

BOARD OF PHARMACY
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

Date: Thursday, August 15, 2013

Time: 9:00 a.m.

Place: King Kalakaua Conference Room
King Kalakaua Building
335 Merchant Street, First Floor
Honolulu, Hawaii 96813

Members Present: Todd Inafuku, Pharmacist
Jill Oliveira Gray, Public Member
Mary Jo Keefe, Pharmacist
Kerri Okamura, Pharmacist
Carolyn Ma, Pharmacist

Excused: Lydia Kumasaka, Public Member
Garrett Lau, Pharmacist

Staff Present: Lee Ann Teshima, Executive Officer ("EO")
Stephen Levins, Deputy Attorney General ("DAG")
Lisa Kalani, Secretary

Guests: Alanna Isobe, Safeway
Nancy Noe, Johnson & Johnson
Alen Wu, Johnson & Johnson
Lyell Hirschle, Kaiser
Keiko Hiraoka, Lilly
Paul Smith, Walgreens
Chris Tsue, Walgreens
Jennifer Ota, Walgreens
Tiffany Yajima, Ashford & Winston/Walgreens
Catalina Cross, McKesson
Aili Hallstone, Waianae Coast Comprehensive Health Center
Laryn Barderas, Waianae Coast Comprehensive Health Center

Agenda: The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by section 92-7(b), Hawaii Revised Statutes ("HRS").

Election of a Temporary Chair: The EO asked for volunteers for Chair Pro Tem for today's meeting.
Todd Inafuku volunteered to be Chair Pro Tem.

Call to Order: There being a quorum present, the Chair Pro Tem called the meeting to order at 9:00 a.m.

Announcements and Introductions

The Chair Pro Tem announced that Ms. Keefe is running late.

The Chair Pro Tem asked the audience to introduce themselves.

Approval of the Previous Minutes – July 18, 2013

The Chair Pro Tem called for a motion in regards to the minutes of the July 18, 2013 meeting.

There being no amendments, upon a motion by Dr. Ma, seconded by Ms. Okamura, it was voted on and unanimously carried to approve the minutes for the July 18, 2013 meeting as circulated.

Executive Officer's Report:

Hawaii Ethics Commission

The EO reported on the following:

Ethics Advisory 2013-03, Board Member Applying for Position Selected, Hired or Otherwise Subject to Approval by the Board

The EO provided a copy of the Hawaii State Ethics Commission Ethics Advisory 2013-03 to the members for their information.

Who Board Members Can Talk To and When, Part 1

The EO reported that OIP is often asked whether board members can talk to the board's staff, members of the public, or one another in various situations when not in a meeting. To help board members understand what they can talk about outside a meeting, and with whom, OIP has put together a three-part quick review. Part 1 was provided to the Board members for their information.

Who Board Members Can Talk to and When, Part 2

The EO reported, what constitutes board business was discussed in Part 1. There are, however, a number of exceptions and "permitted interactions" that allow board members to have discussions outside of a meeting, even on matters that constitute board business. A few of these exceptions and permitted interactions are described in Part 2. Part 2 was provided to the Board members for their information.

Correspondence:

Hawaii Pharmacists Administering Drugs by Injection, Nancy Noe – Deferred from July 18, 2013 Meeting for Additional Information

The Chair Pro Tem led the discussion on an email inquiry regarding Hawaii pharmacists administering drugs by injection.

Dr. Oliveira Gray stated one of the questions the Board has was if the Janssen Connect training was ACPE approved.

Guest Nancy Noe was present and addressed the Board. Ms. Noe stated she wanted to give the Board a brief introduction and an overview of the program that they have to provide information and assistance to patients who are using their long acting, inject able antipsychotics. There are two antipsychotic drugs, one is Invega Sustenna which is indicated for schizophrenia and the

