

Prescriber, Pharmacy & Compliance Overview For Asher Med Partners

Effective date: October 01, 2025

This packet confirms the roles and responsibilities of Asher Med, our prescribing physician, and our pharmacy partners. It also provides a compliance overview and supporting licensure documentation. This document is for information only and does not constitute legal advice.

What's Inside

- 1) Prescribing Physician: Role & Scope
- 2) Licensure Summary (full list in Appendix A)
- 3) Pharmacy Information: 503A Compounding & Current Partner (Emerald)
- 4) Roles & Responsibilities (Partner • Asher Med • Prescriber • Pharmacy)

Appendix A: Licensure - Dr. Crystal Broussard (full list provided)

Appendix B: Asher Med Compliance Overview (revised)

Physician Confirmation Letter (included)

1) Prescribing Physician: Role & Scope

Dr. Crystal Broussard, MD is the prescribing physician for Asher Med's weight-loss medications and peptides. She provides medical evaluation, clinical decision-making, and prescription management for patients served through Asher Med's telehealth workflows.

Important clarification: Dr. Broussard is not the medical director for your individual business or clinic. She does not supervise your staff, run your operations, or provide medical oversight for your non-Asher services. Her scope is limited to the care she provides to Asher Med patients and to prescriptions issued under Asher Med's clinical protocols.

Every prescription is written at the discretion of the prescriber after reviewing patient intake, objective data, and applicable state requirements. Prescriptions may be approved, modified, or declined based on clinical judgment and the standard of care.

A signed confirmation letter verifying Dr. Broussard's role as the prescribing physician for Asher Med is included in this packet.

2) Licensure Summary (See Appendix A for Full List)

Dr. Broussard maintains active medical licenses in numerous U.S. jurisdictions (see Appendix A for the full, current list). **Asher Med fulfills to patients in all 50 states** through our licensed prescriber network and pharmacy partners, subject to clinical eligibility and current state shipping and telehealth rules.

State	License #
Texas (MD)	L8243
California (MD)	C167102
Florida (MD)	ME142572
New York (MD)	301424
Colorado (CDR)	CDR.0001041

DEA Registration (TX): BB8751073 (Active).

Note: We assign prescribers licensed for the patient's location at the time of service and ship in line with current state rules.

3) Pharmacy Information

About 503A Compounding Pharmacies (High-Level Overview)

- 503A pharmacies compound patient-specific medications pursuant to a valid prescription for an identified individual.
- They are exempt from FDA new drug approval and certain manufacturer-level cGMP requirements but must comply with state law and applicable USP standards (e.g., <795> Nonsterile and <797> Sterile compounding).
- They may not compound drugs that are essentially copies of commercially available products (with limited exceptions) and must follow FDA/State lists and policies governing bulk drug substances.
- Products are not made for general office use or for resale; each dispense is tied to a prescription for an individual patient.
- Shipments are made directly to the patient (to their chosen delivery address); pharmacies do not ship office stock to partner locations.

Current Pharmacy Partner: Emerald Compounding Pharmacy (EmeraldsRx)

- Address: 5325 Primrose Lake Circle, Suite A, Tampa, FL 33647
- Phone: +1 (321) 321-3313
- Florida Licenses: PH35074 (Community Pharmacy); PH35337 (Pharmacy License; Special Sterile Compounding & Schedule II/III qualifications)
- DEA Registration: FE4155974 (Schedules II-V)
- Biomedical Waste Operating Permit: 29-64-2899253
- Member/Certifications: LegitScript certified; NCPA, IACP, PCCA memberships

4) Roles & Responsibilities (Scope & Liability Overview)

This section clarifies how each party participates in patient care. Each party is responsible for its own actions and compliance obligations. This document is informational and not legal advice.

