

Fill in this information to identify the case:

Debtor Novan, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 23-10937

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Apogee Pharmacy
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

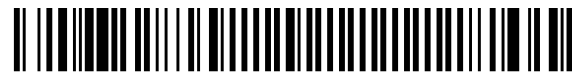
3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Apogee Pharmacy Apogee Pharmacy 608 E BAILEY BOSWELL RD STE 140 SAGINAW, TX 76131, United States Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>4086133545</u> Contact email <u>apogeerx11c@gmail.com</u>	 Contact phone _____ Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

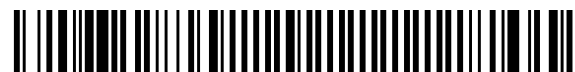
7. How much is the claim? \$ 38971.9. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Approved coupons for dispensed drugs

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/22/2024
MM / DD / YYYY

/s/Rakesh Poddar
Signature

Print the name of the person who is completing and signing this claim:

Name Rakesh Poddar
First name Middle name Last name

Title President

Company Apogee Pharmacy
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2954 | International (310) 751-2614

Debtor: 23-10937 - Novan, Inc.		
District: District of Delaware		
Creditor: Apogee Pharmacy Apogee Pharmacy 608 E BAILEY BOSWELL RD STE 140 SAGINAW, TX, 76131 United States Phone: 4086133545 Phone 2: Fax: Email: apogeerxllc@gmail.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Approved coupons for dispensed drugs	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 38971.9	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Rakesh Poddar on 22-Feb-2024 5:53:17 p.m. Eastern Time Title: President Company: Apogee Pharmacy		

APOGEE PHARMACY

608 E Bailey Boswell Rd, Ste 140, Saginaw, TX 76131

TEL: (817) 349-8088

apogeerxllc@gmail.com

Rx #	Fill Date	Plan	Reference #	Total	Copay	Due from Epi Health/ Novan	Drug Name
94600	5/10/2023	LOT	0108698086	\$41.25	\$40.00	\$1.25	BONJESTA 20-20 MG ORAL TABLET EXTENDED RELEASE
86882	5/16/2023	LOT	0108861510	\$76.25	\$35.00	\$41.25	OSPHENA 60 MG ORAL TABLET
92446	6/5/2023	LOT	0109435854	\$26.25	\$10.00	\$16.25	EUCRISA 2 % EXTERNAL OINTMENT
102122	6/7/2023	LOT	0109507205	\$61.25	\$10.00	\$51.25	EUCRISA 2 % EXTERNAL OINTMENT
102441	6/13/2023	LOT	0109655585	\$771.40	\$100.00	\$671.40	EUCRISA 2 % EXTERNAL OINTMENT
103014	6/21/2023	LOT	0109895023	\$51.25	\$40.00	\$11.25	BONJESTA 20-20 MG ORAL TABLET EXTENDED RELEASE
96882	5/16/2023	MMS10342	U23136P8B25400	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
87615	5/20/2023	MMS10342	U23140M7BB5500	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101376	5/23/2023	MMS10342	U23143P2145600	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
94170	6/5/2023	MMS10342	U23156LDB55200	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102054	6/6/2023	MMS10342	U23157S45D5200	\$50.00	\$0.00	\$50.00	RHOFADE 1 % EXTERNAL CREAM
102101	6/7/2023	MMS10342	U23158MAA25600	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102630	6/15/2023	MMS10342	U23166L6C35500	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
103130	6/23/2023	MMS10342	U23174K0C25200	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
100983	5/16/2023	MMS10342NE	U23136MCC55300	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
100997	5/16/2023	MMS10342NE	U23136P9A85500	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101114	5/18/2023	MMS10342NE	U23138L6825400	\$250.00	\$50.00	\$200.00	RHOFADE 1 % EXTERNAL CREAM
101120	5/18/2023	MMS10342NE	U23138M2485500	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
101140	5/18/2023	MMS10342NE	U23138P2BB5700	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101169	5/18/2023	MMS10342NE	U23138S40D5100	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
95975	5/19/2023	MMS10342NE	U23139M9D05300	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR

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101183	5/19/2023	MMS10342NE	U23139L2FB5400	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
101234	5/19/2023	MMS10342NE	U23139Q0AB5200	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
101293	5/22/2023	MMS10342NE	U23142LB9B5300	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
99404	5/23/2023	MMS10342NE	U23143JBA25600	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101379	5/23/2023	MMS10342NE	U23143P2D55100	\$109.06	\$0.00	\$109.06	RHOFADE 1 % EXTERNAL CREAM
101442	5/24/2023	MMS10342NE	U23144L0E75600	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
101445	5/24/2023	MMS10342NE	U23144L4E65300	\$55.00	\$0.00	\$55.00	RHOFADE 1 % EXTERNAL CREAM
101460	5/24/2023	MMS10342NE	U23144MD815600	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
101492	5/24/2023	MMS10342NE	U23144QB615300	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
101529	5/25/2023	MMS10342NE	U23145L14E5300	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101531	5/25/2023	MMS10342NE	U23145L7A35200	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101557	5/25/2023	MMS10342NE	U23145RA505200	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
99080	5/26/2023	MMS10342NE	U23146OBF65400	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101583	5/26/2023	MMS10342NE	U23146M32A5300	\$545.97	\$50.00	\$495.97	RHOFADE 1 % EXTERNAL CREAM
101689	5/31/2023	MMS10342NE	U23151P27A5100	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
101705	5/31/2023	MMS10342NE	U23151Q5235500	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
101748	6/1/2023	MMS10342NE	U23152M0E75800	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
99071	6/2/2023	MMS10342NE	U23153LDE65300	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101802	6/2/2023	MMS10342NE	U23153K8F45800	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
101806	6/2/2023	MMS10342NE	U23153KC5C5300	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
101807	6/2/2023	MMS10342NE	U23153L1E45800	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
101893	6/5/2023	MMS10342NE	U23156R38C5600	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
101928	6/5/2023	MMS10342NE	U23156Q6175800	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102000	6/6/2023	MMS10342NE	U23157M50E5400	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL

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							CREAM
102064	6/7/2023	MMS10342NE	U23158K45C5100	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
102068	6/7/2023	MMS10342NE	U23158K7705600	\$50.00	\$0.00	\$50.00	RHOFADE 1 % EXTERNAL CREAM
102089	6/7/2023	MMS10342NE	U23158M0245600	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
102095	6/7/2023	MMS10342NE	U23158M5B75200	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102129	6/7/2023	MMS10342NE	U23158P85E5100	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
102157	6/7/2023	MMS10342NE	U23158RCAE5200	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102171	6/8/2023	MMS10342NE	U23159K89D5600	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102220	6/8/2023	MMS10342NE	U23160L21A5800	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102222	6/8/2023	MMS10342NE	U23159R6435800	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102305	6/12/2023	MMS10342NE	U23163K2A35300	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
102319	6/12/2023	MMS10342NE	U23163LDA15200	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
102328	6/12/2023	MMS10342NE	U23163LAD15200	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
102368	6/12/2023	MMS10342NE	U23163P0765500	\$551.41	\$50.00	\$501.41	RHOFADE 1 % EXTERNAL CREAM
96331	6/13/2023	MMS10342NE	U23164L24A5500	\$686.75	\$35.01	\$651.74	MINOLIRA 135 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
100997	6/13/2023	MMS10342NE	U23164N5A15200	\$686.75	\$35.01	\$651.74	MINOLIRA 105 MG ORAL TABLET EXTENDED RELEASE 24 HOUR
102615	6/15/2023	MMS10342NE	U23166K4D95200	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
102700	6/16/2023	MMS10342NE	U23167L7E05500	\$40.00	\$35.00	\$5.00	WYNZORA 0.005-0.064 % EXTERNAL CREAM
102708	6/16/2023	MMS10342NE	U23167K8415100	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
102792	6/19/2023	MMS10342NE	U23170L3655300	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM
103007	6/21/2023	MMS10342NE	U23172N46A5700	\$1,207.56	\$35.00	\$1,172.56	WYNZORA 0.005-0.064 % EXTERNAL CREAM

Total Unpaid balance from Epi Health/Novan**\$38,971.90**