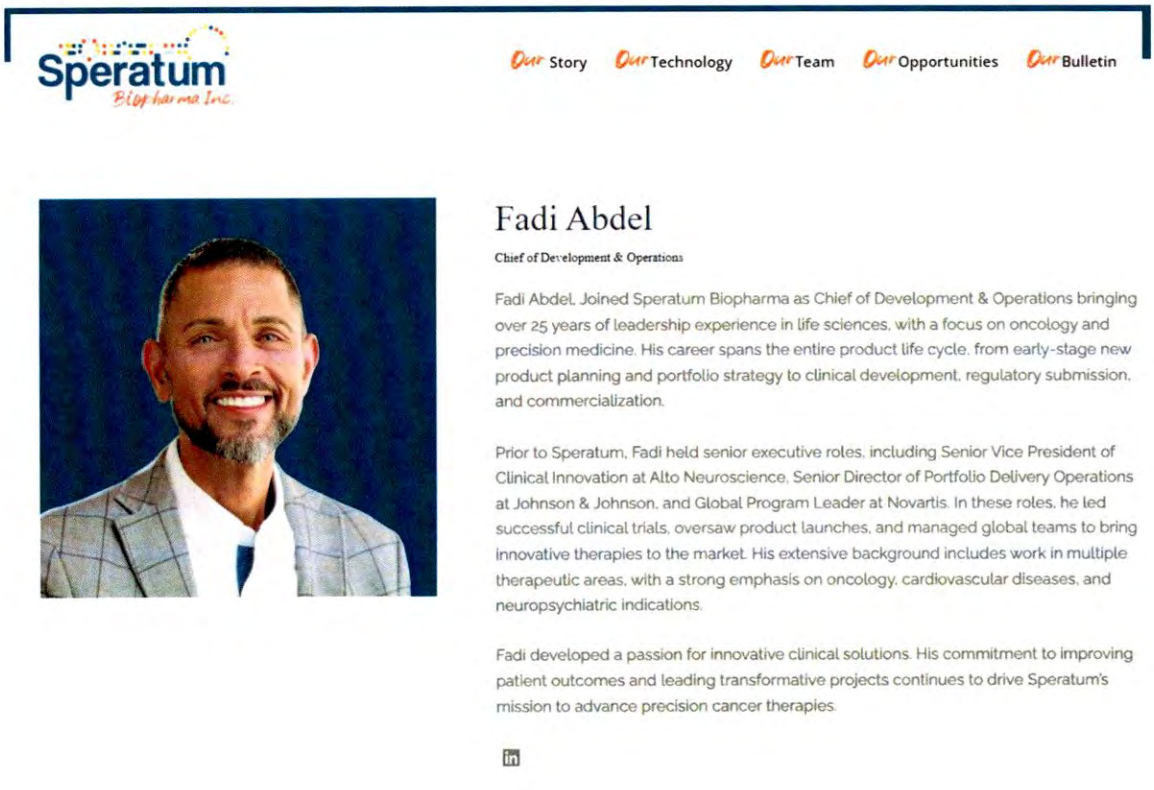
Lipscomb University

Bachelor's degree, Biochemistry and Molecular Biology

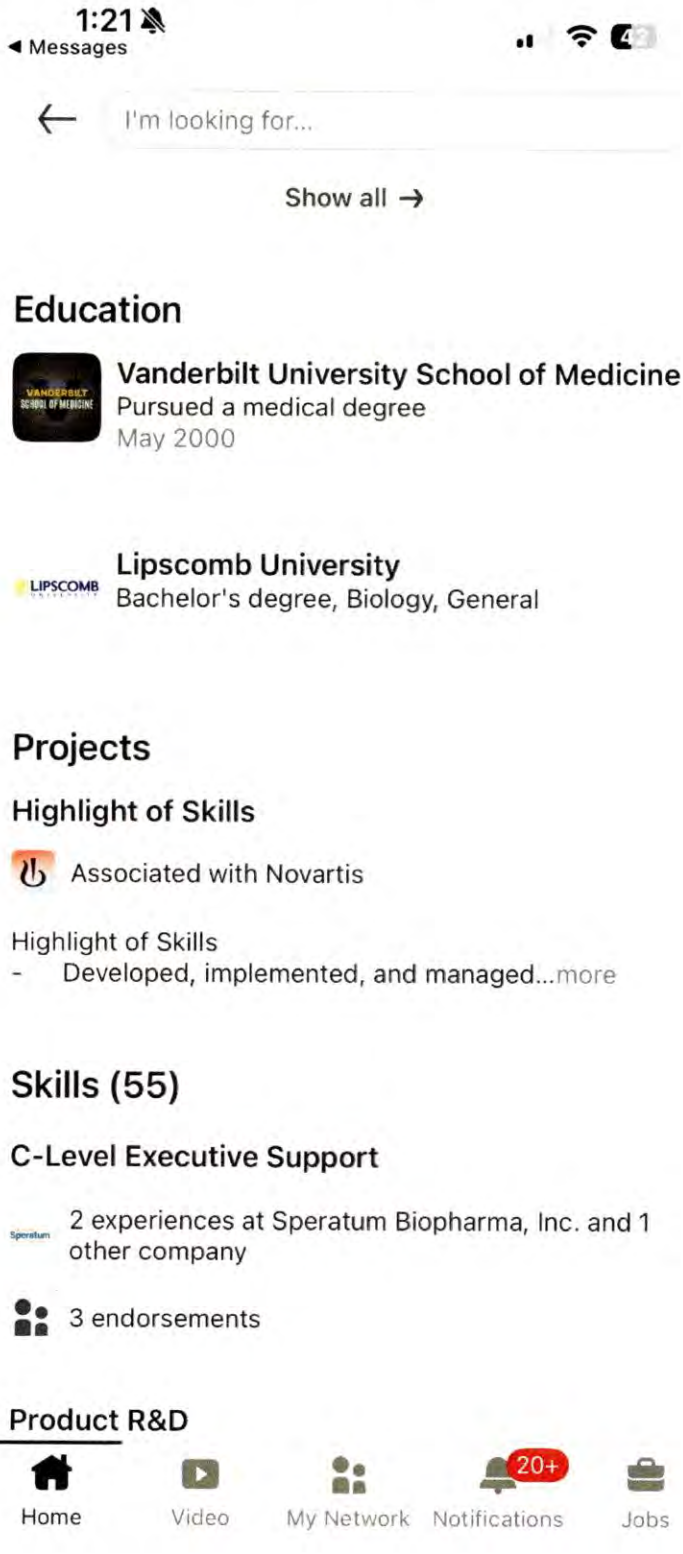
- **Bespoke Website: Screenshot taken 10/7/26**



- **Speratum Website: Screenshot taken 10/7/26**



- **LinkedIn: Screenshot taken 10/7/26**



12A

U.S. FOOD & DRUG ADMINISTRATION

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
www.fda.gov

Via Electronic Mail
Return Receipt Requested

April 23, 2026

Ms. Lou W. Kennedy
Chief Executive Officer
Nephron SC, LLC
4500 12th Street Ext.
West Columbia, SC 29172
Email Address: lkennedy@nephronpharm.com

Dear Ms. Kennedy:

The U.S. Food and Drug Administration (FDA) conducted an inspection at Nephron SC, LLC, FEI 3010892830, at 4500 12th Street Ext, West Columbia, from August 11 to 22, 2025. FDA has determined that the inspection classification of this facility is "voluntary action indicated" (VAI).[1] Based on this inspection, this facility is considered to be in a minimally acceptable state of compliance with regard to current good manufacturing practice (CGMP).

