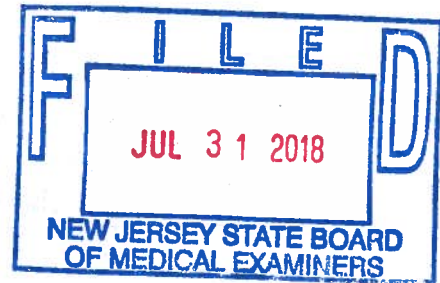


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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS &
DRUG CONTROL UNIT

IN THE MATTER OF THE LICENSE TO
PRACTICE MEDICINE AND SURGERY
AND NJ CDS REGISTRATION OF

KEVIN CUSTIS, M.D.
License No. 25MA08719200
NJ CDS Registration No. D10299200

Administrative Action

FINAL CONSENT ORDER

This matter was opened to the New Jersey State Board of Medical Examiners (the "Board") and the Director of the New Jersey Division of Consumer Affairs (the "Director") in or about June 2017, upon receipt of information that Kevin Custis, M.D., License No. 25MA08719200, NJ Controlled Dangerous Substances ("CDS") Registration No. D10299200, who maintained a medical practice in Asbury Park, New Jersey ("Respondent") was engaged in the indiscriminate prescribing of Controlled Dangerous Substances ("CDS") and/or human growth hormone ("HGH") providing the basis for Board action under N.J.S.A. 45:1-21(m) and/or N.J.A.C. 13:35-7.9 et. seq. and was engaged in the prescribing of CDS without legitimate medical purpose in violation of N.J.A.C. 13:45H-7.4 and N.J.A.C. 13:35-7.9 et. seq. which

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provides basis under N.J.S.A. 24:21-12(a)(3) for the Director to suspend or revoke Respondent's NJ CDS registration.

In or about April 2016, the Enforcement Bureau of the Division of Consumer Affairs ("EB") working in concert with multiple other agencies, began an investigation into Respondent's medical and prescribing practices. During the course of that investigation the EB developed evidence that Respondent was engaging in acts constituting indiscriminate prescribing of CDS, HGH and/or anabolic steroids, i.e. testosterone.

The evidence obtained reveals that prior to issuing prescriptions Respondent fails to conduct physical examinations; arbitrarily dispenses medications for off-label use to patients including but not limited to Arimidex (Anastrozole) and Norditropin (Somatropin); and/or illegally prescribes Anabolic Steroids and/or HGH in violation of Board rules and regulations including N.J.A.C. 13:35-7.9 et. seq. Among other proofs the investigation includes recorded statements from Respondent that he prescribes anabolic steroids for the intention of body mass enhancement directly in violation of Board rule.

Investigators posing as undercover patients ("UC") were prescribed hormone replacement therapy and/or Arimidex by Respondent. UCs met with the Respondent from April 2016 to March 2017. Lab work reports provided to the Respondent in concert with these visits reflected testosterone levels that were within normal range. Lab work reports provided to the Respondent after therapy was initiated by the Respondent subsequently identified high levels of testosterone consistent with prescribed testosterone therapy. The UCs clearly informed Respondent that they wished to improve their bodies for performance in body building competitions. Respondent also prescribed testosterone to a female UC for use to improve her body for competition without the benefit of any medical examination or bloodwork.

Medications prescribed by Respondent to UCs between April 2016 to March 2017 included Anivar (Oxandrolone) a Schedule III anabolic steroid; Norditropin (Somatropin) human growth hormone; Testosterone Cypionate, anabolic steroid a Schedule III; HCG human chorionic gonadotropin, a hormone; and/or Arimidex (Anastrozole) medication used to treat breast cancer.

Respondent prescribed steroids in a "stacking" regimen to fit the needs of his body building patients. Stacking involves the use of a stronger base "androgen", and a milder (primarily "anabolic") steroid. This way of "stacking" helps to mask to side effects of taking the anabolic steroids so the user can counteract the cosmetic effect of the anabolic steroid. Respondent has prescribed thousands of prescriptions in the "stacking" regimen on an ongoing basis.

On June 16, 2017, following his arrest by federal criminal authorities, Respondent agreed to an Interim Consent Order with the Board and Director that included the temporary suspension of his medical license and NJ CDS Registration.

