

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

**MINUTES OF MEETING**

Date: Thursday, May 26, 2016

Time: 9:00 a.m.

Place: Queen Liliuokalani Conference Room  
335 Merchant Street, First Floor  
King Kalakaua Building  
Honolulu, HI. 96813

Members Present: Kerri Okamura, RPh, Chair, Pharmacist  
Garrett Lau, RPh, Vice Chair, Pharmacist  
Marcella Chock, PharmD., Pharmacist  
Mary Jo Keefe, RPh, Pharmacist  
Carolyn Ma, PharmD., BCOP, Pharmacist  
Julie Takishima-Lacasa, Public  
Ronald Weinberg, Public

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

Guests: Paul Smith, Walgreens  
Greg Edwards, Department of Health, Food and Drug Branch  
Fred Cruz, CVS Caremark  
Brande Ribillia, HPHA  
Stacy Pi, Kaiser Permanente  
Catalina Cross, Times  
Patrick Uyemoto, Times  
Torrence Ching, UH Hilo DKICOP  
Kellie Noguchi, Times  
Tyler Hirokawa, UH Hilo DKICOP  
Richard Mejia, Times  
Lisa Fong, Times  
Tiffany Yajima, Ashford & Wriston

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 9:03 a.m.

Chair's Report:                   **Announcements and Introductions**

The Chair introduced new Board members Julie Takishima-Lacasa and Ronald Weinberg.

The Chair asked the Board members to introduce themselves.

The Chair asked the audience to introduce themselves.

**Additions/Additional Distribution to Agenda**

None.

**Approval of the Previous Minutes – April 28, 2016 Meeting**

The Chair called for a motion in regards to the minutes of the April 28, 2016 meeting.

Ms. Keefe stated on page 7, under "Patient Counseling Requirements", she had mentioned the OBRA requirements for mandatory counseling for Medicaid patients.

The Chair stated that on page 4, under Correspondence "Letter from Affiliated Motors" it should read "Letter from Affiliated Monitors".

There being no further amendments, upon a motion by Ms. Keefe, seconded by Dr. Ma, it was voted on and unanimously carried to approve the minutes for the April 28, 2016 meeting as amended.

Executive Officer's Report:                   **HAR Title 16, Chapter 95 – Status**

The EO reported that the DAG is still doing a thorough review of the final rules before it goes to the Governor's office for approval.

**Conferences/Seminars/Meetings**

NABP 112<sup>th</sup> Annual Meeting, May 14-17, 2016, San Diego, California – Mary Jo Keefe – Report on Attendance

Ms. Keefe reported some of the things talked about at the meeting are as follows:

- ✓ Pharmacist prescriptive authority;
- ✓ Expanded pharmacists roles on healthcare teams;
- ✓ Provider status for pharmacist;
- ✓ Pharmacy services that are offered outside the brick and mortar pharmacy;
- ✓ Expanded technician roles;
- ✓ Supply chain integrity of the drugs as they move through the chain;
- ✓ Licensing 3PL's not as wholesalers;
- ✓ Ongoing changes in compounding;
- ✓ NABP .pharmacy program; and

✓ Telepractice.

Resolutions that were discussed and passed at the meeting are as follows:

- Study to review the practices of white bagging and brown bagging;
- Increase in patient access to Naloxone rescue kits;
- Utilization of PMP and other data to more accurately measure and report the scope of prescription drug abuse;
- Study on regulations for pharmacy technicians to perform remote data entry;
- Task force on telepharmacy practice; an
- Communicating the importance of including leadership skills and professionalism in the pharmacy curriculum.

One resolution that did not pass that Indiana wanted to be considered, was a definition of a “pharmacist patient relationship”. There was a standing vote and it did not pass by one vote. There are district meetings that will be held starting in August, but the next NABP meeting will be held in Orlando, Florida next year in May. Ms. Keefe offered her book she received at the meeting to any of the Board members who might want to read it or get more information.

The EO asked if during the discussions at the meeting on the topics she mentioned, were there any recommendations?

