MINUTES OF MEETING

Date: Thursday, March 31, 2016
Time: Immediately following public hearing
Place: The Daniel K. Inouye College of Pharmacy
677 Ala Moana Blvd., Suite 1025 – New Location
Honolulu, Hawaii 96813
AND
The Daniel K. Inouye College of Pharmacy
at the University of Hawaii at Hilo, Classroom I
722 South Aohoku Street
Hilo, Hawaii 96720

Members Present: Kerri Okamura, RPh, Chair, Pharmacist
Mary Jo Keefe, RPh, Pharmacist
Marcella Chock, PharmD., Pharmacist
Carolyn Ma, PharmD., BCOP, Pharmacist

Members Excused: Garrett Lau, RPh, Vice Chair, Pharmacist

Staff Present: Lee Ann Teshima, Executive Officer (“EO”)
Shari Wong, Deputy Attorney General (“DAG”)
Lisa Kalani, Secretary

Guests: Paul Smith, Walgreens
Albert Lau, Kaiser Permanente
Greg Edwards, Department of Health, Food and Drug Branch
Fred Cruz, CVS Caremark
Richard S. Mejia, Times
Dennis McCallister, Express Scripts
Brande Ribillia, HPHA
Lauren Berton, CVS
Joe Parriott, Walmart
Stacy Pi, Kaiser Permanente
Tiffany Yajima, Ashford & Wriston
Catalina Cross, Times
Wes Sumida, DKICP
Call to Order: 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").

There being a quorum present, the Chair called the meeting to order at 9:09 a.m. and excused the Vice Chair from today's meeting.

Chair's Report: Announcements and Introductions

The Chair asked the audience to introduce themselves.

Additions/Additional Distribution to Agenda

The Chair announced the following additional distribution:

Additional Distribution

3. Executive Officer’s Report
c. 2016 Legislature Report
   1) SB 2392, SD2 Relating to Opioid Antagonists – Naloxone Laws – A Compilation of Naloxone Laws and Regulations by U.S. State as prepared by Students at the DKICP

4. Correspondence
   f. Containment Technologies Group, Inc. – False and Misleading Training – Response from Critical Point

Approval of the Previous Minutes – January 21, 2016

The Chair called for a motion in regards to the minutes of the January 21, 2016 meeting.

There being no discussion, upon a motion by Ms. Keefe, seconded by Dr. Ma, it was voted on and unanimously carried to approve the minutes for the January 21, 2016 meeting as circulated.

Executive Officer’s Report: HAR Title 16, Chapter 95 – Discussion of Public Hearing on Proposed Amendments

The EO reported on the public hearing for the proposed amendments to Chapter 95 that took place prior to the Board meeting:
She stated that there was no oral testimony and only one (1) written testimony from CVS Health that included amendments to HAR §§16-95-84 and 16-89-86 that would allow for transfer of an initial prescription or drug order to a second pharmacy for the purposes of dispensing in an emergency without voiding or inactivating the prescription. This would allow for patients to receive medications in an emergency situation increasing access and reducing gaps in therapy. She stated further that any substantive amendments to the current draft will require the Board start the rule amendment process from the beginning.

She said that it was up to the Board if they wanted to make further substantive amendments to the current draft or refer CVS’ letter to the Laws and Rules Committee for their review/research and recommendation back to the Board.

There being no questions or discussion, upon a motion by Dr. Chock, seconded by Dr. Ma, it was voted on and unanimously carried to approve the current draft and move forward with the rules adoption process and to defer CVS’ recommendations to the Laws and Rules Committee for further consideration.

Conferences/Seminars/Meetings

NABP 112th Annual Meeting, May 14-17, 2016, San Diego, California
The EO reported that Ms. Keefe will be attending.

2016 NABP/AACP Districts VI, VII & VIII Joint Meeting, September 11-14, 2016, Portland, Oregon
The EO reported that Dr. Chock will be attending.

2016 Legislature

The EO reported on the following bills:

SB 2392, SD1 Relating to Opioid Antagonists
This bill as it pertains to pharmacists and pharmacies provides immunity for pharmacists who, acting in good faith and with reasonable care, dispenses an opioid antagonist; amends the definition of “Practice of pharmacy” to include dispensing of an opioid antagonist in accordance with a written collaborative agreement between a licensed physician and pharmacist who has received appropriate training.

This bill is scheduled for hearing in its final committee (FIN) on the House side tomorrow.

At this time the following DKICP students presented their research on Naloxone Laws – A Compilation of Naloxone Laws and Regulations by U.S. State.
HB 1757, HD1 Relating to Health (Prepackage medication bill)
This bill would allow a pharmacy to provide customized patient medication package to any patient of an institutional facility or any member of the general public provide the pharmacist has obtained the patient's consent and the packaged medication meets the requirements of HRS §328-16.

This bill must be heard by the Senate JDL and pass out of that committee by April 8, 2016.

SB 2320, SD1 Relating to Contraceptive Supplies
This is the companion bill to HB 1757.