A VAI inspection classification indicates that, although investigators found and documented objectionable conditions during the inspection, FDA will not take or recommend regulatory or enforcement action because the objectionable conditions do not meet the threshold for action at this time. Despite this facility inspection classification, FDA recommends that you address any observations noted on the Form FDA 483 issued at the conclusion of the inspection or otherwise conveyed to you following the inspection. If not corrected, the same or similar conditions could lead to a future inspection being classified as "official action indicated" (OAI).

This letter is not intended as an endorsement or certification of the facility. It remains your responsibility to ensure continued compliance with CGMP.

An inspection classification of VAI for CGMP compliance will not directly negatively impact FDA's assessment of any pending marketing applications referencing this facility. Please note, however, that application approval will depend on a product- and application-specific facility assessment conducted by the appropriate CDER or CVM review office. This letter does not address or reflect FDA's decision making with respect to any potential non-CGMP compliance issues.

FDA has concluded that this inspection is "closed" under 21 CFR 20.64(d)(3), and we are enclosing a copy of the narrative portion of the Establishment Inspection Report (EIR). It may reflect redactions made by FDA in accordance with the Freedom of Information Act (FOIA) and

[1] See Inspection Classification Definitions, at https://www.fda.gov/ICECI/Inspections/ucm223231.htm.

21 CFR part 20. This, however, does not preclude you from requesting additional information under FOIA.

If you have any questions regarding this letter, you may contact CDER-OC-OMQ-Communications@fda.hhs.gov.

Sincerely,

MILIND GANJAWALA -S

Digitally signed by MILIND GANJAWALA -S
Date: 2026.04.23 06:45:50 -04'00'

Milind Ganjawala
Director
Division of Drug Quality III
Office of Manufacturing Quality
Office of Compliance
Center for Drug Evaluation and Research

Enclosure: Establishment Inspection Report

16A

NEVADA
PHARMACY ALLIANCE

10/22/2026

Nevada State Board of Pharmacy

RE: Request to Amend NAC 639.486(3) – Controlled Substance Recordkeeping

Dear Members of the Nevada State Board of Pharmacy:

On behalf of the Nevada Pharmacy Alliance, we respectfully request that the Board amend **NAC 639.486(3)** to allow records of controlled substances administered from floor stock to be maintained within a patient's electronic medical record (EMR), rather than requiring separate records.

Currently, NAC 639.486(3) states:

"Records maintained pursuant to this section must be maintained separately from records of patients."

This requirement creates unnecessary administrative burdens for healthcare facilities that utilize modern electronic medical record systems. Today's electronic systems can document controlled substance administration, track medication waste, and generate detailed reports for auditing and regulatory compliance without requiring separate recordkeeping systems.

Reasons for the Requested Amendment

1. **Improved Accountability and Auditing:** Electronic medical records can track controlled substance administration, doses, and waste while allowing facilities to generate reports for auditing, reconciliation, and regulatory inspections.
2. **Improved Documentation:** Allowing controlled substance records within the patient's medical record enables anesthesia teams and other healthcare professionals to document administration and waste directly alongside the patient's clinical information.
3. **Reduced Administrative Burden:** Eliminating the requirement for separate records would reduce duplicate documentation, improve workflow efficiency, and minimize opportunities for discrepancies between recordkeeping systems.
4. **Maintained Regulatory Oversight:** Electronic systems can provide searchable records, audit trails, and reports necessary for controlled substance accountability. Facilities would remain responsible for maintaining all records required under NAC 639.486 and applicable federal and state laws.

1575 W. Horizon Ridge Pkwy #530792
Henderson, NV 89012
702-714-1931
info@nevadapharmacyalliance.com

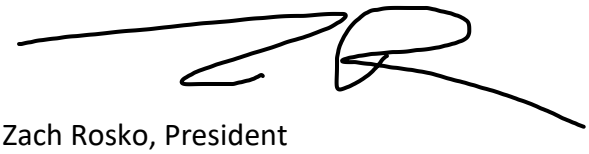
NEVADA
PHARMACY ALLIANCE

Proposed Amendment to NAC 639.486(3): We recommend removing subsection 3.

This amendment would modernize Nevada's controlled substance recordkeeping requirements while preserving accountability and regulatory oversight. It would allow healthcare facilities to use existing technology more efficiently without compromising patient safety or controlled substance security.

Thank you for considering this recommendation. We appreciate the Board's continued efforts to modernize pharmacy regulations and reduce unnecessary administrative burdens.

Sincerely,



Zach Rosko, President

NAC 639.486 Maintenance of records of controlled substances administered from floor stock. (NRS 639.070, 639.071, 639.072)

1. A pharmacy shall maintain records of controlled substances administered from floor stock. The records must include:

(a) The name of the patient to whom the controlled substance was administered.

(b) The name of the controlled substance, its dosage form and strength.

(c) The time and date on which the controlled substance was administered to the patient.

(d) The quantity of the controlled substance administered.

(e) The signature of the person removing the controlled substance.

(f) Controlled substances returned to the pharmacy.

1575 W. Horizon Ridge Pkwy #530792
Henderson, NV 89012
702-714-1931
info@nevadapharmacyalliance.com

(g) A record of any waste of a controlled substance which, except as otherwise provided in subsection 2, must be witnessed and cosigned by another person who is licensed to provide medical care.

2. A record of any waste of a controlled substance kept pursuant to subsection 1 is not required to be witnessed and cosigned as required by subsection 1 if:

(a) The record of waste is for a controlled substance which was administered by a practitioner authorized to administer anesthesia; and

(b) Other current, complete and accurate records for the controlled substance administered and wasted are created and maintained.

3. ~~Records maintained pursuant to this section must be maintained separately from records of patients.~~

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; 5-22-96; R157-99, 3-1-2000; R042-04, 5-25-2004)

October 28, 2026

Dave Wuest
Executive Secretary
Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Executive Order 2026-003 – Regulatory Review

Executive Secretary Wuest,

In response to Nevada Executive Order 2026-003 and its directive to review existing regulations for opportunities to reduce unnecessary burdens while protecting public health and safety, the Retail Association of Nevada respectfully submits the following recommendations for the Board of Pharmacy's consideration. The proposed revisions modernize and simplify identified provisions of the Nevada Administrative Code to reflect current pharmacy practices, technological capabilities, and evolving models of care. These changes would reduce unnecessary administrative requirements, improve regulatory clarity, support efficient pharmacy operations, and expand patient access to pharmacy services while maintaining appropriate safeguards. A rationale appears in blue before each Administrative Code section for which a change is recommended.