Ms. Keefe stated most of the time they will bring people in from a certain state and they will talk about what they are doing in their state so everyone else can see what might be available to them.

The EO asked if Ms. Keefe could provide a list of the states that are working on those topics mentioned, so this Board can look at them.

Mr. Weinberg asked if Ms. Keefe noticed any trends that might be happening in a year or so?

Ms. Keefe stated for here, trends may be prescribing pharmacist and certification of technicians. On that note, there is another topic of “PMP” or Prescription Monitoring Program that most of the states have. Many of them are connected so when you get a prescription and you take it to the pharmacist they are supposed to go into this PMP and verify something. However, studies show that it is not doing anything to stop drug abuse.

Dr. Chock stated she has seen where after checking the system and they see a patient is flagged, a pharmacist may either not fill the prescription or call the prescriber for confirmation, but maybe that information is not being captured.

The Chair stated not everyone uses it.

Ms. Keefe asked if you are required to use it?

The Chair stated you’re required to report to it, but not check it.

The EO asked you say you're required to report to it, as a pharmacist what are you reporting?

The Chair stated as a pharmacist you're reporting whatever controlled substances you dispense.

The EO asked what happens if you check the system and it says someone is flagged for whatever reason, what allows you as a pharmacist to not fill that prescription?

Dr. Chock stated you would check with the prescriber and see if they still want the prescription filled based on the "flag" in the system for this person.

The EO asked related to this, say you get an alert or just information from the NED that a prescriber is under investigation or has been arrested but not convicted. You receive a prescription from this prescriber for a controlled substance, what would your justification be for failing to fill that prescription?

The Chair stated you are allowed to use your professional judgement. If you know that prescriber is under investigation and you are not comfortable filing that prescription, you have every right not to fill it because pharmacist have a corresponding liability.

The DAG stated she agrees with the first part, but if a prescriber is under investigation, you should consult with your in house counsel, which pharmacist have, if that is a basis to not follow the prescription.

2016 NABP/AACP Districts VI, VII & VIII Joint Meeting, September 11-14, 2016, Portland, Oregon

The EO reported that Dr. Chock will be attending.

The EO stated that the Department will be hosting a Board Member Orientation on August 30, 2016 for new Board members or those who have not attended an orientation in the past and to please let her know if anyone was interested in attending.

### **2016 Legislature**

The EO reported that there has been no change in the status of the following bills:

- SB 2392, SD2, HD3, CD1 - Relating to Opioid Antagonists - Enrolled to the Governor 5/9/16

Ms. Keefe asked if changes can still be made?

The EO stated no. Due to the fact that this Board sparsely met during the legislative session, you were at a disadvantage.

Ms. Keefe asked who is going to sign these collaborative agreements? It's not going to be helpful to anyone. The easiest thing would be to make Naloxone OTC.

The EO stated that is a good idea, but all they wanted was to make it more accessible for emergencies and for the CHOW project.

- HB 254, HD2, SD1, CD1 Relating to Medicines (Biosimilars) – Transmitted to Governor 5/5/16

Mr. Edwards stated the DOH, Food and Drug Branch only got involved in one aspect of this bill because initially it was seeking to have the Drug Product Selection Board give approvals in the exact same way that approvals are given in the orange book to generic to brand name drugs. However the Drug Product Selection Board is not active and has not been active for some time. Also, we changed the way we would notify pharmacies that we have adopted the orange and purple book, and we will do that by posting it on our website.

- SB 2076, SD2, HD1, CD1 – Relating to Health Care (DME) – Enrolled to Governor 5/9/16
- SB 2675, SD1, HD2 – Relating to Licensing (Act 38, SLH 2016)

The EO reported that this amends HRS Chapter 461 by adding a new section entitled, "Discipline based on action taken by another state or federal agency; conditions, prohibition on practice." and amending section 461-4.5 "Powers and duties." of the Board. The EO stated that these amendments enhance the Board's authority to take disciplinary action against a licensee/permittee.

The DAG stated her understanding is that it is not limited to the same action in the other state, it could be harsher or less harsh. RICO, as it normally does will perform its normal responsibilities and the Board will perform its normal responsibilities. So there is still a prosecutorial petition and then you would still have the Board's order.