This bill has not been scheduled for hearing by the House.

SB 2915, SD2, HD1 Relating to the Uniform Controlled Substances Act
This bill updates the Uniform Controlled Substances Act to make it consistent with amendments in federal controlled substances law.

This bill was heard yesterday by the House FIN committee, however, I don't know what the decision was as it was not posted yet.

HB 254, HD2 Relating to Medicines
This bill allows for the dispensing of biosimilar medicines under specified conditions. Regulates interchangeable biological products.

The Senate CPH passed out with amendments, however, I don't know what those amendments are as it was not posted yet.

SB 2675, SD1, HD1 Relating to Licensing
This bill would authorized the Board of Dental Examiners, Hawaii Medical Board, Board of Pharmacy and the Board of Nursing to deny a license who has been disciplined by another state; impose the same disciplinary action upon a licensee as taken by another state subject to notice and administrative hearing requirements; and prohibit a licensee from practicing in the State until a final order is issued if the licensee has been prohibited from practicing in another state.

This bill is scheduled for hearing this afternoon by the House JUD.

SB 2076, SD2, HD1 Relating to Health Care
This is the DME bill that would authorized DOH to license DME providers among other requirements for the DME provider.

This bill must be heard by the Senate WAM and pass out of that committee by April 8, 2016.
HB 2233, HD2, SD1 Relating to Health Care Professional
Not sure if this bill affects pharmacists but would authorized PVL to collect and provide email addresses of physicians, osteopath, physician assistants, advanced practice registered nurses and naturopaths to other state or federal agencies for purposes of public health and safety.

This bill must be heard by the Senate WAM and pass out of that committee by April 8, 2016.

SB 2394 Relating to Influenza Immunization
This bill would require annual influenza vaccinations for health care workers in hospitals who have contact with patients.

This bill must be heard by the House FIN and pass out of that committee by April 8, 2016.

SB 2320, SD1, HD1 Relating to Contraceptive Supplies
Although this bill was deferred by the House CPC and JUD committees, it would’ve allowed pharmacists to prescribe and dispense contraceptives. The language in the bill is similar to Oregon’s law on contraceptives that went into effect on January 1, 2016. The Chair of the House Health committee would like to work with stakeholders of the bill during the interim.

Pharmacists Ranked #2 in the 2015 Gallup Poll for Honesty and Ethics
The EO reported that Pharmacists ranked 2nd, behind nurses, as the profession with “honesty and ethical standards”.

Continuing Education Audit – Status Report
The EO reported that as of March 30, 2016, 44 out of 116 pharmacists have either incomplete CEs or have not responded to the audit letter. The deadline to respond to the audit letter before the matter is referred to the Regulated Industries Complaints Office for investigation and possibly disciplinary action, is May 3, 2016.

Correspondence: Compounded and Repackaged Medications for Office-Use
The Chair asked Ms. Keefe if she could lead the discussion on this agenda item.

Ms. Keefe stated a letter was sent to the Board signed by a lot of associations, doctors and pharmacy groups saying they are concerned about the implementation of the Drug Quality and Security Act (DQSA) in regards to both compounded and repackaged medications for office-use. Recent implementation actions by the FDA and the information being provided by the Agency to States have caused confusion amongst State boards of medicine and pharmacy and have adversely impacted practitioner and patient access to vital medications. They are asking boards to delay consideration of
any pending regulatory or policy decisions on the ability of practitioners to obtain and use office-use compounded preparations until such time as the Agency issues its guidance in a manner that is consistent with this new Congressional directive.

**Pharmacy Times Article – “Pharmacists Allowed to Administer Epinephrine in Texas”**

The Chair asked Ms. Chock if she could lead the discussion on this agenda item.

Dr. Chock stated the Pharmacy Times Article states that prior to the passage and implementation of this new law in Texas, pharmacists were legally prohibited from administering epinephrine and could only help their patient by calling 911, even when the pharmacist had the lifesaving epinephrine sitting on the shelf only feet away.

The Chair stated perhaps this article can be referred to the Laws and Rules Committee.

**UH @ Manoa, John A. Burns School of Medicine - Pharmacy Access to Ulipristal Acetate in Hawaii**

The Chair stated that the UH @ Manoa, John A. Burns School of Medicine did a study on the availability of ulipristal acetate or ella as it is called, in pharmacies statewide. The study was developed in response to national and local concern about challenges encountered by patients in attempting to fill prescriptions for this medication. They called local pharmacies and found that based on information provided by pharmacy staff or pharmacists during the calls, 2.7% of local pharmacies had ella available immediately, as compared to 59.3% of pharmacies being able to fill Plan B One-Step same day.

**Pain Medicine News – “New Study Highlights Risks of Combining Benzodiazepines and Opioids”**

The Chair stated that in Pain Medicine News, the article titled, “New Study Highlights Risks of Combining Benzodiazepines and Opioids” says that although prescribing benzodiazepines concurrently with opioid analgesics has been shown to raise the risk for fatal overdose, new research documents a risk that is four times that of opioids taken alone, and even at low doses.