Party	Primary Responsibilities
Partner Business (Clinic / Gym / Wellness)	Markets and sells its own non-medical services and programs; educates clients about Asher Med availability; does not guarantee prescriptions; ensures its own business compliance and marketing claims.
Asher Med (Telehealth)	Operates patient intake and telehealth workflows; verifies identity and location; assigns licensed prescribers; maintains medical records; communicates clinical decisions; coordinates pharmacy fulfillment.
Prescribing Physician (e.g., Dr. Broussard)	Establishes clinical protocols for Asher Med programs; reviews intake and objective data; establishes provider-patient relationship per state rules; determines if a prescription is appropriate; writes/renews/declines prescriptions; manages adverse-event follow-up; documents standard-of-care rationale.
Pharmacy (e.g., Emerald Compounding Pharmacy)	Compounds and dispenses patient-specific prescriptions; follows USP <795>/<797> and state requirements; ships medications; conducts quality controls and reports issues to the prescriber.

Independence of Parties: Partners are not agents of Asher Med, prescribers, or pharmacies. Financial arrangements for partner programs are separate from medical services rendered through Asher Med. No partner is authorized to represent itself as a medical provider unless independently licensed to do so.

Up-to-date compliance: Telehealth requirements (e.g., asynchronous vs synchronous) vary and evolve. See Appendix B (revised) for the latest overview, including routing based on the delivery address entered at time of service.

Appendices (Order)

1. Physician Confirmation Letter - Dr. Crystal Broussard (next page)
2. Appendix A: Licensure - Dr. Crystal Broussard (full list)
3. Appendix B: Asher Med Compliance Overview (revised)

Appendix B — Compliance Overview (Revisions & Clarifications)

Async vs Sync Visual Removed: The previous visual diagram has been removed to avoid confusion. The written rules below are authoritative.

Routing Basis: Patients are routed for asynchronous vs synchronous encounters based on the delivery address entered at the time of service (not permanent residency). This supports scenarios such as travel or temporary stays.

ID on Renewals: Renewals involve identity confirmation. A new ID upload may not be required if a valid ID is already on file and can be confirmed by our team.

Prescriber Licensing & Shipping: Prescribers are assigned based on the patient's location at the time of service, and pharmacies ship to the patient's designated delivery address in line with state rules.

Our Compliance Workflow

Always: Secure Patient Intake (all states)

Every patient begins with a structured online intake that captures:

- **Identity verification:** Photo ID upload (name/DOB visible); verified against records.
- **Consent:** Telehealth consent logged with date/time and modality (async or sync).
- **Medical history & risk screens:** Past history, current meds/allergies, family history, lifestyle, contraindications (GLP-1 specific prompts: MTC/MEN2, pancreatitis, severe GI disease).
- **Objective data:** Weight, BMI, blood pressure, heart rate; recent labs/photos if available (A1c, lipid panel, injection site images).
- **Location:** City and state of service, confirmed at intake.

Async States (most jurisdictions)

- Clinician reviews the intake in detail.
- If information is incomplete or unclear, patient receives a secure message request for clarification (ID, vitals, labs, or photos).
- Once the clinician determines the standard of care (SOC) is met asynchronously, the prescription may be issued.
- If SOC cannot be met, the case is escalated to a synchronous video visit.

Sync States (Arkansas, Mississippi)

- System detects patient location at intake.
- Patient is prompted to schedule a doxy.me video visit before any prescription can be issued.
- During the visit, the clinician:
 - Verifies photo ID on camera and exact address, city, state.

- Reviews intake data and addresses clarifications.
 - Performs a focused live exam sufficient to meet SOC.
- Documentation must include: consent timestamp, verification steps, platform used, and the required sync note line.
- Prescription may be issued only after the video is completed and SOC is confirmed.

South Dakota (Async with Conditions)

- Patients may be evaluated asynchronously, but if SOC cannot be met through intake + messaging, the clinician escalates to a live video visit.
- Escalation triggers include missing objective data, diagnostic uncertainty, or red flags (e.g., uncontrolled comorbidities).

Renewals (all states)

- Once the provider–patient relationship is established, most renewals can be managed asynchronously.
- Renewal intakes must still include ID verification, updated vitals, new labs/photos when clinically appropriate, and confirmation of any changes in health status.
- Escalate to video if the patient reports new symptoms, safety concerns, or if SOC cannot be met asynchronously.