### **Continuing Education Audit – Status Report**

The EO reported that 5 pharmacists failed to respond to the request to submit proof of continuing education and therefore will be referred to RICO.

### **New Board Roster**

The Board members were provided with an updated roster reflecting the two new public members.

Correspondence:      **ISMP Medication Safety Alert Article “Fifty hospital employees given insulin instead of influenza vaccine”**

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

Ms. Keefe summarized an article titled “Fifty hospital employees given insulin instead of influenza vaccine”. She stated this article in the ISMP suggest that there should be separate refrigerators for storage of vaccines and other medications. So it is basically highlighting that you need to be careful.

Mr. Edwards stated that he has noted in inspections that he’s done in Hawaii that they do separate dedicated refrigerators/freezers for vaccines.

The Chair stated the CDC does recommend segregating.

**Out-of-State Pharmacy PIC Question**

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

Dr. Ma read the inquiry, “Is it a requirement that the license pharmacist named as PIC at an out of state pharmacy be the same pharmacist designated as PIC in the home state and other states the facility is licensed?”

Dr. Ma referred to HRS section 461-9 “Pharmacist in charge; pharmacy personnel.”, under (a) a registered pharmacist shall be in personal and immediate charge of the pharmacy and personnel employed in the pharmacy.

The EO referred to HRS section 461-15 “Miscellaneous permits.”, under (7) referring to out-of-state pharmacies requirement for having a pharmacist employed whose registration is current and in good standing or unencumbered.

Mr. Weinberg asked with all the large chain pharmacies now, are there really out-of-state pharmacies?

The EO stated they may have the same owners, but each location has its own pharmacy license. If it’s a pharmacy in the mainland dispensing into this state, they are also licensed separately.

Dr. Chock stated and if they are out of state and practicing in our state they have to understand our laws and rules.

Ms. Keefe asked for an in state pharmacy, the PIC must be licensed and living in Hawaii?

The EO stated we don't have a residency requirement but there are other requirements that would allude to the fact that they should be here. In order for the pharmacy to be open and for drugs to be dispensed, there has to be a licensed pharmacist present. Whether it is the PIC or not.

Dr. Ma stated in 461-9 it does not specify PIC, it just says a registered pharmacist shall be in personal and immediate charge of the pharmacy and personnel employed in the pharmacy.

Ms. Keefe stated it appears the PIC could be anywhere, as long as you have a registered pharmacist present in the pharmacy.

Dr. Ma asked if we have a definition for what a Pharmacist-in-Charge ("PIC") is?

The EO stated there are various sections in your laws and rules that insinuate what a PIC's responsibilities are.

Ms. Keefe asked isn't the pharmacist in charge the pharmacist who is on duty that day? It is not the PIC necessarily. If you are working by yourself you are in charge and responsible and for whatever happens.

The DAG stated you may be the registered pharmacist on duty that day, but I wouldn't say you are the pharmacist in charge. Are you saying the PIC and the pharmacist in charge are two different things?

Dr. Ma stated yes, it is two different things.

The EO stated so getting back to the question, all we require is that a miscellaneous permit for an out-of-state pharmacy shall have in its employ a registered pharmacist whose registration is current and in good standing.

The Chair recommended that this matter be referred to the Laws and Rules Committee for further research and discussion.

There being no further discussion, upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried that it is the Board's informal interpretation that based on today's discussion, a miscellaneous permit for an out-of-state pharmacy shall have in its employ a registered pharmacist whose registration is current and in good standing, pursuant to HRS 461-15(a)(7)(D). A verification from the pharmacy's domicile Board of Pharmacy of the pharmacist license is required at the time of initial application and any subsequent changes. The Board also referred to HRS sections 461-9, 11 and 14 for further information on the duties and responsibilities of a registered pharmacist in charge.

The above information is provided in accordance with Hawaii Administrative Rules section 16-201-90 for informational and explanatory purposes only. It is not an official opinion or decision and is thus, not binding upon the Board.