**John Hopkins Bloomberg School of Public Health – “Adderall Misuse Rising Among Young Adults”**

The Chair asked Ms. Keefe if she could lead the discussion on this agenda item.
Ms. Keefe stated this article from John Hopkins Bloomberg School of Public Health, titled “Adderall Misuse Rising Among Young Adults” says that researchers found that of all Adderall nonmedical use, from age 12 and up, 60% of it was among the 18-25 year olds. They found that they are inappropriately taking Adderall without a prescription, primarily getting the medication from family and friends. In college, especially, these drugs are used as study-aid medication to help students stay up all night and cram. Their sense is that a sizeable proportion of those who use them believe these medications make them smarter and more capable of studying. These groups need to be educated that there could be serious adverse effects from taking these drugs.

Containment Technologies Group, Inc. – false and Misleading Training

The Chair asked the EO to lead the discussion on this agenda item.

The EO stated that Containment Technologies Group (“CTG”) manufacturers of the MIC family of isolators had concerns with another company, Critical Point (“CP”) selling training programs to state boards of pharmacy and their respective inspectors on various topics but more specifically training materials about the requirements of USP <797> and the application of USP <797> to CTG’s MIC isolators.

The EO stated that included in the additional distribution to today’s distribution, CP also submitted a letter responding to CTG’s allegations and if anyone was interested in reviewing the letters to let her know.

National Association of Boards of Pharmacy – “Untangling the DSCSA”

The Chair asked Dr. Chock if she could lead the discussion on this agenda item.

Dr. Chock stated they received memo from NABP titled, “Untangling the DSCSA” that states the Drug Quality and Security Act of 2013 (DQSA), under Title II, the Drug Supply Chain Security Act (DSCSA) contains sweeping legislation that has dramatically affected the regulation of drug distribution. The impact on States is historic and unequalled and has introduced complicated new concepts and requirements as follows:

- State pedigree (tracking) laws and rules pre-empted;
- Federal law only, can be used to trace prescription drug products;
- Certain prescription drugs exempt from tracing;
- Wholesale distributors licensed in accordance with FDA standards (rules) or FDA must assume the responsibility;
- Third party logistics (3PL) providers can no longer be regulated as wholesale distributors;
- State 3PL license needed or FDA will assume the responsibility of licensing; and
- States must conduct initial wholesale distributor inspections and may conduct periodic inspections.

NABP has resources and tools that can help States at any level of familiarity to quickly grasp and implement these concepts and requirements.
Arizona Guidelines for Dispensing Controlled Substances

The Chair asked Dr. Ma if she could lead the discussion on this agenda item.

Dr. Ma stated they were provided with a very detailed guide on dispensing controlled substances taken from the Arizona Board of Pharmacy’s webpage. The abuse of prescription drugs is a serious social and health problem in the United States and Arizona is no exception to this problem. Therefore they have provided these guidelines for dispensing controlled substances.

The Chair asked if this was something the Board could post on its own webpage.

The EO stated you could refer it to the Laws and Rules Committee for review and to perhaps come up with your own guidelines in conjunction with the Department of Public Safety, Narcotics Enforcement Division.

Use of Automated Dispensing Cabinets in Long Term Care Settings

The Chair lead the discussion on this agenda item.

The Chair stated the Board received an email inquiring about the use of automated dispensing cabinets (ADCs) in long term care settings. The following are the questions asked in the email, with the Board’s responses:

a. These pharmacy automated machines are accepted and approved to be used in LTC settings

   Response: The current pharmacy laws and rules do not specifically address the use of automated dispensing machines. Although the Board is not interpreting your inquiry to be an “emergency kit”, Hawaii Administrative Rules (“HAR”) §16-95-81 does provide for an “emergency kit” as follows:

   §16-95-81 Emergency kits. (a) A pharmacist may provide emergency kits to an institutional facility which does not have an institutional pharmacy to meet the immediate therapeutic needs of patients.

      (b) The pharmacist and the medical staff of the institutional facility shall jointly determine the drugs, and quantity, to be included in the emergency kit.

      (c) The exterior of emergency kits shall be labeled by the pharmacist to clearly indicate that the kit is an emergency drug kit there shall be a listing of the drugs contained in the emergency kit, including name, strength, quantity, and expiration date of the drugs, which shall be maintained and kept in an accessible location near to the emergency kit, along with the name, address, and telephone number of the supplying pharmacy.
(d) All drugs contained within the emergency kit shall be labeled to identify, at a minimum, the brand or generic name, strength, route of administration, if other than oral, quantity, source, manufacturer, if generic, lot number, expiration date, and other information as may be required by the medical staff of the institutional facility to prevent any misunderstanding or risk of harm to the patients of the facility.

(e) On or before the earliest expiration date of any drug contained in the emergency kit, the pharmacist shall replace any expired drugs, relabel, and reseal the kit.

