

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

**MINUTES OF MEETING**

Date: Thursday, June 23, 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  
Mary Jo Keefe, RPh, Pharmacist  
Carolyn Ma, PharmD., BCOP, Pharmacist  
Julie Takishima-Lacasa, Public  
Ronald Weinberg, Public

Member Excused: Marcella Chock, PharmD., Pharmacist

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  
Brandi Ribillia, HPHA  
Stacy Pi, Kaiser Permanente  
Catalina Cross, Times  
Patrick Uyemoto, Times  
Kellie Noguchi, Times  
Bhavana Prasanna, Walgreens  
Ashok Kota, Foodland  
Joe Parriot, Walmart  
Albert Lau, Kaiser Permanente  
Graham Mildrum, West Hawaii Today  
Betty Watamura

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 9:00 a.m. and excused Dr. Chock from today's meeting.

Chair's Report:

**Announcements and Introductions**

The Chair asked the audience to introduce themselves.

**Additions/Additional Distribution to Agenda**

Upon a motion by Mr. Weinberg, seconded by the Vice Chair, it was voted on and unanimously carried to add the following to the agenda:

**ADDITIONS**

4. Correspondence
  - e. Containment Technologies Group, Inc.
    - i. Follow-up to Critical Point Letter dated March 17, 2016
    - ii. Endorsement of Critical Point LLC

The Chair announced the following agenda items had additional distribution:

**ADDITIONAL DISTRIBUTION**

5. Applications
  - a. Ratification Lists (PWDs)
  - b. Applications
    - 2) Miscellaneous Pharmacy Permits (PMPs)
      - ii. Park Medical Pharmacy, dba Community Medical Center Pharmacy – Pharmacists, William Allen

**Approval of the Previous Minutes – May 26, 2016 Meeting**

The Chair called for a motion in regards to the minutes of the May 26, 2016 meeting.

Mr. Edwards stated on page 9, in the fourth paragraph where he states "However, the laws were taken out because the DOH had to promulgate rules"..., he may have inadvertently said DOH, but he should have said DHS.

There being no further discussion, upon a motion by Mr. Weinberg, seconded by the Vice Chair, it was voted on and unanimously carried to approve the minutes for the May 26, 2016 meeting as amended.

Executive Officer's Report:

**HAR Title 16, Chapter 95 – Status**

The EO reported that the Chair signed the rules today and they will now be sent to the Director for approval and signature, then to the Governor for final approval and then to the Lt. Governor's office.

### **Conferences/Seminars/Meetings**

#### 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 also asked if anyone was interested in running for District VIII Chairperson, Secretary or Treasurer to let her know. Hawaii is part of District VIII.

### **2016 Legislature**

The EO reported on the status of the following bill:

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

The EO announced that this bill was signed into law by the Governor on June 16, 2016 and is now Act 68.

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

- HB 254, HD2, SD1, CD1 Relating to Medicines (Biosimilars) – Transmitted to Governor 5/5/16
- 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 stated in regards to the DME bill, she did a presentation to the Healthcare Association of Hawaii last week as they were the proponents of the DME bill. If this bill passes the Department of Health, Office of Quality Assurance would be the office that licenses DME's.

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

The EO reported five individuals were referred to RICO for investigation for non-compliance with the continuing education audit.

#### Correspondence:

#### **West Hawaii Today Article “Doctor baffled by arrest, prescription backlash as charges still not filed”**

Ms. Keefe led the discussion on an article in the West Hawaii Today, titled “Doctor baffled by arrest, prescription backlash as charges still not filed”.

Ms. Keefe read the article in part, "The arrest of Dr. Clif Arrington nearly three months ago continues to complicate the lives of his patients as local pharmacies deny filling some of their prescriptions. Arrington was arrested on March 17 by officers of the state Narcotics Enforcement Division while he was seeing patients, then held for several hours, before he was released without charges. Several local pharmacists stopped filling prescriptions written by Arrington, citing various reasons including the purported involvement of federal law enforcement, the nonexistent charge and more. Patients reported to West Hawaii Today in previous interviews their medications for heart disease, high blood pressure and diabetes were all denied, leaving them feeling helpless as the investigation played out."

Ms. Keefe stated the issue becomes the pharmacists are refusing to fill his prescriptions, and can they do that. A pharmacist is not required to fill any prescription. You can refuse to fill a prescription based on your professional decision. Whether you feel the prescription is not legitimate, or you are uncomfortable with the prescription itself. The pharmacist also has an accompanying responsibility for any prescription they fill.