other is Risperdal Consta which is indicated for schizophrenia and bi-polar disorder one. Janssen Connect has a program now that provides information to healthcare providers and their patients where the healthcare provider has ordered injections in sixteen states, and their desire is to expand that program and be able to offer the service to patients and healthcare providers here in Hawaii. Ms. Noe stated the Board is probably aware that patients with schizophrenia face many obstacles to taking their medications as ordered by their healthcare provider, having to navigate complex reimbursements, remembering their medications, and the issue that they are looking at particularly is that patients often have trouble just getting to their doctors offices or the doctor may not be available to provide the services directly. Many psychiatrists have not given an injection since medical school, they don't want to do injections, they may not be set up with the OSHA requirements, they may not have a nurse, or connection with a clinic that has the capacity to do the injections. Ms. Noe stated that in many cases they see that the distance or the ability for the patient to get to the clinic using public transportation may be a real challenge. For people dealing with schizophrenia it's critical that they are able to maintain their medication regime otherwise there is the strong risk of relapse which can lead to disability, hospitalization, incarceration and many other serious consequences. That is why Janssen Connect looked at what are the challenges facing these patients and what can they do to help them overcome those challenges. Ms. Noe stated particularly what they want to talk to the Board about today is the alternate injection sites. Janssen Connect has accomplished this through contract with UBC by them setting up a network of injection centers so that the patients when they are working with their physician and determine that the long lasting inject able are the appropriate treatment for the patient, then they work with the patient to see if this program would benefit the patient, and if so then they help identify the pharmacy or alternate injection site that would be convenient and the physician then enrolls the patient there. There is a relationship between the physician and the pharmacist and the patient always sees that pharmacist unless they or their healthcare provider decide to stop or switch to a different pharmacy. Ms. Noe stated in order for a pharmacist to participate in the program they do have to complete the Janssen developed training program. When the pharmacist signs the contract with UBC they are given a secure user ID and password and when they go on to the training portal they have to attest that they are in fact the owner of that user ID and password so they know that the pharmacist is going through their training and is getting the information. The training has four components; it is to look at the disease state overview to help the pharmacist understand schizophrenia and bi-polar disorder particularly as it relates to the product, product specific information, Johnson & Johnson adverse event and product quality complaint training, and sensitivity training. Ms. Noe stated this training is not designed to meet the state requirements for doing injections; their understanding is that there are other programs that are certified to do that, so what they are providing is the information about the disease and about the products so that the pharmacists have that comfort level to be able to work with the patients with these products. It supplements what training they are getting from another certified source. Ms. Noe stated at the end of their training program there is a comprehension test. The pharmacist must pass the test before they can administer their products.

Guest Alen Wu was present and addressed the Board. Mr. Wu stated one of the things they have learned from having administered these products in sixteen states is that 42% of the patients who are getting the injections at a pharmacy are age 30 or younger, which is a very different patient population. It means they are catching them early in the disease state, preventing relapse. That's typically not what you see in terms of a state hospital or CMHC where the patients are much older and they have had multiple relapses before they actually get on the injection. Mr. Wu stated he believes there is a place in terms of a pharmacy being able to give

the injection, the patient being comfortable receiving the injection. Mr. Wu stated he had an opportunity to speak with some younger patients and they have stated they feel a part of the community being able to walk into a pharmacy and get an injection versus going to a clinic and seeing a psychiatrist.

Dr. Ma asked how you assure the injection technique by the pharmacist.

Mr. Wu stated the pharmacist would go through an ACPE approved program that trains them in IM injections so they are certified before they enroll in the Janssen training program.

Dr. Oliveira Gray asked if the injections are done in a private room.

Mr. Wu stated most pharmacies have private rooms for flu vaccination injection and in this case IM injection.

Dr. Oliveira Gray asked if a private room is a requirement for the program.

Mr. Wu stated it is not a requirement.

Dr. Ma asked for these two medications, what has been different to the set up for dealing with emergency situations, adverse events, that is different than immunization. Have you created policies and procedures that you would like the pharmacies to be following.

Ms. Noe stated one of the components of the training deals with adverse events and how the pharmacist responds to an adverse event and how they report and how to resolve. She stated another important component of the program is the relationship between the healthcare provider and the pharmacist, so that the pharmacist is providing information to the healthcare provider as well as the healthcare provider providing information to the pharmacist. If for example a patient did not show up for their injection the physician would be notified so that they would be able to intervene.

The EO asked if the relationship between the pharmacist and the physician is in writing and some kind of collaborative agreement.

Mr. Wu stated if a patient goes into a physician's office and the patient and physician agrees that they should be on injectable there is a form that has to be filled out that states how that process will be done and how the communication will occur.

The EO asked if the relationship is between the patient and physician or the physician and the pharmacist.

Mr. Wu stated the patient gets to pick which pharmacy they want to go to.

The EO asked how would you know if a pharmacy is participating in this program or if the pharmacist is trained.

Ms. Noe stated there is a list of participating pharmacist that have been approved.

The EO asked if the patient literally brings a prescription to the pharmacy so that it can be dispensed and administered to the patient.

Ms. Noe stated the physician would enroll the patient in the program with that pharmacy. So the healthcare provider would do the enrollment with the pharmacist so that the patient would not carry in the prescription. The physician would transmit that electronically to the pharmacist.

The Chair Pro Tem asked, of the sixteen states that you have this program ongoing, are there any additional qualifications or certification of the pharmacist to administer, or are they administering under their immunization training.

Mr. Wu stated they are administering under their immunization training.

The Chair Pro Tem asked what the viscosity of the product is. Is it something where the needle size would vary.

Mr. Wu stated the product is not oil based it is water based so it is a straight IM injection, straight into the muscle injection. There are two gauges; you have the option of going deltoid, which is a larger gauge, smaller needle.