Every Encounter Includes (Built-In Controls)

- Licensure check: Clinician must hold an active license in the state where the patient is located at the time of service.
- Audit trail: Chart includes consent timestamp, ID verification, patient location, SOC rationale, and prescribing details.
- Change log: Any rule updates or workflow changes are version-controlled and archived for 2+ years.
- Escalation safeguard: Questionnaire-only intake is never sufficient; async is only valid when SOC is fully met.

What Partners Need to Know

Why Compliance Matters

- **State-by-state variation:** Telehealth prescribing rules are set at the state level, and they differ widely. Some states allow asynchronous intake with secure messaging; others mandate a live video exam before the first prescription.
- **High stakes:** Non-compliance can put both patients and partner businesses at risk, including regulatory penalties, invalid prescriptions, or reputational harm.
- **Our safeguard:** Asher Med maintains a comprehensive compliance matrix covering all 50 states + DC. This matrix is:
 - Reviewed and updated every 90 days as part of our compliance protocol.
 - Updated immediately if state laws or medical board guidance change.
 - Archived with version control for 2+ years to provide an auditable history.

How We Keep You Protected

- **Real-time routing:** Our system flags a patient's state of residence during intake and automatically directs them into the correct workflow (async vs sync).
- **Clinician licensure check:** Prescribers are verified as licensed in the patient's state at the time of service.
- **Change management:** Any compliance updates are logged, reviewed, and communicated to partners, so your operations always reflect the most current rules.
- **Audit readiness:** We can provide documentation on request — including current state classifications, update logs, and SOPs to help partners answer compliance questions quickly.
- **Partner transparency:** You'll always know whether your state requires async or sync, what triggers escalation, and how renewals are handled.

What We Collect

(Every Patient, Every State)

Category	What's Collected	Why It Matters
Identity & Location	Government photo ID (name/DOB visible); city and state at time of service	Confirms patient identity, ensures clinician is licensed in the patient's location
Telehealth Consent	Signed/checked consent with date, time, and modality logged in the record	Creates auditable proof that the patient agreed to telehealth care
History & Risk Screens	Medical history, current medications, allergies, family history, lifestyle factors, and GLP-1 contraindication prompts (MTC/MEN2, pancreatitis, GI disease, etc.)	Ensures prescribing safety and compliance with state rules
Objective Data	Weight, BMI, blood pressure, heart rate, and labs/photos as applicable (A1c, lipid panel, injection site photos)	Provides objective evidence that SOC is met; prevents "questionnaire-only" prescribing
Clinician Follow-Up	Secure messaging or clarifications documented in the chart	Confirms that prescribing is based on clinician review and patient interaction, not just a form

What Happens in Sync States

- **States impacted:** Currently Arkansas and Mississippi require a real-time audio-video visit before the first prescription.
- **Why:** These states do not allow clinicians to establish the provider–patient relationship asynchronously. A live video is legally required to meet state telehealth standards.
- **Workflow:**
 - Patient completes the standard online intake (ID, consent, history, vitals, labs/photos).
 - Our system detects the patient's state and automatically prompts them to schedule a brief video visit.
 - Patients receive a link to our HIPAA-compliant doxy.me platform (no download required).
 - During the video, the clinician:
 - Verifies photo ID on camera and confirms current location (city/state).
 - Reviews intake information and clarifies any red flags.
 - Performs a focused exam to meet the standard of care.
 - Once complete, the clinician documents the video encounter and, if appropriate, issues the prescription.
- **Duration:** Because all intake information has already been collected, the video is usually short (5-10 minutes).
- **Renewals:** After this initial synchronous encounter, renewals can typically be managed asynchronously, provided SOC continues to be met.