Executive Summary

The recommendations are organized around the following priority areas:

- **Personnel roles and delegation:** Remove outdated entry and documentation barriers, broaden appropriate technician and support-staff duties, and preserve pharmacist-only professional judgment functions.
- **Staffing flexibility:** Modernize pharmacist-to-technician ratios and supervision rules so pharmacies can use trained personnel and workload-balancing technology while maintaining safety and access.
- **Prescription workflow and accountability:** Replace paper-era initialing requirements with electronic audit trails and clarify step-specific accountability in shared pharmacist workflows.
- **Security, workspace, and equipment:** Replace rigid physical specifications with performance-based standards suited to modern pharmacy layouts, technology, and security controls.
- **Electronic records and transfers:** Permit electronic numbering, imaging, flexible filing, technician-supported transfers, and secure system-based documentation in place of manual processes.
- **Central-fill operations:** Eliminate duplicative verification and obsolete inventory restrictions while retaining clear responsibility for each pharmacy's work.

Modernizing Pharmacy Personnel Roles and Delegation

Consistent with Executive Order 2026-003, the proposed amendments to NAC 639.245 modernize pharmacy practice by allowing pharmacists to delegate appropriately trained technicians any nonprofessional task not expressly prohibited. This risk-based approach reduces unnecessary administrative burden and preserves pharmacist time for clinical services, while expressly reserving patient counseling, drug utilization review, and other professional-judgment functions for pharmacists.

Conforming amendments to NAC 639.700 clarify which functions require a pharmacist's or intern's professional judgment and align those restrictions with the modernized delegation framework in NAC 639.245.

The proposed amendment to NAC 639.701 permits unlicensed personnel to assist with routine inventory and administrative duties that do not require pharmacist training or professional judgment. This change removes unnecessary occupational restrictions and allows licensed staff to focus on duties appropriate to their credentials.

NAC 639.245 Maintenance and availability of records regarding certain pharmaceutical personnel on duty; activities of pharmaceutical technicians. (NRS 454.213**,** 639.070**,** 639.1371**)**

1. A written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. This record must be:

(a) Readily retrievable; and

(b) Retained for 2 years.

2. A pharmaceutical technician under the direct supervision of a pharmacist may perform any duties not otherwise prohibited by subsection 4 and that do not require a judgmental decision regarding a drug, the interpretation of a prescription or the instructions for the preparation of a prescription, if the pharmaceutical technician is adequately trained and experienced for the particular duty, including, without limitation, the following:

(a) Prepackage and label unit dose and unit of use and repackage drugs if a pharmacist:

(1) Inspects the final products; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(b) Prepare, package, compound and label prescription drugs pursuant to prescriptions or orders for medication if a pharmacist:

(1) Inspects the final product; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(c) Prepare bulk compounds if a pharmacist:

(1) Inspects the final product; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(d) Distribute routine orders and stock medications and supplies in the pharmacy or areas where care is provided to patients.

(e) Maintain inventories of supplies of drugs.

(f) Maintain pharmaceutical records.

(g) Request authorization to refill a prescription from the prescribing practitioner.

(h) Transfer a prescription between pharmacies. ~~through a computer network if the:~~

~~(1) Pharmaceutical technician is employed by a pharmacy that:~~

~~(I) Has more than one location; and~~

~~(II) Maintains a computer network which provides information between its pharmacies; and~~

~~(2) Prescription is transferred to one of the pharmacies within its computer network.~~

(i) Enter information into the pharmacy's computer system, including, without limitation, information contained in a new prescription concerning the prescription drug and the directions for its use.

3. A pharmaceutical technician under the direct and immediate supervision of a pharmacist may administer immunizations under the conditions prescribed in NAC 639.2971 if he or she has received the training required by NAC 639.2973 and the continuing education required by NAC 639.2974.

4. A pharmaceutical technician may not:

~~(a) Perform any action requiring a judgmental decision regarding a drug, the interpretation of a prescription or the instructions for the preparation of a prescription.~~

~~(b) Take new prescription or chart orders by telephone.~~

~~(c)~~ (a) Distribute medications pursuant to a chart order or dispense a prescription unless the order or prescription has been verified by a pharmacist.

(b) Counsel a patient or a person caring for a patient and rendering any other advice or information regarding drugs or medications

(c) Perform drug utilization review

5. A pharmaceutical technician shall prepare and distribute drugs only pursuant to written procedures and guidelines established by the pharmacy in which the pharmaceutical technician performs his or her duties.

[Bd. of Pharmacy, § 639.205, eff. 6-26-80]—(NAC A 12-3-84; 6-16-86; 3-27-90; 11-15-93; R214-99, 3-13-2000; R037-07, 1-30-2008; R142-20, 9-21-2020)

NAC 639.700 Performance of certain acts by pharmacists and pharmaceutical interns only. (NRS 639.070**)** Except as otherwise provided in subsection 2 of NAC 639.245, the following acts may be performed only by a registered pharmacist, or by a registered pharmaceutical intern acting under the direct supervision of a registered pharmacist:

1. ~~Taking new orders for prescriptions or chart orders over the telephone;~~

~~2.~~ Identifying, evaluating and interpreting a prescription;

3. Interpreting the clinical data contained in a patient's medication system or chart;

4. Consulting with a prescribing practitioner, nurse or other health care professional, or the authorized agent thereof requiring professional judgment;

5. Determining the efficacy of a drug, a regimen, the substitution of a generic drug for a drug prescribed by brand name or the substitution of one drug therapy for another;

6. Taking responsibility for all activities of pharmaceutical technicians to ensure that those activities are performed completely, safely and without risk of harm to patients;

7. Counseling a patient or a person caring for a patient and rendering any other advice or information regarding drugs or medications; and

8. Performing any other functions which require the professional judgment of a pharmacist.

[Bd. of Pharmacy, § 639.305, eff. 6-26-80]—(NAC A 11-15-93)

NAC 639.701 Acts not required to be performed by pharmaceutical professionals. (NRS 639.070**)** The following acts are not required to be performed by a pharmacist, intern pharmacist, pharmaceutical technician or pharmaceutical technician in training:

1. Entering information into the pharmacy's computer other than information contained in a new prescription concerning the prescription drug and the directions for its use.