The Chair Pro Tem asked if a joint certification meets the criteria. Meaning they are certified to do immunizations, is this the same technique that is used for these injectables.

Ms. Okamura asked if administering these two drugs is the same as administering immunizations.

Mr. Wu stated one of the things about ACPE training is it doesn't differentiate about which drug, it's about IM. The technique is the same just a different formulation and different drug.

Dr. Ma stated what she thinks the Chair Pro Tem was asking is does the immunization training teach those techniques that you are utilizing. IM deltoid is taught but IM gluteal is not taught.

Mr. Wu stated they will follow up, but he believes of the sixteen states a majority, if not all use IM deltoid injections.

The DAG asked if any state board has rejected your efforts.

Mr. Wu stated not that he knows of.

Ms. Keefe arrived 9:30 a.m.

Dr. Ma asked if any states have limited to only IM deltoid injections.

Mr. Wu stated that hasn't really come up, but he believes the assumption was that they would do IM deltoid since that's where their comfort level is.

The Chair Pro Tem asked if this program is also for APRNs with Rx capabilities or is limited to psychiatrist and physicians.

Ms. Noe stated it would be in accordance with states regulations.

The Chair Pro Tem stated unfortunately in this section where the pharmacist is administering to the individual has to be with a physician.

The Chair Pro Tem asked what the adherence program for this particular drug is.

Mr. Wu stated they know the adherence has improved because they know if the patient receives the injections or not. The patient receives a call to remind them about their injections and if they miss the injections they get a call to remind them that they missed an injection. The physician also receives communication.

Upon a motion by Dr. Ma, seconded by Dr. Oliveira Gray it was unanimously voted to allow a pharmacist to participate in this program limited to a physician's prescription and to deltoid IM injections only.

The following agenda item was taken as the next order of business

Additions/Additional Distribution to Agenda

The Chair Pro Tem called for a motion to add the following to today's agenda:

Additions

3. Executive Officer's Report
 - a. Hawaii Ethics Commission
 4. Who Board Members Can Talk to and When, Part 3
4. Correspondence
 - f. Hawaii pharmacist license CE hours

Additional Distribution

7. Applications
 - a. Ratification Lists

Upon a motion by Ms. Okamura, seconded by Ms. Keefe, it was voted on and unanimously carried to add the items to today's agenda.

The following agenda item was taken as the next order of business

Executive Officer's Report:

Hawaii Ethics Commission

The EO reported on the following:

Who Board Members Can Talk to and When, Part 3

The EO reported Boards subject to the Sunshine Law, Part 1 of Chapter 92, Hawaii Revised Statutes (HRS), are generally required to conduct all business in open meetings that have been properly noticed to allow for public participation. This quick review discusses an exception to the open meeting requirement for "permitted interaction groups" or "PIGs", as set forth in section 92-2.5, HRS. While other types of permitted interactions were previously discussed in Part 2 of this quick review series, this article explains how members of a board may form a PIG to investigate or to negotiate a matter. Part 3 was provided to the Board members for their information.

The following agenda item was taken as the next order of business

Correspondence: **“Whether it is permissible for a pharmacy to pay veterinarians a percentage of reimbursement received for prescriptions for veterinary drugs.” – Response from the Board of Veterinary Examiners**

The Chair Pro Tem led the discussion regarding whether it is permissible for a pharmacy to pay veterinarians a percentage of reimbursement received for prescriptions of veterinary drugs. The Board referred the question to the Board of Veterinary Examiners and their response is as follows:

Based on your inquiry, the Board of Veterinary Examiners (“Board”) informally decided that it is unethical for a veterinarian to receive a percentage of reimbursement for prescribing veterinary drugs as described in your inquiry because this practice is contrary to the recognized principles of medical ethics adopted by the American Veterinary Medical Association (“AVMA”). The Board based its decision on the statutory grounds contained within Hawaii Revised Statutes (“HRS”) §471-10(b)(12). HRS §471-10(b)(12) states:

§471-10 Refusal to grant and revocation or suspension of license.

(b) In addition to any other actions authorized by law, the board may revoke or suspend the license of any veterinarian or fine the licensee, or both, for any cause authorized by law, including but not limited to the following:

(12) Conduct or practice contrary to the recognized principles of medical ethics of the veterinary profession as adopted by the Hawaii Veterinary Medical Association and the American Veterinary Medical Association.

The Principles of Veterinary Medical Ethics of the AVMA states in relevant part:

- V. Influences on Judgment
 - B. Veterinarians should not allow their medical judgment to be influenced by agreements in which they stand to profit through referring clients to other providers of services or products.
 - C. The medical judgments of veterinarians should not be influenced by contracts or agreements made by their associations or societies.