Mr. Weinberg asked, are you saying a pharmacist can overrule a doctor?

Ms. Keefe stated a pharmacist can refuse to fill a prescription with good reason.

The DAG asked Ms. Keefe what is she basing that determination on?

The Chair stated it's based on your judgement and ethics.

The EO asked aside from it not being a valid prescription, what other reasons can you use to not fill a prescription?

Ms. Keefe stated she has issues when she knows that a doctor is writing a lot of prescriptions for controlled substances, and you know these patients are not filling these prescriptions for legitimate pain management, but for abuse or to sell on the street. So if you have been filling these prescriptions and this doctor gets caught, you too can be charged. So therein lies a problem, what do we do?

The Chair stated for a pharmacist not filling a prescription that may not be for a legitimate medical purpose, it states in Chapter 329 and in the Code of Federal Regulation, that the pharmacist has a corresponding responsibility. Chapter 329 states, "The responsibility for the proper prescribing and dispensing of controlled substances shall be upon the prescribing practitioner, but a corresponding responsibility shall rest with the pharmacist who fills the prescription."

Ms. Keefe stated in addition to that, your home companies say you are only allowed to buy so many of, for example oxycodone this month. Then you have to determine what patients will receive those drugs. You are going to want to give them to the patients that actually need them.

Dr. Ma stated the issue here is that this doctor does not have a conviction or anything that says not to fill his prescriptions.

Mr. Weinberg asked how does the system police someone going from pharmacy to pharmacy trying to fill a prescription?

Dr. Ma stated you would check the PDMP system and it will show that this patient has been at five other pharmacies for the same drug in the last five days. You can tell them that you're not going to fill their prescription because they already filled it at another pharmacy.

The EO asked the pharmacists and pharmacy representatives in the audience if this is a concern for them?

Mr. Cruz stated when CVS first heard of this doctor's arrest they did put a hold on him and a block for any controlled substances. However, what he's hearing from this article is that other pharmacies are not wanting to fill diabetes and heart medications; that does not make any sense. Once CVS found out he was clear or pending, they removed the block.

The EO asked when you say removed the block, you may be filling prescriptions for controlled substances at this point?

Mr. Cruz stated yes.

The EO stated that Dr. Arrington's registration with NED is still current at this time. Whether it takes a while for their attorney's to build a case and legally convict him, as of now he is not convicted of anything. Her concern right now is the patients filing complaints against the pharmacists or pharmacies for not filling their prescriptions. Perhaps there is a lot of ambiguity out there and I think this is an important issue to discuss, so we will try to get someone from the NED to come in and address this situation. The questions that you would like addressed by NED, please email them to [pharmacy@dcca.hawaii.gov](mailto:pharmacy@dcca.hawaii.gov). The Board and also the audience can send questions that they would like addressed to her by next Friday, July 1, 2016. The EO will then put them together to provide to the representative at NED so he/she is prepared to answer and not bombarded with questions on that day.

The Chair stated one of her questions is, if you hear that a physician is under investigation, how do you handle their controlled substance prescriptions?

The Vice Chair asked how often are pharmacist utilizing the PDMP before filling a prescription?

The Chair stated to also ask how often are doctor's utilizing the PDMP?

Ms. Watamura stated the DEA always says corresponding liability is based on the pharmacist too. If you have any questions on controlled substances, I think that statement covers you to not fill the prescription.

Dr. Ma asked the audience, for many of the controlled substances the community pharmacies are getting a limit that they can dispense each month. Do you dispense first come first served?

Mr. Cruz stated he can only speak for specialty pharmacies, but they only fill for clients that currently have prescriptions, they do not fill for new clients.

Ms. Keefe asked then you never get new clients?

Mr. Cruz stated they are specialty clients.

Mr. Smith stated they do have a checklist that they use, for example if the patient lives geographical close to the pharmacy. Unfortunately what's happening is certain pharmacies have chosen not to stock certain medications, especially on the neighbor islands.

Ms. Noguchi stated there are certain drugs that they do not want to carry anymore, but they do carry a quantity for their regular customers. They do sometimes get emergency fills but it's not usually in large quantities.

Ms. Cross stated speaking to the wholesale side as far as the regulatory piece goes, the DEA holds the wholesaler accountable for any type of diversion. So they are tasked with knowing their customers and tracking who is getting what, down to the dispensing pharmacist and pharmacy. They have sophisticated systems in place to track who is getting what and they regulate and monitor what is being distributed. If the amount starts to increase, your wholesaler will start to ask questions because they are obligated to know and be able to explain any increase.