(f) The pharmacist shall ensure that the institutional facility has established written policies and procedures which shall provide, but not be limited to, policies and procedures covering:

1. Storage of emergency kits in secured areas which shall be in an environment for preservation of the drugs;
2. Procedures to ensure that drugs are removed only pursuant to a valid prescription or practitioner’s order and recordation of any removal; and
3. Procedures to notify the pharmacist within twenty-four hours of any removal of any drug from the emergency kit.

b. Can a technician restock or must a pharmacist stock?

Response: The Board refers you to HAR §16-95-86 that pertains to the scope of practice of a pharmacy technician: (emphasis added)

§16-95-86 Scope of practice of a pharmacy technician. A pharmacy technician may perform the following tasks, not requiring professional judgment, under the immediate supervision of a pharmacist:

1. Process prescription labels, drug packaging, **stocking**, delivery, record keeping, pricing, documentation of third party reimbursements, and preparing, labeling, compounding, storing, and providing medication;
2. Medication preparation is permissible provided that the pharmacy technician:

   A. Has a working knowledge of the pharmaceutical medical terms, abbreviations, and symbols commonly used in the prescribing, dispensing, and charting of medications;
   B. Is able to perform the arithmetic calculations required for the usual dosage determination and solution preparation;
   C. Has a thorough knowledge and understanding of the pharmacy technician’s duties and responsibilities, including standards of ethics and applicable laws and regulations governing the practice of pharmacy;
   D. Has a working knowledge of drug dosages, route of administration, and dosage forms and therapeutics;
Has a working knowledge of the procedures and operations relating to the manufacturing, packaging, and labeling of drug products; and

(F) Has an appropriate working knowledge of the procedures and operations relating to aseptic compounding and parenteral admixture operations.

“Immediate supervision” is defined in HAR §16-95-2 as:

"Immediate supervision" means that a registered pharmacist is physically present in the area or location where a pharmacy intern or pharmacy technician is working and oversees the correctness and accuracy of the prescription's ingredients, quantity, and label.

c. Is video needed?

Response: There is no specific language in the pharmacy laws or rules that address any video requirement.

Typing Phone Prescriptions

The Chair asked Ms. Keefe if she could lead the discussion on this agenda item.

Ms. Keefe stated the Board reviewed an email inquiry stating that they are transitioning to a new software program with the capability of letting pharmacists type out phoned prescriptions straight into the program instead of writing them down. Would this be compliant with the law stating that pharmacists must put phoned Rx's in writing?

After a brief discussion and careful consideration, it was the consensus of the Board that based on the following sections, an oral prescription shall be “recorded”, whether hand-written or typed and the record of the prescription is maintained for 5 years: (emphasis added)

§16-95-82 Valid prescriptions. (a) A pharmacist may fill and dispense prescriptions provided the prescription is valid. A valid prescription shall be legibly written and contain, at the minimum, the following information:

(1) The date of issuance;
(2) The original signature of the practitioner;
(3) The practitioner's name and business address;
(4) The name, strength, quantity, and specific instructions for the drug to be dispensed;
(5) The name and address of the person for whom the prescription was written or the name of the animal and address of the owner of the animal for which the drug is prescribed, unless the pharmacy filling the prescription has such address on file;
(6) The room number and route of administration if the patient is in an institutional facility; and

(7) If refillable, the number of allowable refills.

(b) Except where a written prescription is required by law a practitioner or the practitioner's agent may use a phone order provided:

(1) Only a pharmacist or a pharmacy intern shall receive the oral prescription;

(2) The oral prescription shall be immediately reduced to writing, including the practitioner's oral code designation, by the pharmacist or pharmacy intern and shall be kept on file for five years; and

(3) The oral prescription contains all of the information required under subsection (a).

§328-16 Drugs limited to dispensing on prescription. (a) A prescription drug shall be dispensed only if its label bears the following:

(c) A prescription may be communicated in writing, orally, or by electronic transmission, and shall include the following information:

(1) The authorization of the practitioner noted as follows:

(A) Written prescriptions shall include the original signature of the practitioner;

(B) Oral prescriptions shall be promptly recorded by the pharmacist or medical oxygen distributor and shall include the practitioner's oral code designation;

Changes to NAPLEX Program

The Chair asked Dr. Ma if she could lead the discussion on this agenda item.

Dr. Ma stated they have been notified by NABP of changes to the North American Pharmacist Licensure Examination (NAPLEX). The NAPLES program will transition to a new administration model in November 2016 and the upcoming changes are detailed below:

- The number of examination items will increase from 185 to 250. Of the 250 delivered questions, 200 are operational and will be used to calculate a score for the NAPLEX. The remaining 50 will be non-scored or pretest items;
- The testing time for the examination will increase from four hours and fifteen minutes to six hours. The appointment time with the vendor, Pearson VUE, will be six and a half hours to allow for time to read and agree to the confidentiality/non-disclosure agreement, and to take the tutorial and post-exam survey;
- The registration fee will increase from $505 to $575 to account for the additional seat time;
The examination assembly format will change from a computer adaptive exam (test assembled as candidate is taking the exam) to a linear form exam (pre-assembled exam form).