Policies & Procedures for Medication Delivery, Aili Hallstone, Waianae Coast Comprehensive Health Center

The Chair Pro Tem led the discussion on an email inquiry regarding policies and procedures for medication delivery. This “runner” service is so that patients do not have to walk uphill to the pharmacy to pick up their medications. Instead they will provide a medical assistant who will come up to the pharmacy and sign out/pick up their medications for them and deliver it to them in the clinic (while they are having their session with their MD).

The EO stated a Release and Waiver of Liability for Pick-up of Medication form was passed out to the Board this morning for their consideration.

Guest Aili Hallstone was present and addressed the Board. Ms. Hallstone stated the waiver form is signed by the patient and authorizes a staff member, which would be a medical assistant, to pick up their medications from the pharmacy, sign out for it on the behalf of that patient. The waiver form also states the patient will take responsibility of the medication upon release of the medication from the WCCHC Pharmacy. The Behavioral Health (BH) Department will keep the medication for 30 days only. The BH Department will be responsible for disposing of the medication after 30 days.

The DAG stated the Board should not be giving its approval on any kind of waiver.

The Chair Pro Tem stated the question is delivery and there is no definition for delivery. There is only a definition for dispense. In this case the BH department is acting as the agent of the patient. That is between the agent and the patient. Once the pharmacy dispenses or gives the medications to the runner that is dispensed, it is out of the pharmacy and cannot be returned. The Chair Pro Tem asked if this also pertains to controlled substances, because the Board does not make reference to controlled substances.

Ms. Hallstone stated some members of the human health were uncomfortable with that but the physicians were saying if its part of the patients' therapy, it would not make sense for the runner to pick up their other medications but leave their controlled substances at the pharmacy. The physicians want to know that their patients within the clinic setting have received all their medications that they want them to take. The problem now is because the patients don't want to walk up the hill to pick up their medications, they leave, and the physicians don't know if they are picking up their medications elsewhere.

The Chair Pro Tem stated the Board does not make any ruling on controlled substance and would recommend you speak with NED regarding that. The policy of the Board is once the medication leaves the pharmacy it is dispensed and cannot be returned to the pharmacy.

Dr. Ma stated if the Board does not have any purview over delivery then there's no need to make a decision about this.

Ms. Keefe stated a patient can choose anyone to pick up their prescriptions.

After futher discussion the Board determined that once the prescription drugs leave the pharmacy premises, it is considered "dispensed" and therefore, would no longer fall under the purview of the pharmacy laws and/or administrative rules.

Drug Shipping – Packing – Invoicing Requirements, Tonya McCreary Williams

Dr. Ma led the discussion on an email inquiry asking if the Board would let her know the shipping label, packing slip and invoice requirements for a self-distributing manufacturer.

The DAG stated they should do their own research or confer with their own private attorney.

The EO stated the reason she put this on the agenda is to find out if any of the pharmacy laws and rules addressed this issue.

Dr. Ma stated not that she can recall.

After further discussion the Board determined that Hawaii Revised Statutes, Chapter 328 may address some of the questions. Ms. Williams will be directed to contact Mr. Edwards, Department of Health, Food and Drug Branch.

ACPE Press Release: ACPE Grants First International Program Certification

The Chair Pro Tem led the discussion on a press release from ACPE granting its first international program certification.

The Accreditation Council for Pharmacy Education (ACPE) announced that the first international pharmacy degree program certification has been granted. International certification follows an on-site evaluation, consideration by the ACPE International Commission, and final review and approval by the ACPE Board of Directors. King Saud University College of Pharmacy in Saudi Arabia has two professional degree programs in pharmacy – a bachelor of science in pharmacy and a doctor of pharmacy; both programs were certified by ACPE.

The Chair Pro Tem stated in 461 for pharmacist the qualifications are to hold a degree from a school or college of pharmacy which is recognized and accredited by ACPE. Something to look at is under 461-5 qualifications for licensee; there is a section that talks about someone that is recognized from a college of pharmacy outside of the United States.

The EO stated that was her question, if this is an ACPE approved program now, do they still have to go through the TOEFL and the FPGE.

The Chair Pro Tem stated 461-5(b) reads, any applicant who is otherwise qualified to apply for license to practice pharmacy in this state but who is a graduate of a school or college of pharmacy located outside of the United States which has not been recognized by the Board as an accredited school may be deemed to have satisfied the requirement of section (a)2, which is holds a degree from a college or school of pharmacy recognized and accredited by the ACPE by providing verification to the Board of the applicants academic record and graduation by meeting other requirements as the Board may establish from time to time. The Board may require the applicant to successfully pass an examination approved by the Board to establish proficiency in English if the school is located outside the United States in a country where the official language is not English.