Partner FAQ

Question	Answer
How do I know if my state is async or sync?	We maintain a state compliance tracker updated every 90 days (and sooner if rules change). Ask us anytime and we'll confirm your state's requirements.
What if a state changes its rules?	Our compliance team conducts quarterly reviews and monitors state updates continuously. If your state shifts from async → sync (or vice versa), workflows update immediately and you'll be notified.
Does this affect my patients' experience?	For most patients, care is asynchronous. In a few states (e.g., Arkansas and Mississippi), patients must complete a short video visit before their first prescription. After that, renewals are typically async.
What platform do you use for video visits?	We use doxy.me, a HIPAA-compliant telehealth platform that runs directly in the browser, no download required.
Can renewals be async in sync states?	Yes. Once the initial video visit is completed and the provider–patient relationship is established, renewals can generally be managed asynchronously.
What if a patient is traveling or temporarily out of state?	Prescribing is based on the patient's location at the time of service. If they are in a sync-required state, a video visit must occur before prescribing.
How do you ensure patients aren't just filling out a form without review?	Every intake is reviewed by a licensed clinician in the patient's state. Questionnaire-only prescribing is never permitted. Clinicians may request clarifications, vitals, labs, or photos before prescribing.
How do you document compliance for audits?	Each encounter includes a consent timestamp, ID verification, patient location, SOC rationale, and prescribing details. Compliance reviews and change logs are archived for at least 2 years.

09/29/2025

To Whom It May Concern:

This letter is to confirm that myself, Dr. Crystal Broussard, MD, is the prescribing physician for weight loss medications and peptides for Ashermed.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Broussard'.

Crystal Broussard, MD

Licensure



License State	License #	Status	Add'l Info	Issue Date	Expiration Date	Last Updated	Actions
TX - Texas	L8243 (MD)	Active	No	04/02/2004	05/31/2027	06/05/2025	
AK - Alaska	150717 (MD)	Active	No	03/09/2020	12/31/2026	03/29/2025	
AL - Alabama	42212 (MD)	Active	No	02/12/2021	12/31/2025	01/22/2025	
AR - Arkansas	E-12808 (MD)	Active - Unlimited	No	12/20/2019	10/31/2026	12/30/2024	
AZ - Arizona	62288 (MD)	Active	No	10/06/2020	02/06/2026	09/24/2025	
CA - California	C167102 (MD)	License Renewed & Current	No	12/16/2019	12/31/2025	01/17/2024	
CO - Colorado	CDR.0001041 (CDR)	Active	No	02/11/2021	04/30/2027	04/01/2025	
CT - Connecticut	64601 (MD)	Active - Current	No	11/26/2019	10/31/2026	09/23/2025	
DC - District of Columbia	MD047749 (MD)	Active	No	01/22/2020	10/31/2027	01/06/2025	
DE - Delaware	C1-0023969 (MD)	Active	No	11/15/2020	03/31/2027	04/01/2025	
FL - Florida	ME142572 (MD)	Clear/Active	No	09/16/2019	01/31/2026	02/01/2024	
GA - Georgia	84579 (MD)	Active	No	12/11/2019	10/31/2025	09/24/2025	
HI - Hawaii	MD-21125 (MD)	Current, Valid & in Good Standing	No	03/12/2020	01/31/2026	09/24/2025	
IA - Iowa	MD-48226 (MD)	Active	No	02/11/2021	10/01/2025	09/24/2025	
ID - Idaho	MC-0805 (MD)	Active	No	02/22/2021	06/30/2026	06/19/2025	
IL - Illinois	036155866 (MD)	Active	No	03/02/2021	07/31/2026	09/28/2023	
IN - Indiana	01083274A (MD)	Active	No	12/19/2019	10/31/2027	09/23/2025	
KS - Kansas	04-44435 (MD)	Current - Active	No	03/16/2021	07/31/2026	06/23/2025	
KY - Kentucky	53303 (MD)	Active Physician	No	12/12/2019	02/28/2026	03/29/2025	
LA - Louisiana	321760 (MD)	Active	No	01/22/2020	10/31/2026	09/24/2025	
MA - Massachusetts	281908 (MD)	Active	No	10/21/2021	10/06/2026	10/28/2024	
MD - Maryland	D0090941 (MD)	Active	No	02/23/2021	09/30/2026	10/28/2024	
ME - Maine	MD24580 (MD)	Active	No	02/18/2021	10/31/2027	09/24/2025	
MI - Michigan	4301500935 (MD)	Active	No	11/27/2019	11/27/2025	09/25/2023	
MN - Minnesota	68709 (MD)	Active	No	02/11/2021	10/31/2025	09/24/2025	
MO - Missouri	2019043497 (MD)	Active	No	11/12/2019	01/31/2026	09/24/2025	
MS - Mississippi	28715 (MD)	Active	No	04/08/2021	06/30/2026	06/19/2025	
MT - Montana	MED-PHYS-COM-LIC-94055 (MD)	Active	No	02/11/2021	03/31/2027	04/01/2025	
NC - North Carolina	2019-02924 (MD)	Active	No	12/23/2019	10/06/2026	09/23/2025	
ND - North Dakota	17190 (MD)	Active - Unconditioned	No	02/11/2021	10/06/2027	09/23/2025	
NE - Nebraska	33491 (MD)	Active	No	04/05/2021	10/01/2026	10/28/2024	