2. Processing sales, including the operation of a cash register.

3. Stocking shelves.

4. Delivering medication to a patient or to areas of a hospital where patients are cared for.

5. Assisting with inventory duties.

Modernizing Pharmacist-to-Technician Staffing Ratios

Modern pharmacy practice requires flexible, accountable staffing—not a one-size-fits-all ratio. Consistent with Executive Order 2026-003, the proposed amendment to NAC 639.250 raises the pharmacist-to-technician ratio from 3:1 to 6:1, removes separate limits for technicians in training, and clarifies that supervision applies to personnel working within the pharmacist's pharmacy. This modernization enables pharmacies to use trained support staff and workload-balancing technology more effectively while preserving pharmacist oversight, patient safety, and access to care.[1-5]

NAC 639.250 Restrictions on supervision (NRS 639.070, 639.0727, 639.1371) Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in subsection 5, in a hospital, a pharmacist who is dispensing prescriptions may not supervise more than a total of ~~three~~ six pharmaceutical technicians or pharmaceutical technicians in training at one time. ~~A pharmacist who is supervising distributive functions may not supervise more than a total of two pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.~~

2. Except as otherwise provided in subsection 5, in any pharmacy, other than a hospital pharmacy, telepharmacy, remote site, satellite consultation site or nondispensing pharmacy, a pharmacist may not supervise more than a total of ~~three~~ six pharmaceutical technicians or pharmaceutical technicians in training within a pharmacy ~~or one pharmaceutical technician and two pharmaceutical technicians in training at one time~~.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of ~~three~~ six pharmaceutical technicians or pharmaceutical technicians in training at one time.

4. In any nondispensing pharmacy, a pharmacist may not supervise more than a total of eight pharmaceutical technicians or pharmaceutical technicians in training ~~or six pharmaceutical technicians and two pharmaceutical technicians in training at one time~~.

5. A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:

~~(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and~~

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

6. As used in this section, "nondispensing pharmacy" means a pharmacy that is licensed pursuant to this chapter and chapter 639 of NRS that does not dispense, including, without limitation, drugs, controlled substances, poisons, medicines or chemicals.

Modernizing Prescription Workflows, Verification, and Accountability

NAC 639.252 reflects paper-based workflows that no longer match modern pharmacy practice. The proposed amendments replace manual initialing requirements with electronic audit trails that identify each individual involved in processing, filling, and dispensing a prescription. They also recognize that multiple pharmacists and technicians may complete different workflow steps and clarify that each pharmacist is responsible for the step verified. These changes support efficient, technology-enabled workflows while strengthening accountability and patient safety.

NAC 639.752 should be updated to reflect modern workflows in which multiple pharmacists may review different stages of a prescription, including work shared between pharmacies. The proposed amendments remove the implication that one pharmacist must complete the entire review and clarify that each pharmacist is accountable for the step personally verified.

NAC 639.252 Initialing of prescriptions, records and reports; responsibility for filled prescriptions. (NRS 639.070, 639.1371)

1. ~~A prescription and any record or report prepared by a pharmaceutical technician must bear the legible initials of the pharmaceutical technician and the pharmacist who is supervising him or her.~~ The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist responsible for the accuracy of these processes.

2. If a pharmaceutical technician(s) performs one or more of the functions necessary to prepare a prescription, ~~the~~ a pharmacist(s) ~~supervising the pharmaceutical technician~~ is responsible for the filled prescription, including, but not limited to, verifying:

(a) The selection and strength of the drug;

(b) The dosage form; and

(c) ~~The labeling of the prescription.~~

3. The pharmacist who verifies a step in the processing, filling, and dispensing of a prescription is only responsible for the step in the process they verified.

NAC 639.752 Restrictions on filling or dispensing certain prescriptions. (NRS 639.070, 639.0727)

1. Except as otherwise provided in this section and NRS 639.235, a pharmacist shall not fill a prescription for, or dispense, a dangerous drug or a controlled substance if the prescription is:

(a) Written by a practitioner who is not licensed to practice in this State, but is authorized by the laws of another state to prescribe;

(b) For a patient who resides in a state other than the state in which the prescribing practitioner's practice is located;

(c) Requested to be furnished in a manner other than by dispensing directly to the patient, or an agent of the patient, in person; and

(d) To be paid for in full, in cash or cash equivalent, at the time the prescription is dispensed,

Ê unless the pharmacist first verifies the prescription as set forth in subsection 2.

2. A pharmacist who verifies a prescription pursuant to this section must:

(a) Speak with the patient or the prescribing practitioner;

(b) Establish that:

(1) The prescription is authentic; and

(2) A bona fide relationship between the patient and the prescribing practitioner did exist when the prescription was written; and

(c) Record on the prescription or in the prescription record in the pharmacy's computer:

(1) The name of the person with whom the pharmacist spoke concerning the prescription;

(2) The date and time of the conversation; and

(3) The date and time the patient was examined by the prescribing practitioner.

3. Subsection 1 does not apply to a pharmacist who refills a prescription ~~he or she~~ a pharmacy has previously filled if ~~the~~ a pharmacist verified the prescription before filling it the first time.

4. For the purposes of this section, a bona fide relationship between the patient and the prescribing practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics within or outside of this State or the United States by the practitioner within the 6 months immediately preceding the date the prescription was issued.

5. As used in this section, "cash equivalent" includes, without limitation:

(a) A check;

(b) A credit card;

(c) A draft;

(d) An electronic funds transfer; and

(e) A prescription drug discount card or other device obtained pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, or any regulations adopted pursuant thereto.

(Added to NAC by Bd. of Pharmacy by R112-99, eff. 11-3-99; A by R156-04, 10-22-2004; R212-09, 8-13-2010; R098-13, 3-28-2014)

Modernizing Pharmacy Security, Workspace, and Equipment Requirements

NAC 639.520 and 639.525 contain prescriptive physical-security, work-area, and equipment requirements that do not reflect modern pharmacy design or technology. The five-foot barrier and lock specifications can require costly installations or remodels that impede patient interaction, while fixed counter and floor-space dimensions and requirements for specific equipment, including a facsimile machine, may be unnecessary for a pharmacy's practice setting. Modern safeguards, such as time-delay safes and other security controls, can protect medications effectively, and pharmacies should have flexibility to use secure layouts and equipment appropriate to their operations. We recommend replacing these rigid specifications with performance-based standards that prevent unauthorized access and ensure adequate space and equipment for safe pharmacy practice.

PHARMACIES IN GENERAL

NAC 639.525 Minimum requirements for work area and equipment. (NRS 639.070)

1. The prescription department in each licensed pharmacy must contain the following minimum work area and equipment for the compounding and dispensing of drugs that is pertinent to the pharmacy's practice setting:

(a) A prescription counter on which to work, with a free working surface ~~of not less than 3 feet in width and 2 feet in depth~~ for each person who is compounding or dispensing drugs within the prescription department, including, without limitation, each registered pharmacist and pharmaceutical technician who is compounding or dispensing drugs within the prescription department. This working surface must be reserved for and restricted solely to the compounding and dispensing of drugs.

(b) ~~A free floor space behind the prescription counter that is not less than 8 feet in length and 4 feet in width.~~

~~(c)~~ A refrigerator that is equipped with:

(1) A thermometer to ensure proper control of temperature; and

(2) A programmable device for monitoring temperature which includes an alarm that records when the temperature falls outside the range required by subsection 1 of NAC 639.527.

~~(d)~~ (c)A sink that is suitable for cleaning the required pharmaceutical equipment and is supplied with hot and cold running water, soap and detergent, and a clean and sanitary disposal container for wastes.

~~(e)~~ (d) If the pharmacy compounds prescriptions that require the measurement of weight, scales and balances for medium and light weighing, at least one of which must be sensitive to 1/2 grain, with weights, including, without limitation, apothecary and avoirdupois, from 1/2 grain to 4 ounces and from 0.02 gm to 100 gm.