The EO stated the school would be acceptable but in addition the applicant would have to take the TOEFL.

Dr. Ma stated you have a lot of U.S. citizens that go to foreign medical schools so it would depend on the individual.

The EO asked what will you be looking for on these applications.

Dr. Ma stated, English proficiency.

The EO asked, how would you know.

The DAG stated the thing to look at is how the curriculum is presented. There are a lot of foreign schools that do teach in English.

Dr. Ma stated if you have an ACPE accredited school then it's probably taught in English.

Ms. Okamura stated when they take their NAPLEX they would be taking it in English.
The EO stated she will contact the ACPE and find out if this program is taught in English.

Hawaii pharmacist license CE hours, Daniel Hu

Ms. Okamura led the discussion on an email inquiry asking if the Board would approve a student presentation as a continuing education course.

The EO stated the definition of continuing education is courses approved by the ACPE or Continuing Medical Education courses that serve to improve patient safety and to maintain quality national standards in the prevention of medical errors.

After further discussion, the Board was unable to make a determination if the "presentation" meets the requirements of the definition of "continuing education courses" as specified in Hawaii Revised Statutes §461-1 as there was insufficient information submitted regarding the presentation.

Old Business:

HAR Title 16, Chapter 95 – Status Report

The EO stated she will have the draft revisions ready for the Board to review by the next meeting.

Open Forum:

Guest Keiko Hiraoka addressed the Board. Ms. Hiraoka stated the Hawaii Pharmacist Association Board met recently and there was discussion on the registration of certifying technicians. The HPHA wanted to know if there is any anticipated legislation by the Board, or where the Board stands on certifying the 900 technicians that are in the state now. Ms. Hiraoka stated she took an informal poll and found out that Kaiser, Longs and Tripler require that their technicians are nationally certified.

The EO stated the administrative rules have a scope of practice of what a pharmacy technician can do, but there is no license, registration or requirements. The EO stated at an NABP Executive Officer's forum's she attended a couple years ago that was one of the topics they discussed. She was able to talk to some of the Executive Officer's that had just started certifying technicians and they said that their complaints and investigations had went up do to diversion issues. If the Board is considering regulating pharmacy technicians, they still fall under the supervision of a pharmacist, so if the pharmacy technician does something wrong, the pharmacist is still also held responsible. You can revoke the technicians' certifications so they cannot practice as a technician but you're going to discipline the pharmacist as well. So even if technicians are regulated separately the supervising pharmacist is still held accountable.

Dr. Ma asked if legislation would it have to come from HPHA or another organization.

The EO stated if it came from the Board, from the Professional and Vocational Licensing standpoint we rely on the sunrise report from the legislative auditor to justify whether this area should be regulated from a consumer protection standpoint.

The EO stated she will work with the HPHA on a survey to all Hawaii pharmacies regarding the registration of pharmacy technicians.

Applications:

Ratification List

Upon a motion by Dr. Oliveira Gray, seconded by Dr. Ma it was voted on and unanimously carried to approve the attached ratification lists.

Executive Session:

At 10:37 a.m., upon a motion by Ms. Okamura, seconded by Dr. Ma it was voted on and unanimously carried to move into executive session pursuant to §92-5(a)(1) and (4), HRS, "to consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities;"

At 11:04 a.m. upon a motion by Dr. Oliveira Gray, seconded by Dr. Ma, it was voted on and unanimously carried to move out of executive session.

Chapter 91, HRS,
Adjudicatory Matters:

At 11:04 a.m., the Chair Pro Tem called for a recess from the Board's meeting to discuss and deliberate on the following adjudicatory matters, pursuant to Chapter 91, HRS:

In the Matter of the Pharmacist's License of **Dawn Y. Tsuha-Scarlett; PHA 2012-12-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order.

Upon a motion by Dr. Ma, seconded by Dr. Oliveira Gray, it was voted on and unanimously carried to accept the Board's Final Order.

In the Matter of the Miscellaneous Permit of **Aetna Specialty Pharmacy LLC; PHA 2012-4-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1".

Upon a motion by Ms. Keefe, seconded by Ms. Okamura, it was voted on and unanimously carried to accept the Board's Final Order.

In the Matter of the Pharmacist's License of **Jodi M. Miller; PHA 2008-11-L**, Monitor's Quarterly Report for period covering May – July 2013.