### **Can Hawaii Pharmacists Perform Basic Screening Laboratory Tests? CLIA Waiver?**

Dr. Ma led the discussion on the following email inquiry:

*"In the state of Hawaii, can pharmacists perform basic screening laboratory tests if the pharmacy obtains a CLIA waiver? These tests would include Blood pressure, glucose, Hemoglobin A1c, cholesterol, and BMI. Once the pharmacist performs the test, what actions can the pharmacists take? Can a pharmacist perform a strep or flu screening for a patient that approaches the pharmacy? Can the pharmacist use a collaborative practice agreement with a physician to provide therapy to the patient based upon the results of the tests?"*

Dr. Ma stated she believes that under the practice of pharmacy it includes the ability to order and perform routine drug related laboratory tests, usually through a collaborative agreement.

The EO asked if the tests mentioned in the email are drug related tests?

The Chair and Dr. Ma replied that they could be.

The EO asked what about flu screening or strep?

Dr. Ma stated flu screening could be counseling a patient on cough and cold medications. So you would be asking the patient what their symptoms are, do they have a fever, sore throat, runny nose, the typical cold versus flu questions would be appropriate for a pharmacist to ask, depending on the product the patient is looking at.

The EO asked can pharmacists perform basic screening laboratory tests if the pharmacy obtains a CLIA waiver?

Dr. Ma stated if it is not done in a lab they would have to get a CLIA waiver.

The EO asked Dr. Ma if these kinds of tests are taught in pharmacy school?

Dr. Ma replied yes, it is part of the ACPE accredited curriculum and as a school they have a CLIA waiver.

The Chair referred to the other question on the email, "Can the pharmacist use a collaborative practice agreement with a physician to provide therapy to the patient based upon the results of the test?"

The EO stated that a collaborative practice agreement does not authorize the pharmacist to "prescribe" drug therapy based on a test result.

Dr. Ma stated we have pharmacist in ambulatory care clinics who would be the one monitoring chronic disease medications. For example, if they were to run a Hemoglobin A1c and it comes back high, they may have under collaborative agreement or protocol be able to adjust the anti-diabetic medication or insulin.

The EO stated a collaborative agreement is not going to be patient specific.

Dr. Ma stated yes, but it allows between a practitioner and physician a degree of practice.

Ms. Watamura asked if you stretch this out into the retail world and say you're allowing the pharmacist to run a flu test and it comes back positive, under the collaborative agreement I know they're going to say you can do a Tamiflu prescription for this person.

The Chair stated, no that's not what it is saying.

Ms. Takishima-Lacasa asked if there are any patient care implications? For example, a pharmacist adjusting diabetes medication based on a single test, whereas the physician may have long standing knowledge of the context of this person's chronic diseases.

Dr. Ma stated normally there is a relationship between the practitioner and the physician.

Mr. Weinberg asked about these clinics that they have at drug stores that are run by nurse practitioners, could a pharmacist run one?

The EO stated there are urgent care clinics or emergency clinics popping up, and yes some are run by advance practice registered nurses. However, when it comes to assessing someone, it is different than doing a test like what we've been discussing, and that may not be sufficient enough. A pharmacist may know more about drugs than a physician or a nurse practitioner, but I'm not sure if going to one of these clinics because you are sick, a pharmacist will be able to treat you. There's nothing that prevents a pharmacist from owning one.

After careful consideration and a review of the laws and rules the Board by consensus determined that if a pharmacy has a CLIA waiver, they can perform CLIA waive tests. They also refer to the Hawaii Revised Statutes §461-1, under the definition of "Practice of pharmacy" reads as follows:

"Practice of pharmacy" means:

- (1) The interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs and devices (except labeling by a manufacturer, packer, or distributor of nonprescription drugs and commercially legend drugs and devices); the participation in drug selection and drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records therefor; the responsibility for advising when necessary or where regulated, of therapeutic values, content, hazards, and use of drugs and devices;
- (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:
  - (A) Ordering or performing routine drug therapy related patient assessment procedures;
  - (B) Ordering drug therapy related laboratory tests;
  - (C) Initiating emergency contraception oral drug therapy in accordance with a written collaborative agreement approved by the board, between a licensed physician and a pharmacist who has received appropriate training that includes programs approved by the American Council of Pharmaceutical Education (ACPE),



- curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs, or programs recognized by the board of pharmacy;
- (D) Administering drugs orally, topically, by intranasal delivery, or by injection, pursuant to the patient's licensed physician's order, by a pharmacist having appropriate training that includes programs approved by the ACPE, curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs, or programs recognized by the board of pharmacy;
  - (E) Administering:
    - (i) Immunizations orally, by injection, or by intranasal delivery, to persons eighteen years of age or older by a pharmacist having appropriate training that includes programs approved by the ACPE, curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs, or programs recognized by the board of pharmacy; and
    - (ii) Vaccines to persons between fourteen and seventeen years of age pursuant to section 461-11.4;
  - (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;
  - (G) Transmitting a valid prescription to another pharmacist for the purpose of filling or dispensing; or
  - (H) Providing consultation, information, or education to patients and health care professionals based on the pharmacist's training and for which no other licensure is required; and
- (3) The offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management, and control of pharmacy.

The Board determined that pursuant to "H" above, pharmacists may relay results of the tests conducted to the client. The Board also determined that pursuant to "F" listed above under the definition of "Practice of pharmacy" a pharmacist may perform these activities if they have a written collaborative agreement with the practitioner.

The Board also refers the inquiry to the Hawaii Department of Health as they are the State agency that regulates clinical laboratories and laboratory personnel.

### **Over-the-Counter Compounding**

The Vice Chair led the discussion on an email inquiry stating that they could not find any language in HRS Chapter 328 similar to the language found in the Alabama Practice of Pharmacy Act that allows a pharmacy to compound an OTC drug product and sell directly to the consumer without a prescription from a doctor.

Mr. Edwards stated there is nothing in Chapter 328 that addresses this. We do not anything that expressly allows a pharmacy to compound an OTC product and sell it directly to the consumer. We do however have a very specific prohibition against the sale of anything that is considered a new drug. A new drug by definition is one that has been approved by the FDA under section 505 of the Federal Act. Something that is already approved by FDA would be of course then allowed for marketing. The marketing status whether it is prescription or OTC is determined by FDA. So can a pharmacy make a product without a prescription and start selling that drug product; can they do that under Chapter 328, currently, based on this information, I would say no.

After careful consideration and discussion with Mr. Edwards from the Department of Health, Food and Drug Branch, the State agency with the authority over “drugs”. Based solely on the information provided in the inquiry and a review of Hawaii Revised Statutes Chapter 328, the Food, Drug and Cosmetics Act, that does not include language similar to Alabama’s law provided, it was the Board’s informal interpretation that a pharmacy may not compound a drug without a valid prescription or order from a prescriber.

In accordance with Hawaii Administrative Rules section 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision and is thus, not binding on the Board.

### **Opposition to US Senate Bill S.2700 Amendment Regarding Biological Products**

The Chair led the discussion on correspondence received from NABP regarding opposition to US Senate Bill S.2700. The correspondence in part states, *“In partnership with USP and other stakeholders, we believe the elimination of this requirement not only raises patient safety concerns, but has the potential to impede implementation of the biosimilars pathway, which we view as critical to increasing consumer access lifesaving treatments. Rather than enhancing innovation, we believe this provision could limit competition and hinder the development of critical new biosimilars.”*

The Chair stated that the correspondence goes on to say that NABP, along with other concerned organizations, signed onto a joint letter sent to both the Chair and Ranking Member of the US Senate Committee on Health, Education, Labor, and Pensions to express their opposition.

**Containment Technologies Group, Inc.**

- Follow-up to Critical Point Letter dated March 17, 2016

The Chair read the following follow-up letter from Containment Technologies Group Inc.:

*“The MIC family of isolators have been validated to compliance to USP <797> and the validation package sent to the Hawaii Pharmacy Board. CTG has also provided the Board with additional documentation including compliance to FDA guidance for closed system isolators in 2014 and validation of unidirectional airflow via a situ air pattern analysis as required by USP <797>. We are will to review the 797 compliance package for CTG products with your Board. The Critical Point letter date March 17, 2016 attempts to justify certain erroneous statements in Critical Point’s training program “as accurate interpretations of the requirements of USP <797>.” However, its interpretations of USP <797> are not supported by standard as written. USP, through its General Council, has repeatedly stated that its “standards” are only to be applied as written and the “chapter language speaks for itself.” As such, Critical Point’s “interpretation” of USP <797> is of no consequence and simply an unfounded opinion by an unsanctioned organization that is “selling” its interpretation for profit and in doing so to the detriment of those purchasing the training programs.*