~~(f)~~ (e) Capsule and tablet counters and other devices and equipment necessary to compound and dispense drugs.

~~(g) A facsimile machine that:~~

~~(1) Uses paper of such quality; and~~

~~(2) Prints in such a manner,~~

~~Ê that documents printed by the machine are usable and readable for at least 2 years. As used in this paragraph, "facsimile machine" includes, without limitation, a computer that has a facsimile modem through which documents can be sent and received.~~

2. In addition to the requirements of subsection 1, the prescription department in a licensed pharmacy may contain a freezer that is used to store medicine. If the prescription department in a licensed pharmacy contains such a freezer, the freezer must be equipped with a programmable device for monitoring temperature which includes an alarm that records when the temperature falls outside the range required by subsection 2 of NAC 639.527.

NAC 639.520 Security of prescription departments. (NRS 639.070)

1. The prescription department of every pharmacy must be separated from the merchandising or public areas of the premises by a barrier ~~extending not less than 5 feet above the floor level and~~ of sufficient width to make dangerous drugs, controlled substances, narcotics, poisons or restricted devices inaccessible to unauthorized persons. The barrier must be constructed of solid material and contain at least one gate or door permitting access by the pharmacist. Each gate or door must be secured ~~by a dead-bolt lock that can be opened from the outside only by a key. The gate or door may be secured by a combination lock during the hours of business~~.

2. The registered pharmacist on duty:

(a) Shall maintain possession of the key to the prescription department. Any additional keys to the prescription department must be kept in a locked box which is:

(1) Operated with a key that is accessible to only licensed pharmacists within the pharmacy department; and

(2) Maintained in a secure place that is inaccessible to unauthorized persons.

(b) Is responsible for securing the prescription department at all times when the registered pharmacist is not personally present in the department except when he or she is in the immediate area and can observe and exercise control over the prescription department.

(c) If the pharmacy is located within a store or business, shall ensure that all dangerous drugs, controlled substances, narcotics, poisons and restricted devices that are delivered onto the premises of the store or business are immediately placed and secured in the pharmacy department under the physical control of the pharmacist on duty.

3. The Executive Secretary may permit an alternative type of physical security if, in his or her opinion, the alternative type will be sufficient to make the drugs, controlled substances, narcotics, poisons and restricted devices inaccessible to any unauthorized person.

4. Except as otherwise provided by law or regulation, no person other than a registered pharmacist may enter the prescription department of a pharmacy unless the person is on business directly concerning the operation, maintenance or repair of the prescription department and a pharmacist employed in the prescription department is physically present at the same time.

5. Except as otherwise provided in subsection 6 or 7, a pharmacy shall maintain on its premises an alarm system that is operational 24 hours a day and that is monitored by a central station for control which is approved by Underwriters Laboratories Inc.

6. Except as otherwise provided in subsection 7, a pharmacy that is located within a building in which at least one employee of the person who owns the building is present 24 hours a day may, in lieu of the alarm system required pursuant to subsection 5, maintain on the premises of the pharmacy an alarm system that is:

(a) Equipped with an audible alarm that is:

(1) Operational 24 hours a day;

(2) Of sufficient decibels to alert more than one person in the building that an unauthorized entry has been made into the pharmacy; and

(3) Devised in such a manner as to provide notification to the managing pharmacist or the designee of the managing pharmacist when such an authorized entry has been made; and

(b) Not monitored by a central station for control.

7. A pharmacy in a hospital or correctional institution and any pharmacy that is staffed 24 hours a day is exempt from the provisions of subsections 5 and 6.

Modernizing Electronic Prescription Records and Filing

Modern dispensing systems assign unique prescription numbers and retain scanned images, making sequential filing of paper prescriptions unnecessary. Electronic records provide reliable, readily retrievable

access while reducing time spent on manual filing and allowing pharmacy staff to focus on patient care. We recommend updating NAC 639.706, 639.914, 639.921, and any related provisions to permit unique electronic numbering and flexible filing methods that maintain retrievability.

NAC 639.706 Marking of prescriptions with ~~serial~~ unique numbers; maintenance of files of prescriptions. (NRS 639.070, 639.0745, 639.236**)**

1. A pharmacist who receives a prescription to fill, including a prescription that is written, transcribed from an oral order or transferred to the pharmacy, shall ~~mark on~~ assign ~~the prescription~~ a unique ~~serial~~ number issued for that prescription.

(a) The assignment of the unique number may be maintained in a computer system.

2. A pharmacist shall maintain files of prescriptions in a manner that ensures a prescription is readily retrievable. ~~that every serial number is accounted for pursuant to NAC 453.480. If the prescriptions are not filed in numerical order, the pharmacist shall file the prescriptions in such a manner that any prescription can be readily retrieved.~~

3. ~~A pharmacist shall maintain a physical record in the files of prescriptions that accurately explains or accounts for any serial number issued for a prescription that is not filled, including a serial number issued in error or for a prescription that is later rendered void.~~ Instead of filing the original hard-copy prescription order, a pharmacy or managing pharmacist may use an electronic imaging recordkeeping system, if:

(a) The system is capable of capturing, storing, and reproducing the exact image of a prescription order;

(b) Any notes of clarification of or alterations to a prescription order are directly associated with the electronic image of the prescription;

(c) A prescription order image and any associated notes of clarification of or alterations to the prescription order are retained for 2 years from the date the prescription is last dispensed; and

(d) Policies and procedures for the use of an electronic imaging recordkeeping system are developed.

NAC 639.914 Maintenance and availability of information relating to operation; entrance of each prescription into system required; issuance of consecutive numbers for prescriptions. (NRS 639.070, 639.236**)** Each pharmacy that uses a computerized system to record information concerning prescriptions must:

1. Maintain and make available, upon request, the information relating to the operation of the computerized system to:

(a) A pharmacist employed by the pharmacy; or

(b) The Board or any of its agents or investigators.

2. Enter into the system each prescription filled at the pharmacy.

3. Ensure, for the maintenance of files of prescriptions required by NAC 453.480, that the numbers assigned to the prescriptions are unique ~~issued consecutively~~ and that each number is recorded in a manner that ensures that each number is assigned to a prescription or is otherwise accounted for by the pharmacy.