**Washington State Department of Health – Pharmacy Quality Assurance  
Commission Guidance Document – Secure and Responsible Drug Disposal  
Program**

Dr. Chock led the discussion on this agenda item.

Dr. Chock stated the document from the Washington State Department of Health titled “Secure and Responsible Drug Disposal Program” outlines the appropriate steps for Washington State entities to become DEA authorized collectors for drug disposal.

Ms. Keefe stated personally she thinks this is a really good idea, and asked the audience if they would be in favor of doing something like this in their pharmacy?

Ms. Cross stated some of the concerns that she has heard from pharmacies regarding this is safety and sanitation.

Dr. Ma stated the college has championed this for many years and has worked with NED to quantify how much comes back. As Ms. Cross stated one concern is always safety because the take back bins are usually outside the pharmacy counter so that they are accessible, but a lot of the time the concern is the potential for inventory mix up.

The EO stated she put this on the agenda for the Board to begin discussion. She is aware of the DEA take backs.

Dr. Chock asked if the take backs are for all medications or only narcotics.

Dr. Ma stated it is for all, but because of the potential for narcotics, once the meds are returned they have to be in the possession of an agent.

Mr. Weinberg stated that raises the question when the doctor writes the prescription to take it all, when there is medication left behind, what happens?

Dr. Ma stated there are some medications that are prescribed to take as needed so you may have medication left behind, and in the home it is not just a safety hazard for the elderly, children and pets, but you’re also setting up issues for robbery and theft.

Mr. Smith commented another barrier that comes up has to do with OSHA. If there are hazardous materials those have another level of return ability or accountability.



Mr. Edwards stated as the Board potentially considers this, another hurdle that the DOH ran into was cost. Some are concerned about having these medications in the environment so they think the solution is to re-use them. Of course there are safety protocols, and these are not medications coming back from the public, they would be coming back from a long term care home and the product has never been opened. However, the insurance company comes in and says that they already paid for this medication, and now you're going to re-sell it and they will have to pay for it again. So you have to make sure you have answers for all these questions and hurdles that you're going to get from some parties. As far as the DOH Food and Drug Branch, they will probably not be engaging in this, they would look at this as a pharmacy issue.

The EO stated based on these comments, you had sections in your laws and rules, it went through the legislature that allowed pharmacies to take back drugs, and if pharmacists deemed it safe they could re-dispense it.

Mr. Edwards asked if you are referring to the old law in 328B?

The EO stated yes. She recalls one of the laws were that the drugs could not come from the public, only a facility. Long term care facilities had all these drugs that were never used because the patient no longer needed them or the patient expired. However, the laws were taken out because the DOH had to promulgate rules for reimbursement but they didn't. So the law was repealed because pharmacies could not get reimbursed for taking back drugs. So this is where you really have to work with other departments.

Mr. Edwards stated as soon as you allow the argument that some of this product should be re-used, that is where you're going to have to deal with all these hurdles. Otherwise, you draw a hard line and say no we are not going to entertain any discussion on re-use, we just want to get it out of the public's hand so it can be disposed of properly.

The EO suggested to Dr. Ma that maybe the UH pharmacy law class can do a research project on this?

Dr. Ma stated she'll consider it.

The Chair also suggested this be referred to the Laws and Rules Committee for their consideration and discussion.

### **Question Regarding Pharmacy Intern Hours Completed in a U.S. Territory**

The Vice Chair led the discussion on 2 email inquiries, one from Esther L. Muna , Commonwealth Healthcare Corporation and the second one from Theodore R. Parker, Brabu Pharmacy and Wellness Center LLC, asking if pharmacy intern hours obtained in Saipan would count towards the 1,500 hours of practice experience.

The Vice Chair noted that HRS section 461-1 defines "Territories" as follows:  
"Territories" means Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa."

He stated that his research determined that Saipan was part of the Northern Mariana Islands and appears it would meet the requirements under HRS section 461-5(a)(3).

Dr. Ma asked if all of the pharmacists that work in these territories have to be licensed?

The Chair stated yes, wherever it is they're practicing.