Upon a motion by Dr. Ma, seconded by Dr. Oliveira Gray, it was voted on and unanimously carried to accept the Monitor's Quarterly Report for the period covering May – July 2013

Applications:

Applications

Pharmacist

Upon a motion by the Chair Pro Tem, seconded by Dr. Ma, it was voted on and unanimously carried to approve the following applications for pharmacist license:

Ana Leticia Medina

Miscellaneous Permit

Upon a motion by the Chair Pro Tem, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the following applications for miscellaneous permit license:

Acariahealth Pharmacy #13 Inc.
CVS Caremark Advanced Technology Pharmacy LLC

Miscellaneous Permit

Upon a motion by the Chair Pro Tem, seconded by Dr. Ma, it was voted on and unanimously carried to deny the following applications for miscellaneous permit license based on HRS §436B-19(13), HRS §461-15(a)(7)(C) and HAR §16-95-32.2(a)(1) and (2).

Entirely Pets Pharmacy LLC

Miscellaneous Permit

Upon a motion by the Chair Pro Tem, seconded by Ms. Okamura, it was voted on and unanimously carried to approve the following applications for miscellaneous permit license and inform the applicant that selling the repackaged drug to the urgent care clinic would also require a prescription wholesale distributor license:

Open Door Rx

Election of Board
Chair and Vice Chair:

Dr. Ma nominated Mr. Inafuku for Board Chairperson.

Upon a motion by Dr. Ma, seconded by Ms. Okamura, it was voted on and unanimously carried to approve Mr. Inafuku as the Board's Chairperson.

Next Meeting:

Thursday, September 19, 2013
9:00 a.m.
King Kalakaua Conference Room
King Kalakaua Building, First Floor
335 Merchant Street
Honolulu, Hawaii 96813

Adjournment:

With no further business to discuss, the Chair Pro Tem adjourned the meeting at 11:18 a.m.

Taken and recorded by:

Reviewed and approved by:

/s/ Lisa Kalani
Lisa Kalani, Secretary

/s/ Lee Ann Teshima
Lee Ann Teshima, Executive Officer

8/23/13

Minutes approved as is.

Minutes approved with changes; see minutes of _____

BOARD OF PHARMACY

August 15, 2013 Ratification List

Miscellaneous Permits (PMP)

Change of PIC:

Bet Pharma LLC (PMP 620)

1501 Bull Lea Road, Ste. 102 B

Lexington, Kentucky 40511

New PIC: Meena Shah

Effective: 7/23/2013

Pareek Inc. (PMP 801)

dba American Specialty Pharmacy

2743 West 15th Street

Plano, Texas 75075

New PIC: Devendra Patchala

Effective: 6/14/2013

Walgreens Mail Service, Inc. (PMP 64)

8350 S. River Parkway

Tempe, Arizona 85284

New PIC: Hazem Abawi

Effective: 6/10/2013

Centric Health Resources, Inc. (PMP 551)

17877 Cehsterfield Airport Drive

Chesterfield, Missouri 63005

New PIC: Chad James Forinash

Effective: 8/1/2013

Medco Health Solutions of Netpark, LLC (PMP 336)

5701 E. Hillsborough Ave., Suite 1300

Tampa, Florida 33610

New PIC: Karen Hancock

Effective: 7/8/2013

Express Scripts Inc. (PMP 18)

4600 North Hanley Road

St. Louis, Missouri 63134

New PIC: Anthony Mangiapanello

Effective: 6/15/2013

CVS Rx Services Inc. (PMP 778)

dba Retail Pharmacy Customer Care Center

2100 Highland Corporate Pk. Dr.

Cumberland, Rhode Island 02864

New PIC: Namone S. Khamphavong

Effective: 7/12/2013

Miscellaneous Permits (PMP)- continued

Change of PIC:

Med-Care Diabetic & Medical Supplies, Inc. (PMP 678)

933 Clint Moore Road
Boca Raton, Florida 33487
New PIC: Allen F. McSherry
Effective: 7/1/2013

Direct Success Pharmacy Department (PMP 785)

dba Direct Success
1710 Farmingdale, New Jersey 07727
New PIC: Eva Panko
Effective: 9/12/2012

Specialty Veterinary Pharmacy (PMP 671)

4159 Bluebonnet Drive
Stafford, Texas 77577
New PIC: Mimli Tonnu
Effective: 7/16/2013

Plaza Pharmacy, Inc. (PMP 814)

4399 NW 124th Avenue
Coral Springs, Florida 33065
New PIC: Craig Matthew
Effective: 7/24/2013

Medco Health Solutions of Spokane, LLC (PMP 296)

23102 E Appleway Avenue
Liberty Lake, Washington 99019
New PIC: Scott Johnson
Effective: 8/1/2013

Covance Specialty Pharmacy LLC (PMP 605)

500 Eagle Landing Drive, Suite A
Lakeland, Florida 33810
New PIC: Martin Szkodzinski
Effective: 7/23/2013

Palm Beach Pharmaceuticals Inc. (PMP 513)

8409 N. Military Trail, Suite 125
Palm Beach Gardens, Florida 33410
New PIC: Joanne J. Hatton
Effective: 6/1/2013

Catamaran Home Delivery (PMP 682)