**Physician “Electronic” Signature on Collaborative Agreement**

The Chair lead the discussion on an email received asking if a physician (licensed in Hawaii) may sign an immunization collaborative agreement with a pharmacist using an electronic signature or if a physical signature is required.

Ms. Keefe stated if an electronic signature is acceptable for a prescription, why would it not be acceptable for a collaborative agreement.

To EO asked if it says anywhere in your laws and rules that it has to be an original signature?

After a brief discussion and careful consideration, it was the consensus of the Board that although the pharmacy laws or rules do not prohibit or even address the use of electronic signatures for collaborative agreements, an electronic signature of the Hawaii licensed physician on an immunization collaborative agreement may be acceptable.

**Therapeutic Interchange Program in a Long Term Care Setting**

The Chair lead the discussion on an email inquiry stating that their pharmacy would like to implement a therapeutic interchange program in the state but is unclear what protocols and processes would need to be in place to insure compliance with the Board of Pharmacy requirements.

The Chair stated we should refer the inquiry to HRS 461-1 Definitions.

Ms. Keefe stated we should also refer them to 16-95-83 Substitution; drug product selection.

After a brief discussion and careful consideration, it was the consensus of the Board that the pharmacist would require the prescriber’s authorization to change the prescription pursuant to the following definitions and sections:

HRS §461-1 Definitions.

"Practice of pharmacy" means:

(2) Performing the following procedures or functions as part of the care provided by and in concurrence with a "health care facility" and "health care service" as defined in section 323D-2, or a "pharmacy" or a licensed physician, or a "managed care plan" as defined in section 432E-1, in accordance with policies, procedures, or protocols developed collaboratively by health professionals,
including physicians and surgeons, pharmacists, and registered nurses, and for which a pharmacist has received appropriate training required by these policies, procedures, or protocols:

(F) As authorized by a licensed physician’s written instructions, initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient’s licensed physician and related to the condition for which the patient has been seen by the licensed physician; provided that the pharmacist shall issue written notification to the patient’s licensed physician or enter the appropriate information in an electronic patient record system shared by the licensed physician, within twenty-four hours;

§16-95-83 Substitution; drug product selection. (a) It shall be unlawful to dispense a different drug in place of the drug prescribed without the express consent of the person prescribing.

The Board also wanted to point out that if an out-of-state pharmacy is involved, then the out-of-state pharmacy would have to obtain a Hawaii miscellaneous permit in order to dispense any prescription drug into this State.

Dispensing 90 Day Supply for Medicaid Patient

The Chair asked Dr. Ma if she could lead the discussion on this agenda item.

Dr. Ma stated the Board received an email inquiry from a 4th year pharmacy student asking the Board how to handle the following:

- A patient brings in a prescription for Zolpidem 10 mg
- #90 table, zero refills, Take 1 tablet by mouth daily
- BUT, they have Medicaid and the plan will only cover up to a 30 day supply

The email goes on to say that according to the special agents at Department of Public Safety, Narcotics Enforcement Division, here are the options:

1. Dispense 30 tablets (but the patient loses out on the remaining 60)
2. Call the doctor to get an oral script for #30 with 2 refills
3. Dispense the full 90, but the patient is to pay cash/out of pocket.

The pharmacy student says in the email that he was told that it is illegal to cut the quantity down to 30 tablets, while dispensing 30 tablets two more times (within 90 days). When the term partial filling is used, it is normally in the instance that the pharmacy does not have enough stock of medication, but there is nothing in HRS 329 that defines “partial filling”. So technically, one could interpret partial filling of a script as not filling the entire prescription.

After a brief discussion and careful consideration, it was the consensus of the Board that although the dispensing and prescribing of controlled substances falls under the jurisdiction of the Department of Public Safety, Narcotics Enforcement Division and not the Board, the Board determined that pursuant to Hawaii Revised Statues Chapter 329,
if a patient presents a prescription to a pharmacist for a schedule II controlled substances for 90 tablets, zero refills and have Medicaid that will cover only a 30 day supply, then the options for the pharmacist are as follows:

1. The pharmacist may obtain the prescriber’s authorization for a new prescription, i.e. 30 tablets with 2 refills; or
2. The pharmacist may dispense 90 tablets and explain the situation to the patient of having to pay out-of-pocket for the amount not covered under Medicaid

As for the partial fill, a pharmacist may partially fill a prescription for a schedule II drug pursuant to HRS §329-38(i)(1) & (2) if the pharmacist is unable to supply the full quantity called for in the prescription. “Unable to supply the full quantity” due to reimbursement issues may not fall under this section, however, you may clarify this with the Department of Public Safety, Narcotics Enforcement Division.

Finally, the pharmacy laws and rules do not specifically address reimbursement issues. The pharmacy laws and rules are to ensure the safe practice of pharmacy as the Uniform Controlled Substance Act does in respect to the dispensing and prescribing of controlled substances.