It was the consensus of the Board that based on HRS sections 461-1 and 461-5, intern and/or practical experience as a pharmacist obtained in a territory of the United States would meet the experience requirement for licensure.

### **Virtual Manufacturer Inquiry**

The Chair led the discussion on an email inquiry wanting to know what type of Hawaii Application/License is required to have Mitigare® Capsules sold in the state of Hawaii for Hikma Americas. The email reads in part as follows:

*"West-Ward Pharmaceuticals manufacturing facility and distribution center are currently licensed in the state of Hawaii. We manufacture and distribute Mitigare® Capsules for Hikma Americas (one of our subsidiary companies). The product label reads "Manufactured For – Hikma Americas", Manufactured by West-Ward Pharmaceutical Corp.". Hikma Americas does not physically touch the product."*

Mr. Edwards stated he cannot address the Hawaii Application/License question, but to sell this product in Hawaii it has to be an FDA approved product, which it is, and he also checked their labeling and it is ok as well.

The EO stated for in state distribution they need a Pharmacy Wholesale Distributor (PWD) license, we do not license out of state PWD. If they are dispensing, they would need a Pharmacy Miscellaneous Permit (PMP) as an out of state pharmacy.

It was the consensus of the Board that facilities in this State who "distribute" a prescription drug to hospitals, pharmacies, physician offices and not directly to the patient, shall be licensed as a prescription wholesale distributor. No license is required for a facility located out-of-state who wishes to "distribute" a prescription drug into this State, however, if the out-of-state facility is "distributing" any controlled substance into this State, they need to contact the Department of Public Safety, Narcotics Enforcement Division for any appropriate notification/registration application.

### **Compounding for Veterinary Use**

The Vice Chair led the discussion on an email inquiry about office use compounding for veterinary use and what Hawaii's regulations are on the topic.

The Vice Chair stated whether it is compounding or not, the prescription needs to be patient specific and you cannot compound in bulk for a veterinary office use.

The EO clarified what you are saying is that the Board has previously determined that you cannot compound for office use. You can only dispense a drug, whether compounded or not, or for an animal or human, pursuant to a patient specific valid prescription.

Mr. Edwards stated federally with all the rulemaking that has been going on, veterinary products were slipping in and out of these new compounding rules. The Board needs to be aware of what they are seeking to allow for veterinary products. Currently under wholesale law, federal rule, you can supply a small quantity for office use to doctors under the exemptions in the definition of a wholesale distributor. Meaning you will not be considered a wholesale distributor if you meet one of these exemptions. However, we have not adopted those exemptions. So if you are a pharmacy here in Hawaii, our law does not allow you to supply a small quantity for office use to a doctor's office.

The EO clarified this exemption exists under federal law?

Mr. Edwards stated under the level of rule, yes. There needs to be clarity, in my opinion, if compounding a drug comes under wholesale distribution. My interpretation has always been it is FDA approved finish dose products that are wholesale distributable items. So you don't want to get into a situation where you are allowing a pharmacy to compound a non FDA approved product and distribute it for office use.

The DAG asked regarding the exemptions you mention, is that rule based?

Mr. Edward stated yes.

The Vice Chair recommended referring this to the Laws and Rules Committee for discussion.

There being no further discussion, it was the consensus of the Board that compounding for "office use" is not permitted. Pharmacies may dispense a drug, whether it is compounded or not, for an animal or human, pursuant to a patient specific "valid" prescription.

### **PTCB's 2020 Initiative: Accredited Education Requirement**

Ms. Keefe led the discussion on a Message from Executive Director & CEO Everett McAllister about changes in PTCB's Certification Program, including the 2020 initiative. Beginning in 2020, technicians applying for certification for the first time will be required to complete an education program accredited by the American Society of Health System Pharmacists and the Accreditation Council for Pharmacy Education (ASHP/ACPE).

Ms. Keefe stated as we do not currently license technicians, this is for information only.

Dr. Ma stated some employers require their technicians to be certified.

The EO stated some of you may recall we did a survey a few years back to see if anyone was interested in licensing technicians, and the responses came back that it was not wanted or needed.