On April 30, 2018, before Hon. Peter G. Sheridan, U.S.D.C.J. in case number 18-247-01(PGS) Respondent pled guilty to multiple criminal charges related to the above-described prescribing of anabolic steroids, as well as the distribution of Marijuana. Specifically, Respondent pled guilty to (1) unlawful distribution of anabolic steroids, outside the scope of legitimate medical practice, in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(1)(E)(i); and possession with intent to distribute less than 50 kilograms of marijuana, in violation of 21 U.S.C. §§ 841(a)(1) and 841(b)(1)(D).

The Respondent, being desirous of resolving this matter without the need of a formal hearing, and it appearing that the Respondent has read the terms of the within Order and understands their meaning and effect and, on the advice of counsel, agrees to be bound by same,

and the Board and the Director, finding the within disposition adequately protective of the public health, safety and welfare, and further finding that good cause exists for the entry of this Order:

IT IS, therefore, on this 31st day of JULY, 2018,

ORDERED AND AGREED THAT:

1. Respondent, Kevin Custis, M.D., is hereby granted leave to and shall surrender his license to practice medicine and surgery in the State of New Jersey, with such surrender to be deemed a permanent revocation.

2. Respondent's New Jersey CDS Registration, pursuant to the authority of the Director under N.J.S.A. 24:21-9 et seq., is permanently revoked. This CDS Registration revocation is independent of any action taken by the Board, the United States Drug Enforcement Administration ("DEA") or any other law enforcement or licensing authority. A copy of this Consent Order, signed by the Director, will be filed with the Division's Drug Control Unit.

3. Both the revocation of his medical license and CDS Registration shall be with prejudice and Respondent shall not re-apply for his license to practice medicine or seek a CDS registration in New Jersey at any future time.

4. Respondent shall continue to cease and desist all patient contact at any location and the rendering of medical care, including the issuance of any prescription for, or dispensation of, medications of any kind, including but not limited to CDS.

5. Respondent shall not charge, receive or share in any fee for professional services rendered by others. However, Respondent shall be permitted to collect accounts receivable with respect to professional services that he rendered prior to the temporary suspension of his medical license.

6. Respondent shall not enter the premises of his former medical practice when

patients may be present.

7. If he has not already done so, Respondent shall immediately return his original New Jersey license to practice medicine and CDS registration to William V. Roeder, Executive Director, State Board of Medical Examiners, 140 East Front Street, P.O. Box 183, Trenton, New Jersey 08625.

8. Respondent shall immediately advise the Drug Enforcement Agency (the "DEA") of this Order, specifically the permanent revocation of his medical license and CDS Registration, and provide the Board within five days of proof of said notification to the DEA.

9. Respondent shall immediately send all of his remaining prescription blanks, along with a cover memorandum indicating that he will no longer be writing prescriptions and asking that his prescription blanks be destroyed pursuant to standard operating procedures, to Cathy Collins, Executive Officer, Enforcement Bureau Drug Control Unit, P.O. Box 45022, Newark, New Jersey 07101.

10. Respondent shall be precluded from managing, overseeing, supervising or influencing the practice of medicine or provision of healthcare activities, including by testifying as an expert witness, in the State of New Jersey.

11. Respondent shall comply with N.J.A.C. 13:35-6.5(h), the Board regulation for practice closure. Within ten days of the filing of this Final Consent Order, Respondent shall notify William V. Roeder, Executive Director, State Board of Medical Examiners, as to where his patient records are secured, and how patients may obtain them.

12. Respondent shall divest himself from any current and future financial interest in or benefit derived from the practice of medicine.


13. Respondent shall comply with the Directives Applicable to Any Medical Board

Licensee Who is Disciplined or Whose Surrender of Licensure or Cessation of Practice Has Been Ordered or Agreed Upon, which are attached hereto as Exhibit 1 and incorporated herein.

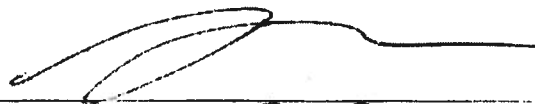
14. Failure to comply with any provision of this Order will result in subsequent disciplinary proceedings for failure to comply with an Order of the Board.

15. The parties hereby stipulate that entry of this Final Consent Order is without prejudice to further action or investigation by the Attorney General, the Drug Control Unit, the Director of the Division of Consumer Affairs, or other law enforcement entities resulting from Respondent's conduct prior to the entry of this Order. This Order shall be a full and final resolution by this Board of all violations and facts expressly referenced in this Order.