6225 Annie Oakley Drive, Suite 400
Las Vegas, Nevada 89120
New PIC: Alan Bernstein
Effective: 7/22/2013

Miscellaneous Permits (PMP)- continued

Relocation:

Icore Healthcare, LLC (PMP 560)

6870 Shadowridge Drive, Ste. 111
Orlando, Florida 32812

Med-Care Diabetic & Medical Supplies, Inc. (PMP 678)

6500 E. Rogers Circle, Suite A
Boca Raton, Florida 33487

Med-Care Pharmacy, Inc. (PMP 738)

1052 S Powerline Road
Deerfield Beach, Florida 33442

American Outcomes Management, L.P. (PMP 396)

6310 Southwest Blvd., Suite 204
Fort Worth, Texas 76109

Name Change & Relocation:

Walgreens Specialty Pharmacy LLC (PMP 669)

dba Walgreens #15443
10530 John W. Elliot Drive, Suite 100
Frisco, Texas 75033

Closure:

Medco at Home, LLC (PMP 557)

dba Medco Health Solutions of Scottsdale
14811 N. Kierland Blvd., Suite 600, Rm. 109
Scottsdale, Arizona 85254-2750
Effective: 7/27/2013

Balanced Solutions Compounding Pharmacy (PMP 713)

550 Technology Park, #1008
Lake Mary, Florida 32746
Effective: 7/19/2013

Teva Neuroscience, Inc. (PMP 401)

dba Shared Solutions Pharmacy

901 East 104th Street, Suite 900
Kansas City, Missouri 64131
Effective: 7/27/2013

Pharmacy (PHY)

Change of PIC:

Longs Drug Stores California LLC (PHY 741)

dba Longs Drugs #9953

45-480 Kaneohe Bay Drive

Kaneohe, Hawaii 96744

New PIC: Ahn Mitsuda

Effective: 7/14/2013

Mina Pharmacy LTC LLC (PHY 813)

dba Mina Pharmacy #15

275 West Kaahumanu Avenue

Suite 1CO1AB

Kahului, Hawaii 96732

New PIC: Gena M. Pini

Effective: 7/18/2013

Wal-Mart Stores, Inc. (PHY 810)

dba Wal-Mart Pharmacy #10-3883

91-600 Farrington Hwy.

Kapolei, Hawaii 96707

New PIC: Ji Yeun Ku

Effective: 6/28/2013

Longs Drug Stores California LLC (PHY 726)

dba Longs Drugs #9835

2750 Woodlawn Drive

Honolulu, Hawaii 96822

New PIC: Jamie Tomita

Effective: 8/4/2013

Closure:

Corner Pharmacy Corporation (PHY 685)

dba Corner Pharmacy

1029 Kapahulu Avenue, Ste. 303

Honolulu, Hawaii 96816

Effective: 6/24/2013

LTYPE	LIC NUM	BP NAME PART 1
PH	3513	ALICIA J <FRANKS<
PH	3514	RACHEL G <LEINENBACH<
PH	3515	STEVEN W <KAVCHOK<
PH	3516	KIMBERLY A <MCCONNELL<
PH	3517	STEPHANIE J <BISESTI<
PH	3518	SEUNG W <OH<
PH	3519	CHRISTOPHER T <CURRIE<
PH	3520	DARALYN M <KAWAMOTO<
PH	3521	TINAMARIE K <MCDONALD<
PH	3522	TRISHA ANN C <ESPINOSA<
PH	3523	JACKWAYNE S <FERNANDEZ<
PH	3524	GINTARE <ADOMAITYTE<
PH	3525	THOMAS A <BUI<
PH	3526	CHRISTOPHER A <KAMEI<
PH	3527	LINH C <TANG<
PH	3528	KENDRA M <DEMARIS<
PH	3529	CASSIE L <KIM<
PH	3530	TASHA <MEDEIROS<
PH	3531	CHRISTINE <NGUYEN<
PH	3532	MICHELLE L <ZACCHETTI<
PH	3533	PHILIP A <TAYLOR<
PH	3534	CHERYL K <HIRATA<

LTYPE	TEMP	LIC	NUM	VAM_BPR_LEGAL_NAME_1
PHI	T130718008			TINA T <DAN<
PHI	T130718009			KATHERINE H <HAMIL<
PHI	T130724002			KYLE A <BERTRAM<
PHI	T130718003			KANE R <SHIRKMAN<
PHI	T130718010			RICHARD M <KORB<
PHI	T130718001			HIEN T T <NGUYEN<
PHI	T130712001			JACQUELYN B <BERNICK<
PHI	T130730002			FELICIA J SEILER<
PHI	T130718004			TAYLOR J <JACKSON<
PHI	T130729001			ALYSSA K <ONGJOCO<
PHI	T130724001			SHERYLLE LYNNE M <CADIENTE<
PHI	T130718006			DAVID K H <LEE<
PHI	T130718005			JACK W <HO<
PHI	T130730001			JANELL <PENHA<
PHI	T130718011			ERIC C <WONG<
PHI	T130730003			AMANDA D <POWELL<
PHI	T130718002			DAVID A <HEWLETT<
PHI	T130718007			THUY-TIEN T <PHAM<
PHI	T130719001			JOHN=MICHAEL <THOMAS<