(Added to NAC by Bd. of Pharmacy, eff. 8-27-96)

NAC 639.921 Sharing information between systems: Conditions and requirements. (NRS 639.070, 639.0745, 639.236**)**

1. Information concerning prescriptions may be shared between the computerized systems of two or more pharmacies licensed by the Board if:

(a) The pharmacies are commonly owned; and

(b) The computerized systems for recording information concerning prescriptions share a common database that:

(1) Except as otherwise provided in subsection 3, contains all the information concerning a patient that is contained in each computerized system that has access to the common database;

(2) Except as otherwise provided in subsection 3, contains all the information concerning a prescription that is contained in each computerized system that has access to the common database;

(3) After a prescription has been filled, automatically decreases the number of refills remaining for the prescription, if any, regardless of which pharmacy filled the prescription;

(4) Automatically stores any modification or manipulation of information concerning a prescription made by a pharmacy with access to the common database so that the modification or manipulation is available to each pharmacy with access to the common database;

(5) Allows access only by a person who is authorized to obtain information from the common database;

(6) Requires any person who is authorized to modify or manipulate information concerning a prescription, before modifying or manipulating the information concerning the prescription, to identify himself or herself in the computerized system by:

(I) Using a biometric identification technique; or

(II) Entering into the computerized system another unique identifier which is approved by the Board and which is known only to and used only by that person;

(7) Makes and maintains an unchangeable record of each person who modifies or manipulates information concerning the prescription, that includes, without limitation:

(I) The name or initials of the person;

(II) An identifier that can be used to determine the pharmacy in which the person modified or manipulated the information concerning the prescription; and

(III) The type of activity concerning the prescription that the person performed, including, without limitation, modifying or manipulating the information concerning the prescription;

(8) Contains a scanned image of the original prescription if the original prescription is a written prescription; and

(9) Provides contact information for the first pharmacist who verifies the correctness of the information contained in the common database concerning the prescription.

2. If a pharmacy is the initial pharmacy to receive a written prescription, a pharmacist shall ensure that:

(a) The written prescription is uniquely numbered ~~consecutively~~ in accordance with NAC 639.914; and

(b) The image of the prescription is scanned into the computerized system of the pharmacy.

3. If a pharmacy other than the pharmacy that initially received a prescription enters information concerning a prescription into a computerized system for recording information concerning prescriptions, the information must not be accessible from the common database for the purpose of filling or dispensing a prescription until a pharmacist verifies the correctness of the information entered into the computerized system. After verifying that information, the pharmacist shall enter a notation in the computerized system that includes the pharmacist's name, contact information and the date on which he or she verified the information.

4. A pharmacy that fills a prescription using the information from the common database, other than the pharmacy that initially received the prescription, shall:

(a) Process the prescription in the same manner as a prescription that is initially received by the pharmacy;

(b) Except as otherwise provided in paragraph (c), dispense the prescription in the same manner as a prescription that is initially received by the pharmacy; and

(c) Place on the label of the container in which the prescription will be dispensed:

(1) The number assigned to the prescription by the pharmacy that initially received the prescription; and

(2) An additional number or other identifier that ensures that the number placed on the label pursuant to subparagraph (1) is not confused with a prescription number of the pharmacy that is filling the prescription.

5. The filling of a prescription pursuant to the provisions of subsection 4 shall not be considered a transfer of the prescription.

(Added to NAC by Bd. of Pharmacy by R039-07, eff. 12-4-2007)

Streamlining Central-Fill Pharmacy Operations

Rationale:
NAC 639.7125 governs dispensing pharmacies' use of fulfillment, or central-fill, pharmacies. These highly automated facilities safely and efficiently fill prescriptions initiated elsewhere and help pharmacies manage inventory and meet patient needs. Requiring the dispensing pharmacy to repeat the fulfillment pharmacy's verification adds unnecessary administrative burden without improving safety. We recommend removing that duplicative review and repealing obsolete inventory restrictions, leaving operational details to pharmacy policies, procedures, and contractual agreements.

NAC 639.7125 Use of fulfillment pharmacy by dispensing pharmacy. (NRS 639.070, 639.0745)

1. Except as otherwise provided in subsection 2, a prescription may be filled or refilled by a fulfillment pharmacy for a dispensing pharmacy if:

(a) The fulfillment pharmacy enters the data concerning the prescription into its computer system directly or the dispensing pharmacy enters the data concerning the prescription into its computer system and transfers that data to the computer system of the fulfillment pharmacy in a secure and confidential manner;

(b) The computer system of the dispensing pharmacy:

(1) Transmits to the computer system of the fulfillment pharmacy the National Drug Code number of the drug that the fulfillment pharmacy must use to fill or refill the prescription;

(2) Makes and retains a record documenting the date and time that the prescription is transmitted to the fulfillment pharmacy and the identity of the fulfillment pharmacy; and

(3) If applicable, automatically reduces the number of refills of the prescription;

(c) The computer systems of the dispensing pharmacy and the fulfillment pharmacy are operated in compliance with the applicable provisions of this chapter and chapter 639 of NRS;

(d) The fulfillment pharmacy labels the container in which the prescription will be dispensed in compliance with NRS 639.2801 using a label from the dispensing pharmacy or a label that contains the same information as the dispensing pharmacy would have been required to place on the label if the dispensing pharmacy had filled or refilled the prescription;

(e) For each prescription that is being filled for the first time:

(1) A pharmacist employed by the dispensing pharmacy or a pharmacist employed by the fulfillment pharmacy verifies the correctness of the data in the computer system of the dispensing pharmacy concerning the prescription before the prescription is filled by the fulfillment pharmacy, and:

(I) If the computer system of the dispensing pharmacy is capable of recording the identification of the pharmacist and the date and time when the pharmacist performed the verification, the pharmacist properly records in the computer system of the dispensing pharmacy the verification of the data; or

(II) Makes a written notation of the verification of the data directly on the prescription; or

~~(2) If the dispensing pharmacy receives the prescription drug from the fulfillment pharmacy, a pharmacist employed by the dispensing pharmacy verifies the correctness of the prescription drug ordered by the prescription when it is received from the fulfillment pharmacy and the pharmacist makes a written notation on the prescription or in the record of the prescription in the computer system of the dispensing pharmacy that includes the name of the pharmacist and the date on which the pharmacist performed the verification;~~

(f) For each prescription that is being refilled by the fulfillment pharmacy, a pharmacist or any other person employed by the dispensing pharmacy makes a record, by hand on a written document or in the record of the prescription in the computer system of the dispensing pharmacy, that includes:

(1) The date that the request to refill the prescription was sent to the fulfillment pharmacy; and

(2) The date that the prescription drug ordered to refill the prescription was received by the dispensing pharmacy from the fulfillment pharmacy; and

~~(g) A pharmacist employed by the dispensing pharmacy verifies the correctness of the prescription drug ordered to refill the prescription if the prescription drug is received from the fulfillment pharmacy and if, in his or her professional judgment, the pharmacist determines such verification is necessary.~~

~~2. If the drug identified by the National Drug Code number which is transmitted to a fulfillment pharmacy pursuant to subparagraph (1) of paragraph (b) of subsection 1 is not available to the fulfillment pharmacy, the fulfillment pharmacy:~~

~~(a) Shall not fill or refill the prescription; and~~

~~(b) Shall transmit the prescription back to the dispensing pharmacy to be filled or refilled.~~

~~3. If a dispensing pharmacy:~~

~~(a) Does not include prescription drugs ordered by prescriptions that are filled or refilled by a fulfillment pharmacy in the inventory of the dispensing pharmacy, the dispensing pharmacy shall, not later than 30 days after receipt of a prescription drug ordered by a prescription that was filled or refilled by a fulfillment pharmacy:~~