NH - New Hampshire	21388 (MD)	Active	No	04/20/2021	06/30/2027	06/17/2025
NJ - New Jersey	25MA10759900 (MD)	Active	No	01/16/2020	06/30/2027	06/09/2025
NM - New Mexico	MD2020-0851 (MD)	Active	No	08/26/2020	07/01/2027	06/24/2024
NV - Nevada	20807	Active	No	02/12/2021	06/30/2027	06/23/2025
NY - New York	301424 (MD)	Registered	No	10/01/2019	09/30/2026	10/28/2024
OH - Ohio	35.137535 (MD)	Active	No	09/16/2019	07/01/2027	07/02/2025
OK - Oklahoma	35223 (MD)	Active - Fully Licensed	No	11/26/2019	11/01/2026	09/24/2025
OR - Oregon	MD202011 (MD)	Telemedicine Active	No	04/19/2021	12/31/2025	12/14/2023
PA - Pennsylvania	MD469696 (MD)	Active	No	01/28/2020	12/31/2026	01/06/2025
RI - Rhode Island	MD16983 (MD)	Active	No	02/17/2020	06/30/2026	06/17/2025
SC - South Carolina	83436 (MD)	Active	No	12/02/2019	06/30/2027	06/17/2025
SD - South Dakota	12665 (MD)	Active	No	05/11/2021	03/01/2027	03/29/2025
TN - Tennessee	63204 (MD)	Licensed	No	02/17/2021	10/31/2027	09/24/2025
UT - Utah	12160524-1235 (MD)	Active	No	02/10/2021	01/31/2026	02/01/2024
VA - Virginia	0101270844 (MD)	Current Active	No	10/15/2020	10/31/2026	12/30/2024
VT - Vermont	042.0014613 (MD)	Active	No	12/04/2019	11/30/2026	12/30/2024
WA - Washington	MD60996017 (MD)	Active	No	12/30/2019	10/06/2026	12/30/2024
WI - Wisconsin	1189 - 320 (MD)	License is current (Active)	No	02/25/2021	10/31/2027	09/23/2025
WV - West Virginia	30483 (MD)	Active	No	05/28/2021	06/30/2026	06/24/2024
WY - Wyoming	13412C (MD)	Active	No	02/16/2021	06/30/2026	06/19/2025
UT - Utah	12160524-1205 (MD)	Superceded	No	01/31/2024	01/31/2026	04/01/2025

DEA Licenses 1



License State	DEA #	Status	Issue Date	Expiration Date	Last Updated	Actions
TX - Texas	BB8751073	Active	06/24/2022	07/31/2028	07/07/2025	

State Controlled Substance Licenses 1



License State	License #	Status	Issue Date	Expiration Date	Last Updated	Actions
MA - Massachusetts	MCS008239A (MD)	Current	03/01/2022	03/01/2025	09/25/2023	