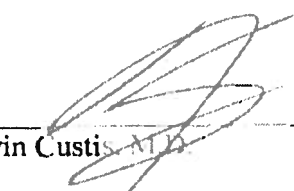
NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By: 
Paul Carniol, M.D.,
President

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

By: 
Kevin Jespersen, Paul Rodriguez
Acting Director

I have read the within Consent Order in its entirety and I agree to be bound by all of its terms. I understand the meaning and effect of this Order, and I understand that the entry of this Order carries serious legal consequences. Consent is hereby given to the Board to enter this Order.

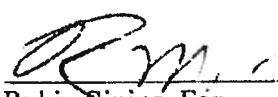


Kevin Custis, M.D.

6/18/18^r

Date

Consent is hereby given as to the form and entry of this Order.



Rubin Sinins, Esq.
Attorney for Respondent

6/26/18

Date

Exhibit 1

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
OR CESSATION OF PRACTICE HAS BEEN ORDERED OR AGREED UPON**

APPROVED BY THE BOARD ON AUGUST 12, 2015

All licensees who are the subject of a disciplinary order or surrender or cessation order (herein after, "Order") of the Board shall provide the information required on the addendum to these directives. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq: Paragraphs 1 through 4 below shall apply when a licensee is suspended, revoked, has surrendered her or her license, or entered into an agreement to cease practice, with or without prejudice, whether on an interim or final basis. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains probationary terms or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. Prior to the resumption of any prescribing of controlled dangerous substances, the licensee shall petition the Director of Consumer Affairs for a return of the CDS registration if the basis for discipline involved CDS misconduct. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon her/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension, surrender or cessation, the licensee must truthfully disclose her/her licensure status in response to inquiry.) The licensee subject to the order is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The licensee subject to the order may contract for, accept payment from another licensee for rent at fair market value for office premises and/or equipment. In no case may the licensee subject to the order authorize, allow or condone the use of her/her provider number by any health care practice or any other licensee or health care provider. In situations where the licensee has been subject to the order for less than one year, the licensee may accept payment from another

professional who is using her/her office during the period that the licensee is (suspended), subject to the order for the payment of salaries for office staff employed at the time of the Board action.

A licensee whose license has been revoked, suspended or subject to a surrender or cessation order for one (1) year or more must immediately take steps to remove signs and take affirmative action to stop advertisements by which her/her eligibility to practice is represented. The licensee must also take steps to remove her/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee subject to the order shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice.¹ The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board order.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended or who is ordered to cease practice for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A disqualified licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall also divest him/herself of all financial interest. Such divestiture of the licensee's interest in the Limited Liability Company or professional service corporation shall occur within 90 days following the entry of the order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Division of Revenue and Enterprise Services demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation or sole member of the limited liability company, the corporation must be dissolved within 90 days of the licensee's

¹ This bar on the receipt of any fee for professional services is not applicable to cease and desist orders where there are no findings that would be a basis for Board action, such as those entered adjourning a hearing.

disqualification unless it is lawfully transferred to another licensee and documentation of the valuation process and consideration paid is also provided to the Board.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that (during the three (3) month period) immediately following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or her/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of general circulation in the geographic vicinity in which the practice was conducted. If the licensee has a website, a notice shall be posted on the website as well.

At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or her/her telephone number shall be promptly reported to the Board. When a patient or her/her representative requests a copy of her/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

6. Payment of Civil and Criminal Penalties and Costs.

With respect to any licensee who is the subject of any order imposing a civil penalty and/or costs, the licensee shall satisfy the payment obligations within the time period ordered by the Board or be subject to collection efforts or the filing of a certificate of debt. The Board shall not consider any application for reinstatement nor shall any appearance before a committee of the Board seeking reinstatement be scheduled until such time as the Board ordered payments are satisfied in full. (The Board at its discretion may grant installment payments for not more than a 24 months period.)

As to the satisfaction of criminal penalties and civil forfeitures, the Board will consider a reinstatement application so long as the licensee is current in her or her payment plans.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ORDERS/ACTIONS**

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website. See <http://www.njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A. 45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

Nothing herein is intended in any way to limit the Board, the Division of Consumer Affairs or the Attorney General from disclosing any public document.