~~(1) Return the prescription drug to the fulfillment pharmacy that filled or refilled the prescription if the prescription drug has not been dispensed to a patient or an agent of a patient; and~~

~~(2) Ensure that a pharmacist employed by the dispensing pharmacy records the date that the prescription drug was returned to the fulfillment pharmacy on a written document that is maintained at the dispensing pharmacy or in the record of the prescription in the computer system of the dispensing pharmacy.~~

~~(b) Includes prescription drugs ordered by prescriptions that are filled or refilled by a fulfillment pharmacy in the inventory of the dispensing pharmacy, the dispensing pharmacy shall:~~

~~(1) Not take possession of a prescription drug ordered by a prescription that was filled or refilled by a fulfillment pharmacy unless the prescription drug is accompanied by a written or electronic record;~~

~~(2) File and process an invoice for each prescription drug that it receives from a fulfillment pharmacy in the same manner as the dispensing pharmacy files and processes invoices for prescription drugs that it receives from a wholesaler; and~~

~~(3) Process and treat each prescription drug ordered by a prescription that is filled or refilled by a fulfillment pharmacy in the same manner as the dispensing pharmacy processes and treats prescription drugs that originate from the inventory of the dispensing pharmacy.~~

~~4.~~ 2. The transmission of a prescription by a dispensing pharmacy to a fulfillment pharmacy pursuant to this section is not a transfer of a prescription.

~~5.~~ 3. A dispensing pharmacy shall ensure that a patient has been counseled in compliance with NRS 639.266 and NAC 639.707 and 639.708.

~~6.~~ 4. If a prescription is transmitted to and filled or refilled by a fulfillment pharmacy pursuant to this section, both the dispensing pharmacy and the fulfillment pharmacy are individually responsible for ensuring that their respective portions of the prescription have been filled or refilled correctly.

~~7.~~ 5. A dispensing pharmacy shall not transmit, and a fulfillment pharmacy shall not fill or refill, a prescription pursuant to this section for any controlled substance listed in schedule II.

~~8.~~ 6. This section does not prohibit a fulfillment pharmacy from communicating with a patient concerning a prescription which is filled or refilled by the fulfillment pharmacy.

~~9.~~ 7. As used in this section:

(a) "Dispensing pharmacy" means a pharmacy licensed by the Board that sends a prescription to a fulfillment pharmacy to be filled or refilled by the fulfillment pharmacy.

(b) "Fulfillment pharmacy" means a pharmacy licensed by the Board that fills or refills prescriptions on behalf of a dispensing pharmacy.

(c) "Wholesaler" has the meaning ascribed to it in NRS 639.016.

Modernizing Prescription Transfers and Technology

NAC 639.713, 639.714, and 639.7145 govern prescription transfers between pharmacies. We recommend allowing trained pharmaceutical technicians to complete transfers under NAC 639.713 and 639.714, reducing unnecessary demands on pharmacists. NAC 639.7145 should also be modernized to reflect

electronic fax and dispensing systems that securely track transfer details. Eliminating outdated requirements for handwritten information, manual signatures, and technology-specific procedures would align the regulations with current pharmacy practice.

NAC 639.713 Transfer of information between pharmacies: Conditions; prohibitions. (NRS 639.070, 639.0745)

1. Except as otherwise provided in subsection 4, a transfer of information between pharmacies relating to a prescription for a dangerous drug or controlled substance for the purpose of filling and dispensing that prescription is subject to the following conditions:

(a) Information relating to a prescription, including the total number of refills authorized and any remaining number of refills, may be transferred to another pharmacy orally, by a facsimile machine in accordance with NAC 639.7145 or by computer in accordance with this section.

~~(b) A transfer must be communicated directly between two registered pharmacists.~~

~~(c)~~ (b) The original and the transferred prescriptions must be maintained for 2 years after the date on which the prescription was filled.

~~(d)~~ (c) Information relating to a prescription that has previously been filled may be transferred to another pharmacy by a computer if:

(1) The computer that transfers the information reduces, at the time the information is transferred, the number of refills authorized by the original prescription; and

(2) The computer that receives the information allows the transfer of the prescription for a controlled substance only once.

2. If a prescription for a controlled substance which has previously been filled is transferred by a computer, the pharmacist that receives the prescription must inform the patient that the prescription may be transferred to another pharmacy only once.

3. A pharmacy shall not, without first notifying the Board:

(a) Sell, give or otherwise transfer all its prescription files, including information relating to patients and practitioners, to another pharmacy, including a pharmacy under its control or ownership; or

(b) Receive all the prescription files, including information relating to patients and practitioners, from another pharmacy, including a pharmacy under its control or ownership.

Ê A file transferred pursuant to this subsection is not a transfer of information between pharmacies for the purposes of subsection 1, regardless of whether the transfer occurs before or after the prescription is filled.

4. A prescription for a controlled substance listed in schedule II that has previously been filled must not be transferred pursuant to the provisions of this section.

5. A pharmaceutical technician may not transfer a prescription between two pharmacies for a controlled substance.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-91; A 7-17-96; 10-24-97; R155-04, 12-20-2004; R008-19, 2-7-2020)

NAC 639.714 Transfer of information between pharmacies: Procedure. (NRS 639.070, 639.0745)

1. Except as otherwise provided in subsection 3, a pharmacist, pharmacy intern, or pharmaceutical technician who transfers the information relating to a prescription to another pharmacy pursuant to NAC 639.713 shall:

(a) Write the word "void" on the face of the prescription; and

(b) Record on the reverse side of the invalidated prescription the following information:

(1) The name of the pharmacist, pharmacy intern, or pharmaceutical technician who transfers the information relating to the prescription;

(2) The date of the transfer;

(3) The name and address of the pharmacy to which the prescription is transferred;

(4) The name of the pharmacist, pharmacy intern, or pharmaceutical technician who receives the information relating to the prescription; and

(5) If the prescription is for a controlled substance, the registration number issued by the Drug Enforcement Administration pursuant to 21 C.F.R. Part 1301 to the pharmacy to which the prescription is transferred.

2. The pharmacist, pharmacy intern, or pharmaceutical technician who receives the information relating to the prescription that was transferred shall:

(a) If the information was transferred orally, reduce the transferred information to a written prescription;

(b) Write the word "transfer" on the face of the transferred prescription;

(c) If the prescription is for a controlled substance and the prescription has previously been filled, inform the patient that the prescription may be transferred only once; and

(d) Record the following information on the transferred prescription:

(1) The name and address of the pharmacy from which the prescription was transferred;

(2) The name of the pharmacist, pharmacy intern, or pharmaceutical technician who transferred the information relating to the prescription;

(3) The date on which the original prescription was issued;

(4) If the prescription has previously been filled, the ~~serial~~ unique number of the original prescription, the date on which the prescription was most recently filled and the number of refills remaining;

(5) The number of refills authorized by the original prescription; and

(6) If the prescription is for a controlled substance, the registration number issued to the transferring pharmacy by the Drug Enforcement Administration pursuant to 21 C.F.R. Part 1301.