#### Executive Session:

At 10:42 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 11:16 a.m. upon a motion by Ms. Keefe, seconded by the Vice Chair, 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 11:16 a.m. to discuss and deliberate on the following adjudicatory matter(s) pursuant to Chapter 91, HRS:

Upon a motion by the Chair, seconded by Mr. Weinberg, it was voted on and unanimously carried to approve the Board's Final Order for the following matter:

In the Matter of the Pharmacist License of **Paul S. Thresten; PHA 2016-56-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

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

In the Matter of the Miscellaneous Permit of **Contract Pharmacy Services, Inc. ; PHA 2016-42-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 11:24 a.m.

Applications:                    **Ratification List**

Upon a motion by Mr. Weinberg, seconded by Dr. Ma, 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 Mr. Weinberg, it was voted on and unanimously carried to approve the following PMP application, however, the approval does not include Ashley Crawley:

AllCare Specialty Pharmacy, LLC

The Board deferred the inclusion of Ms. Crawley until clarification and verification as to why the Arkansas Board of Pharmacy continued Ms. Crawley's probation and if her probation has been terminated.

Upon a motion by the Chair, seconded by the Vice Chair, it was voted on and unanimously carried to approve the following PMP applications:

Tailor Made Compounding LLC – James Williams, PIC  
The Diennet Pharmacy

Next Meeting:                    The Chair announced the next Board meeting as June 16, 2016 and asked if everyone was available.

Dr. Chock, Dr. Ma, Ms. Keefe, the Vice Chair and Chair stated they may not be able to attend June 16, 2016.

The EO asked if they could make a meeting date the week before or the week after June 16<sup>th</sup>?

The consensus was the week after June 16<sup>th</sup>.

The EO will look into changing the meeting date to June 23, 2016.

June 23, 2016 - tentative  
9:00 a.m.  
Queen Liliuokalani Conference Room  
King Kalakaua Building  
335 Merchant Street, First Floor  
Honolulu, Hawaii 96813

Adjournment: With no further business to discuss, the Chair adjourned the meeting at 11:27 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

6/9/16

[ ] Minutes approved as is.

[ X ] Minutes approved with changes; see minutes of 6/23/16

## BOARD OF PHARMACY

May 26, 2016 Ratification List

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### **Miscellaneous Permits (PMP)**