Executive Session:  
At 10:40 a.m. upon a motion by Ms. Keefe, seconded by Dr. Chock, it was voted on and unanimously carried to move into Executive Session in accordance with HRS, 92-5(a)(4), “To consult with the board’s attorney on questions and issues pertaining to the board’s powers, duties, privileges, immunities, and liabilities”.

At 10:47 a.m. upon a motion by Dr. Ma, seconded by Dr. Chock, it was voted on and unanimously carried to move out of executive session.

Chapter 91, HRS, Adjudicatory Matters:  
The Chair called for a recess from the meeting at 10:47 a.m. to discuss and deliberate on the following adjudicatory matter(s) pursuant to Chapter 91, HRS:

Upon a motion by Dr. Ma, seconded by Dr. Chock, it was voted on and unanimously carried to approve the Board’s Final Order for the following matters:

In the Matter of the Miscellaneous Permit of Summit Pharmacy, Inc.; PHA 2015-38-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order: Exhibit “1”

In the Matter of the Miscellaneous Permit of Professional Partners, Inc. dba Westcliff Compounding Pharmacy, PHA 2015-40-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order: Exhibit “1”

In the Matter of the Miscellaneous Permit of CaremarkPCS Pennsylvania Mail Pharmacy, LLC; PHA 2013-16-L, Settlement Agreement After Filing of Petition for Disciplinary Action and Board’s Final Order: Exhibits “1” - “4”
In the Matter of the Miscellaneous Permit of **KRS Global Biotechnology, Inc.** PHA 2015-19-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

In the Matter of the Miscellaneous Permit of **Anazaohealth Corporation;** PHA 2016-10-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

In the Matter of the Miscellaneous Permit of **Apria Healthcare LLC, dba Star Medical Rx;** PHA 2016-1-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order: Exhibit “1”

In the Matter of the Miscellaneous Permit of **DGN Pharmacy, Inc. dba Digino’s Apothecary;** PHA 2016-3-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

In the Matter of the Miscellaneous Permit of **Martinsville Family Pharmacy;** PHA 2015-135-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

In the Matter of the Pharmacist License of **Michael S. Brown;** PHA 2015-137-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order: Exhibit “1”

In the Matter of the Miscellaneous Permit of **Aetna Rx Home Delivery, LLC;** PHA 2015-128-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

In the Matter of the Miscellaneous Permit of **Linden Care, LLC;** PHA 2016-24-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

In the Matter of the Pharmacist License of **Kellie A. Smith;** PHA 2016-23-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order: Exhibit “1”

In the Matter of the Miscellaneous Permit of **Specialty Veterinary Pharmacy;** PHA 2015-14-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibits “1” through “5”

In the Matter of the Miscellaneous Permit of **Specialty Compounding, LLC;** PHA 2015-109-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibits “1”-“4”

In the Matter of the Miscellaneous Permit of Healthy Options, Inc. PHA 2016-43-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibits “1” and “2”

In the Matter of the Miscellaneous Permit of Foothills Professional Pharmacy, Ltd.; PHA 2016-18-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

In the Matter of the Miscellaneous Permit of Paradigm Healthcare Solutions, LLC dba Athena Pharmacy; PHA 2016-21-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

In the Matter of the Miscellaneous Permit of Zoopharm; PHA 2016-4-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order; Exhibit “1”

Following the Board’s review, deliberation, and decisions in this matter, pursuant to Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled meeting at 11:05 a.m.

Applications: Ratification List

Upon a motion by Dr. Chock, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the attached ratification lists.

Applications: Miscellaneous Pharmacy Permits (PMPs)

Upon a motion by the Chair, seconded by Dr. Ma, it was voted on and unanimously carried to approve the following:

ProCare Pharmacy Care, LLC, dba ProCare Rx (Nevada) - Terry G. Smith, PH
ProCare Pharmacy Care, LLC, dba ProCare Rx (Florida) - Michael John Rose, PH
Fresenius USA Manufacturing Inc., dba Fresenius Medical Care North America - Marilyn M. Flynn, PH
Veterinary Mart Corp., dba Valuescript Pharmacy - Frank Ammirata, PH
Veterinary Pharmacies of America LLC (PMP 1229) – Joseph Luther Richard, PH
Enclara Pharmacia, Inc. - Latisha Williams, PH & Michael Mandel, PH
Pareek, Inc., dba American Specialty Pharmacy

Pharmacist (PHs)
Upon a motion by the Chair, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the following pharmacist application:

Clay Parkel

Next Meeting: The EO reported that since we are missing two public members, the Board has been running into quorum issues. After some discussion, the Board tentatively rescheduled the next two Board meetings as follows:

✓ April 28, 2016
✓ May 26, 2016

Adjournment: With no further business to discuss, the Chair adjourned the meeting at 11:09 a.m.