3. A pharmacy shall take any measures necessary to ensure that a prescription which has been transferred to another pharmacy cannot be filled again by the transferring pharmacy, including, without limitation, invalidating the prescription in its computer system, if applicable.

4. Upon transferring a prescription to another pharmacy, a pharmacy which maintains its records of prescriptions on a computer system which has the capability to maintain the information described in paragraph (b) of subsection 1:

(a) Shall maintain that information on its computer; and

(b) Is not required to record that information on the original transferred prescription.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-91; A 10-24-97; R008-19, 2-7-2020)

NAC 639.7145 Transfer of information between pharmacies: Requirements for transfer by facsimile machine. (NRS 639.070, 639.0745)

1. Information relating to a prescription may be transferred from a pharmacy to another pharmacy by a facsimile machine pursuant to NAC 639.713 if:

~~(a) The transmission from the transferring pharmacy:~~

~~(1) Includes the information required by subsection 2 of NRS 639.2353, which may be provided in the form of an accurate printout of the pharmacy's computerized record of the prescription; and~~

~~(2) Except as otherwise provided in subsection 2, includes:~~

~~(I) A copy of the original prescription maintained in the records of the transferring pharmacy on which the pharmacist at the transferring pharmacy has signed the copy and written his or her license number; or~~

~~(II) The signature and handwritten license number of the pharmacist at the transferring pharmacy and a notation that specifically indicates that the pharmacist intends to transfer the prescription.~~

~~(b) The transmission is prepared and transmitted by a pharmaceutical technician or pharmacist at the transferring pharmacy.~~

~~2. A pharmacy may transfer prescriptions by facsimile machine to another pharmacy without complying with the provisions of subparagraph (2) of paragraph (a) of subsection 1 only upon application to and authorization by the Board. The Board may grant that authority to a pharmacy if the Board is satisfied that:~~

(a) The pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and

(b) The identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist.

3. A pharmacy which maintains its records of prescriptions in a computer system shall invalidate in its system a prescription transferred by a facsimile machine to another pharmacy.

(Added to NAC by Bd. of Pharmacy by R155-04, eff. 12-20-2004; A by R008-19, 2-7-2020)

In conclusion, these recommendations advance the core objectives of Executive Order 2026-003 by removing outdated, prescriptive, and duplicative requirements while preserving clear accountability and essential patient-safety safeguards. Taken together, the revisions modernize personnel roles, staffing, prescription workflows, pharmacy facilities, electronic records, transfers, and central-fill operations so that regulation reflects current technology and models of care. They will allow pharmacists and pharmacy personnel to devote more time to professional responsibilities and patient care, support efficient operations, and help preserve access to pharmacy services across Nevada. We respectfully urge the Board to incorporate these recommendations into its response to the Governor as practical, safety-focused reforms that reduce unnecessary regulatory burden and strengthen the delivery of pharmacy services.

Please let us know if you have any questions.

Sincerely,

Liz MacMenamin

Liz MacMenamin
Retail Association of Nevada
Vice President, Government Affairs
410 South Minnesota Street
Carson City, Nv. 89703
lizm@rannv.org
Cell: 775-720-2528

References:

1. Broughel, J. (2021, March 16). Pharmacy technician ratio requirements. Mercatus Center. https://www.mercatus.org/research/research-papers/pharmacy-technician-ratio-requirements
2. Adams AJ. Advancing technician practice: Deliberations of a regulatory board. Research in Social and Administrative Pharmacy. 2018;14(1):1-5.
3. Berenbrok et al. Pharmacy Technician Role Expansion. An Evidence-Based Position Paper. 2018. Available from: https://pages.pharmacy.pitt.edu/epittpharmacy/2018/08/07/pittpharmacy-team-reports-on-expanded-role-ofpharmacy-technicians/

4. National Association of Boards of Pharmacy. Report of the Task Force on Manpower Shortage. 1999. Available from: https://nabp.pharmacy/wp-content/uploads/2016/07/TF_Pharmacy_Manpower_Report_1999.pdf
5. Hockenberry B, Lavino J. Applicability of pharmacist to technician ratio laws and regulations on non-resident pharmacies — a multistate legal review. Res Social Adm Pharm. Published online March 27, 2021. doi:10.1016/j. sapharm.2021.03.012

18

SFY27 BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: 09/30/2026

REVENUES	APPROVED BUDGET	BUDGET AMMENDMENTS	REVISED BUDGET	CURRNET MONTH REVENUE/EXPENSE	YTD REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2028	TOTAL REVENUE/EXPENSE SFY27	DIFFERENCE
Beginning Balance	$ 5,706,031		$ 5,706,031	$ -	$ -	$ 5,706,031	$ 5,706,031	$ -
Renewal Fees	$ 6,762,165		$ 6,762,165	$ -	$ 4,476,708	$ 2,285,458	$ 6,762,165	$ -
Registration Fees	$ 1,270,880		$ 1,270,880	$ 275,498	$ 147,645	$ 847,737	$ 1,270,880	$ -
Recovered Costs	$ 50,000		$ 50,000	$ 12,595	$ 3,500	$ 33,905	$ 50,000	$ -
CC Processing Fees	$ 300,000		$ 300,000	$ 5,938	$ 223,577	$ 70,485	$ 300,000	$ -
Change MGR RPh	$ 22,800		$ 22,800	$ 3,450	$ 1,100	$ 18,250	$ 22,800	$ -
Inspections	$ 5,000		$ 5,000	$ 2,759	$ -	$ 2,241	$ 5,000	$ -
Interest Income	$ 40,000		$ 40,000	$ 13,084	$ -	$ 26,916	$ 40,000	$ -
Late Fees	$ 15,000		$ 15,000	$ 1,800	$ 750	$ 12,450	$ 15,000	$ -
Total Revenues	**$ 14,171,876**	$ -	**$ 14,171,876**	**$ 315,124**	**$ 4,853,280**	**$ 9,003,472**	**$ 14,171,876**	$ -

EXPENSES								
Payroll	$ 4,486,157		$ 4,486,157	$ 433,432	$ 309,485	$ 3,743,240	$ 4,486,157	$ -
Operating	$ 1,994,432		$ 1,994,432	$ 252,219	$ 87,113	$ 1,655,100	$ 1,994,432	$ -
Equipment	$ 50,000		$ 50,000	$ -	$ -	$ 50,000	$ 50,000	$ -
In-State Travel	$ 110,000		$ 110,000	$ 25,588	$ 6,433	$ 77,979	$ 110,000	$ -
Out-of-State Travel	$ 65,000		$ 65,000	$ 3,073	$ 1,123	$ 60,804	$ 65,000	$ -
DAG Cost	$ 40,000		$ 40,000	$ 10,199	$ -	$ 29,801	$ 40,000	$ -
Reserve	$ 7,426,287		$ 7,426,287	$ -	$ -	$ 7,426,287	$ 7,426,287	$ -
Total Expenses	**$ 14,171,876**	$ -	**$ 14,171,876**	**$ 724,511**	**$ 404,153**	**$ 13,043,212**	**$ 14,171,876**	$ -
Balance	$ -	$ -	$ -				$ -	$ -