LTYPE	LIC NUM	LIC NAME PART 1	BUSN ADDR 1	BUSN ADDR 2	BUSN CITY	BUSN		
						ST	BUSN ZIP	BP
PHY	833		1613 NUUANU AVE		HONOLULU	HI	96817	WAL
PHY	841		1538 MAKALOA ST		HONOLULU	HI	96814	WAL
PHY	842		KAISER PEARLRIDGE PHARMACY	98-1005 MOANALUA RD STE 1000	AIEA	HI	96701	KAI

LTYPE	LIC NUM	BUSN ADDR 1	BUSN ADDR 2	BUSN CITY	BUSN		BP NAME PART 1
					ST	BUSN ZIP	
PHY	833	1613 NUUANU AVE		HONOLULU	HI	96817	WALGREEN OF HAWAII LLC
PHY	841	1538 MAKALOA ST		HONOLULU	HI	96814	WALGREEN OF HAWAII LLC
PHY	842	KAISER PEARLRIDGE PHARMACY	98-1005 MOANALUA RD STE 1000	AIEA	HI	96701	KAISER FOUNDATION HEALTH PLAN INC

LTYPE	LIC NUM	LIC NAME PART 1	BUSN ADDR 1	BUSN CITY	BUSN		
					ST	BUSN ZIP	BP NAME PART 1
PMP	846	ALOHA RESPIRATORY SERVICES	99-890 IWAENA ST #103	AIEA	HI	96701	R C P S INC
PMP	847		1887 WHITNEY MESA DR	HENDERSON	NV	89014	CONCIERGE COMPOUNDING PHARMACEUTIC
PMP	848		3216 SILSBY RD	CLEVELAND HTS	OH	44118	GIPSCO INVESTMENT CORP
PMP	849	MAXOR CORRECTIONAL PHARMACY SERVICES	416 MARY LINDSAY POLK DR	FRANKLIN	TN	37067	MAXOR NATIONAL PHARMACY SERVICES C
PMP	850		1107 NICHOLAS BLVD	ELK GROVE VILLAGE	IL	60007	ORSINI PHARMACEUTICAL SERVICES INC
PMP	851	MONROE CLINIC DRUGS	1470 GARRETT RD STE A	MONROE	LA	71202	HOTBAR LLC
PMP	852		165 W SOUTH ST STE 208	HERNANDO	MS	38632	ATLANTIC MEDICAL LLC
PMP	853	TNH PHARMACY II	15211 VANOWEN ST STE 301	VAN NUYS	CA	91405	VALLEY CAMPUS PHARMACY INC
PMP	854		40 PENNWOOD PL STE 300	WARRENDALE	PA	15086	PHARMBLUE LLC
PMP	855	MRP	1141 N MISSION RD	LOS ANGELES	CA	90033	SALVEO SPECIALTY PHARMACY INC
PMP	856	MISSION ROAD PHARMACY	1155 W MISSION RD	LOS ANGELES	CA	90033	SALVEO SPECIALTY PHARMACY INC
PMP	857		1204 SE 28TH ST SUITE 2	BENTONVILLE	AR	72712	INFINITY COMPOUNDING SOLUTIONS LLC
PMP	858	MEDEX BIOCARE	8024 STAGE HILLS BLVD #107	BARTLETT	TN	38133	FFP ACQUISITION II LLC
PMP	859		10901 ROOSEVELT BLVD STE 200	ST PETERSBURG	FL	33716	PHARMALABS LLC
PMP	860		2547 BARRINGTON CT	HAYWARD	CA	94545	CRESCENT HEALTHCARE INC
PMP	861		4225 NORTHGATE BLVD STE 2	SACRAMENTO	CA	95834	ACARIAHEALTH PHARMACY #14 INC
PMP	862	BOCA RATON PHARMACY	625 NE SPANISH RIVER BLVD #106	BOCA RATON	FL	33431	JPPD INC
PMP	863	MIZNER PHARMACY	104 NE 2ND ST	BOCA RATON	FL	33432	MIZNER PHARMACY INC
PMP	864	AMOP PHARMACY	23290 SCHOENHERR	WARREN	MI	48089	AMERICAN MAIL ORDER PHARMACY INC