4/14/16

[ ] Minutes approved as is.
[X] Minutes approved with changes; see minutes of 4/28/16
# GUEST SIGN IN SHEET

**FOR THE**

**BOARD OF PHARMACY MEETING**

March 31, 2016

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Ratification List

Miscellaneous Permits (PMP)

Change of PIC
Cystic Fibrosis Services Inc. (PMP 1006)
10530 John W Elliott Drive, Ste. 200
Frisco, Texas 75033
New PIC: Robert Dobbins
Effective: 3/25/2015

CZ Services Inc. dba Carezone Pharmacy (PMP-1170)
860 Harbour Way S Ste. E
Richmond, CA. 94804
New PIC: Nicolas Terranova
Effective: 1/15/16

Florida Pharmacy Solutions Inc. (PMP-1025)
38444 5th Avenue
Zephyrhills, FL. 33542
New PIC: Gerald Mosak
Effective: 12/22/15

Genoa A Qol Healthcare Company LLC (PMP-1213)
4508 Auburn Way N Ste. A104
Auburn, WA. 98002
New PIC: Adoniram Laureano
Effective: 12/7/15

Topical Apothecary Group LLC dba TAG Pharmacy (PMP-729)
780 Primos Ave. Unit E
Folcroft, PA. 19032
New PIC: Tari Shapiro
Effective: 2/4/16

Pharmacy (PHY)

Change of PIC
Longs Drug Stores California LLC dba Longs Pharmacy #9653 (PHY-721)
1620 N School St.
Honolulu, HI. 96817
New PIC: Brent Wolford
Effective: 1/3/16
Longs Drug Stores California LLC dba Longs #10849 (PHY-882)
75-5995 Kaukini Hwy. Ste. 5B
Kailua-Kona, HI. 96740
New PIC: Jenny Lee Ramos
Effective: 1/10/16

Longs Drug Stores California LLC dba Longs #6928 (PHY-747)
2070 N King St. #5
Honolulu, HI. 96819
New PIC: Jenny E. Lee
Effective: 1/10/16

Mediphar Pharmacy LLC (PHY-870)
234 Waianuenue Ave. #107
Hilo, HI. 96720
New PIC: Cari T. Niimi
Effective: 12/30/15

R. Weinstein Immunization & Prescription Services LLC
dba R. Weinstein 1010 S King (PHY-818)
1010 S King St. Ste. 704
Honolulu, HI. 96814
New PIC: Shaina Coloma
Effective: 2/11/16

Kapa’a Pharmacy LLC (PHY 793)
4-1543 Kuhio Highway #G
Kapaa, Hawaii  96746
New PIC: KristiAnne Nishek
Effective: 2/17/2016

Closure
Kmart Corporation dba K Mart Pharmacy #7480 (PHY-519)
500 Nimitz Hwy.
Honolulu, HI. 96817
Effective: 2/2/16
Miscellaneous Permits (PMP)

Change of PIC

**Eagle Pharmacy LLC dba Eagle Pharmacy (PMP-815)**
350 Eagles Landing Drive
Lakeland, FL. 33810
New PIC: Rodney Ford
Effective: 3/11/16

**Direct Success Inc. dba Direct Success Pharmacy Dept. (PMP-785)**
1710 Highway 34
Farmingdale, NJ. 07727
New PIC: Yuhong Ng
Effective: 2/2/16

**Care Rx Pharmacy Group LLC (PMP-892)**
1485 Livingston Ln.
Jackson, MS. 39213
New PIC: Glenroy Purrier
Effective: 2/1/16

**Sentrix Pharmacy and Discount LLC (PMP-1009)**
6910 Stirling Road
Hollywood, FL. 33024
New PIC: Kenneth Zielinski
Effective: 2/2/16

**Walgreen Pharmacy Services Midwest LLC dba Walgreens #1261-2 (PMP-1043)**
8325 South Park Cir. Ste. 2014
Orlando, FL. 32819
New PIC: Wanda Dagher
Effective: 2/8/16

**Express Scripts Specialty Distribution Services Inc. (PMP-1068)**
4700 N Hanley Rd. #A
St. Louis, MO. 63134
New PIC: Carolyn Bast
Effective: 3/1/16

**Lincare Pharmacy Services Inc. dba Reliant Pharmacy Services (PMP-281)**
2335 Camino Vida Roble
Carlsbad, CA. 92009
New PIC: Saeed Sadri
Effective: 9/29/15
Fresenius USA Manufacturing Inc.  
dba Fresenius Medical Care North America (PMP-794)  
549 Sand Sage Rd. NW  
Los Lunas, NM. 87031  
New PIC: Yvette Marquez  
Effective: 12/7/15

Prime Therapeutics LLC (PMP-508)  
4580 Paradise Blvd. NW  
Albuquerque, NM. 78114  
New PIC: Peter Ryba  
Effective: 2/25/16

Axium Healthcare Pharmacy Inc. (PMP-171)  
Attn: Pharmacy Licensing Dept.  
550 Technology Park  
Lake Mary, FL. 32746  
New PIC: Kevin Wiltz  
Effective: 2/27/16

Professional Compounding Pharmacy (PMP-973)  
570-A Central Avenue  
Brea, CA. 92821  
New PIC: Truong David Quang  
Effective: 3/9/16