#### Change of PIC

#### **Kaiser Foundation Health Plan Inc.**

#### **dba Kaiser Permanente Pharmacy #343 (PHY-657)**

395 Hickey Blvd. 2<sup>nd</sup> Flr.

Daly City, CA. 94015

New PIC: Victor Moye

Effective: 4/20/16

#### **Keystone Choice Pharmacy LLC (PMP-1204)**

432 Cedarville Rd.

Easton, PA. 18042

New PIC; Michael Vicoso

Effective: 4/18/16

#### **American Specialty Pharmacy Inc. dba American Specialty Pharmacy (PMP-1033)**

2436 S I-35E Ste. 360

Denton, TX. 76205

New PIC: Syed A. Saeed

Effective: 4/16/16

#### **Caremark Arizona Specialty Pharmacy LLC dba CVS/Specialty (PMP-1202)**

2700 West Frye Rd. Ste. 200

Chandler, AZ. 85224

New PIC: Rhonda Norton

Effective: 4/25/16

#### **College Pharmacy Inc. dba College Pharmacy (PMP-470)**

3505 Austin Bluffs Pkwy. #101

Colorado Springs, CO. 80918

New PIC: Christine Wood

Effective: 4/11/16

#### **Reeves-Salin Drug Store Inc. dba Entrust Rx (PMP-916)**

402 Wilkins Wise Rd. Ste. 38

Columbus, MS. 39705

New PIC: Ron Welch

Effective: 5/1/16

#### **Palm Beach Pharmaceuticals Inc. (PMP-513)**

8409 N Military Trl. Ste. 125

Palm Beach Gardens, FL. 33410

New PIC: Chadanse Burgos

Effective: 3/24/16

Closure/Cancellation

**Medical Center Pharmacy Inc. dba Medical Center Pharmacy (PMP-1102)**

410 University Pkwy. #2800

Aiken, SC. 29801

Effective: 4/21/16

**Coastal Express Pharmacy Inc. (PMP-702)**

3198 F Suite 102

Airport Loop Drive

Costa Mesa, CA. 92626

Effective: 5/2/16

**Pharmacy (PHY)**

Change of PIC

**Longs Drug Stores California LLC dba Longs Drugs #6928 (PHY-747)**

2070 N King St. #5

Honolulu, HI. 96819

New PIC: Bradley Miyashiro

Effective: 4/10/16

**Longs Drug Stores California LLC dba Longs Drugs #9653 (PHY-721)**

1620 N School St.

Honolulu, HI. 96817

New PIC: Stephanie Lo

Effective: 4/17/16

**North Hawaii Comm Hospital Inc. (PHY-564)**

67-1125 Mamalahoa Hwy.

Kamuela, HI. 96743

New PIC: Roberto Nix

Effective: 4/18/16



LTYPE	LIC NUM	BP NAME PART 1
PH	3992	JEANNIE <HOANG<
PH	3993	DAVID S <ZELMAN<
PH	3994	JESSICA L <LEONG<
PH	3995	VANESSA H Y <TANG<
PH	3996	KAREN A <ALESCH<
PH	3997	DANIEL K <IGAWA<
PH	3998	SHANE-ANN <SUEHIRO<
PH	3999	CHARLES M <SESKEVICS<
PH	4000	ELEANOR <WONG<
PH	4001	MARCI J <BEMIS<
PH	4002	LESCANE <KAO<
PH	4003	ANGELA J <LEE<
PH	4004	WAYNE A <HUDSON<
PH	4006	LONNIE JO <ROSS<

LTYPE	LIC NUM	BUSN ADDR 1	BUSN CITY	BUSN		
				ST	BUSN ZIP	BP NAME PART 1
PHY	905	221 MAHALANI ST	WAILUKU	HI	96793	MAUI HEALTH SYSTEM A KAISER FOUNDATION HOSPITALS LLC
PHY	906	100 KEOKEA PL	KULA	HI	96790	MAUI HEALTH SYSTEM A KAISER FOUNDATION HOSPITALS LLC

LTYPE	LIC NUM	BUSN ADDR 1	BUSN CITY	BUSN		
				ST	BUSN ZIP	BP NAME PART 1
PMP	1266	2441 WARRENVILLE RD 5TH FLR	LISLE	IL	60532	OPTUMRX HOME DELIVERY OF ILLINOIS LLC
PMP	1267	3648 VANN RD BLDG 2 #116	BIRMINGHAM	AL	35235	PHARMACY LINK INC
PMP	1268	1401 SE GOLDTREE AVE	PORT SAINT LUCIE	FL	34952	GOLDTREE RX LLC
PMP	1269	2601 W BELTLINE HWY STE 302	MADISON	WI	53713	LUMICERA HEALTH SERVICES LLC
PMP	1270	923 POWELL AVE SE #150	RENTON	WA	98057	DYNAMIC RX LABS
PMP	1271	101-E G T THYMES DR	STARKVILLE	MS	39759	SYNERGY PHARMACY LLC
PMP	1272	141 PREBLE ST	PORTLAND	ME	04101	APOTHECARY BY DESIGN ACQUISTION CO LLC
PMP	1273	3740 ST JOHNS BLUFF RD #19	JACKSONVILLE	FL	32224	SP2 LLC
PMP	1274	485 N JUNIPER DR	CHANDLER	AZ	85226	DAVITA RX LLC
PMP	1275	12874 E FLORENCE AVE	SANTA FE SPRINGS	CA	90670	THE <VONS< COMPANIES INC
PMP	1276	G-3320 BEECHER RD	FLINT	MI	48532	DIPLOMAT SPECIALTY PHARMACY OF LINT LLC
PMP	1277	6700 CONROY RD #155	ORLANDO	FL	32835	OPS INTERNATIONAL INC