Express Scripts Pharmacy Inc. dba Express Scripts (PMP-962)  
4865 Dixie Hwy.  
Fairfield, OH. 45014  
New PIC: Christopher Bracale  
Effective: 2/8/16

Wells Pharmacy Network LLC (PMP-797)  
1210 SW 33rd Ave.  
Ocala, FL. 34474  
New PIC: Howard Brown  
Effective: 3/14/16

Closure  
Hotbar LLC dba Monroe Clinic Drugs/Aspire Rx (PMP-851)  
1470 Garrett Rd., Ste. A  
Monroe, LA. 71202  
Effective: 2/26/16

4th Street Pharmacy Inc. dba University Compounding Pharmacy (PMP-822)  
1765 Fourth Ave.  
San Diego, CA. 92101  
Effective: 10/29/15
AB Pharmacy Inc. dba American Specialty Pharmacy (PMP-1020)
6407 S Cooper St. Ste. 113B
Arlington, TX. 76001
Effective: 1/26/16

Complete Medical Homecare Inc. (PMP-1150)
2620 Burlington
Kansas City, MO. 64116
Effective: 1/29/16

The Great Atlantic & Pacific Tea Company Inc.  
dba Live Better! Pharmacy (PMP-992)
216 Old Tappan Rd.
Old Tappan, NJ. 07675
Effective: 11/16/15

Neighborhood Diabetes Inc. dba Neighborhood Pharmacy (PMP-905)
600 Technology Park Drive, Ste. 100
Billerica, MA. 01821
Effective: 3/18/16

Philidor Rx Services LLC (PMP-877)
330 S Warminster Rd. Ste. 350
Hatboro, PA. 19040
Effective: 3/1/16

PCPLV LLC dba Pinnacle Compounding Pharmacy (PMP-1135)
4445 S Eastern Ave. Ste. B
Las Vegas, NV. 89119
Effective: 3/4/16

Caprock Discount Drug (PMP-983)
2625 50th St.
Lubbock, TX. 79413
Effective: 2/8/16

Relocation
Caremark Florida Mail Pharmacy, LLC dba CVS Caremark (PMP-372)
9310 South Park Center Lp., Ste. 200
Orlando, FL. 32819
Effective: 2/1/16

Stroheckers Pharmacy Inc. (PMP 761)
1286 SE Holgate, Suite C-1
Portland, Oregon 97202
Effective: 1/31/16

AllCare Plus Pharmacy, Inc. (PMP 1001)
50 Bearfoot Road
Northborough, MA 01532
Effective: 2/16/16
Name/Trade Name Change
Caremark New Jersey Specialty Pharmacy LLC dba CVS/specialty (PMP-711)
180 Passaic Ave.
Fairfield, NJ. 07004
Effective: 2/15/16

OptumRx of Ohio
33381 Walker Rd.
Avon Lake, OH. 44012
Effective: 1/1/16

Homescrrips.com LLC dba Homescrrips (PMP-1195)
500 Kirts Blvd. Ste. 300
Troy, MI. 48084
Effective: 2/16/16

Orchard Pharmaceutical Services LLC dba EnvisionPharmacies (PMP-578)
7835 Freedom Ave. NW
North Canton, OH. 44720
Effective: 4/1/16

Pharmacy (PHY)

Change of PIC
North Hawaii Comm Hospital Inc. (PHY-564)
67-1125 Mamalahoa Hwy.
Kamuela, HI. 96743
New PIC: Richard Maila
Effective: 3/5/16

Wal-Mart Stores Inc. dba Wal-Mart Pharmacy 10-2314 (PHY-587)
94-595 Kupuohi St.
Waipahu, HI. 96797
New PIC: Sean Chu
Effective: 1/30/16

Safeway Inc. dba Safeway Pharmacy #1500 (PHY-869)
277 Piikea Ave.
Kihei, HI. 96753
New PIC: John Yurick
Effective: 1/25/16

Procare Pharmacy LLC dba CVS/pharmacy #2915 (PHY-612)
One Waterfront Plaza
500 Ala Moana Blvd., Bldg. 1
Honolulu, HI. 96813
New PIC: Alfredo Cruz
Effective: 1/25/16
Trade Name Change
Procare Pharmacy LLC dba CVS/pharmacy #2915 (PHY-612)
One Waterfront Plaza
500 Ala Moana Blvd., Bldg. 1
Honolulu, HI. 96813
Effective: 2/15/16

Closure
Hamakua Family Pharmacy Inc. (PHY-652)
45-3551A Mamane St. #4
Honokaa, HI. 96727
Effective: 2/28/16

Kmart Corporation dba K Mart Pharmacy #7480 (PHY-519)
500 Nimitz Hwy.
Honolulu, HI. 96817
Effective: 3/3/16

Pharmacy Wholesale Distributor

Trade Name Change
Procare Pharmacy LLC dba CVS/pharmacy #2915 (PWD-137)
One Waterfront Plaza
500 Ala Moana Blvd.
Honolulu, HI. 96813
Effective: 2/15/16
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