- Endorsement of Critical Point LLC

The Chair read the following letter sent by Containment Technologies Group Inc. to Carmen Catizone, Executive Director/Secretary for NABP in response to his endorsement letter of CriticalPoint LLC.:

*Dear Ms. Catizone,*

*I have read with great interest and concern the document you sent to the NABP Executive Committee, Executive Officers of State Boards of Pharmacy which was also published in the Iowa Board of Pharmacy’s May 2016 minutes.*

*Your endorsement letter of CriticalPoint LLC brings to mind a number of questions.*

- 1. Does NABP endorse specific products or services? This practice may be considered unethical by State Board of Pharmacy members and could represent conflicts of interest.*
- 2. Your statement that “NABP continues to rely on CriticalPoint and Clinical IQ for development of model regulations and standards for pharmaceutical compounding” is extremely concerning in that neither of the companies are standards setting organizations. Does NABP plan on complying with both USP standards and guidance from FDA in developing any model documents or simply rely upon information produced by Critical Point and Clinical IQ? The current Model Rules for Sterile Pharmaceuticals state that all compounding pharmacies and pharmacists shall practice in accordance with; (1) these Rules, (2) The Board’s Good Compounding Practices Applicable to State Licensed Pharmacies, (3) the current United States Pharmacopeia-National Formulary Chapters on Compounding and sterile pharmaceutical preparations and (4) federal law.*

3. *How do you know as state in your letter that the information provided by Critical Point LLC is in fact accurate and not an unsubstantiated opinion of US >797> requirements?"*

The EO stated a few months ago the Board received letters from Critical Point LLC and Containment Technologies Group Inc. These letters are a continuation of those letters.

Executive Session:

At 10:10 a.m. upon a motion by Mr. Weinberg, seconded by Dr. Ma, 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 10:27 a.m. upon a motion by Mr. Weinberg, seconded by Ms. Keefe, 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 10:27 a.m. to discuss and deliberate on the following adjudicatory matter(s) pursuant to Chapter 91, HRS:

In the Matter of the Miscellaneous Permit of **Fresenius Medical Care Pharmacy Services, Inc. dba FMC Pharmacy Services – East, PHA 2016-22-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 Mr. Weinberg, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Miscellaneous Permit of **Palm Beach Pharmaceuticals, Inc.; PHA 2016-57-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

Upon a motion by Mr. Weinberg, seconded by Dr. Ma, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Miscellaneous Permit of **Transcript Pharmacy, Inc.; PHA 2016-39-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 the Vice Chair, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Pharmacy Permit of **Civic Center Pharmacy; PHA 2015-136-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" through "4"

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

In the Matter of the Pharmacy Permit of **LMC Medical Supplies, Inc., dba LMC Pharmacy, PHA 2016-47-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 Ms. Keefe, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Wholesale Prescription Drug Distributor License of **Airgas USA, LLC; PHA 2016-48-L, PHA 2016-49-L, PHA 2016-50-L, PHA 2015-51-L, PHA 2016-52-L, PHA 2016-53-L, PHA 2016-54-L, PHA 2016-55-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 Mr. Weinberg, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Miscellaneous Permit of **Royal Palm Compounding Pharmacy, LLC, PHA 2015-89-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "A"

Upon a motion by the Chair, seconded by the Vice Chair, it was voted on and unanimously carried to approve the Board's Final Order.

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 10:32 a.m.

Applications:

**Ratification List**

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

Applications:

Pharmacist

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

Jim Hung

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:

Carepoint Healthcare LLC – Bhavesh R. Patel, Pharmacist  
Park Medical Pharmacy, dba Community Medical Center Pharmacy –  
William Allen, Cherlin Bailey and Michael Brown, Pharmacists

As no new information was received, the following was deferred:

AllCare Specialty Pharmacy, LLC

Next Meeting: The Chair announced the next Board meeting as July 21, 2016 and asked if everyone was available.

The Vice Chair stated he will not be able to attend the July 21<sup>st</sup> meeting. The Chair stated she has to check her schedule and will confirm with the EO.

July 21, 2016

9:00 a.m.

**King Kalakaua Conference Room – New Location**

King Kalakaua Building

335 Merchant Street, First Floor

Honolulu, Hawaii 96813

Adjournment: With no further business to discuss, the Chair adjourned the meeting at 10:35 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

7/8/16

[ ] Minutes approved as is.

[ X ] Minutes approved with changes; see minutes of 7/21/16

## BOARD OF PHARMACY

June 23, 2016 Ratification List

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

#### Change of PIC

#### **Medquest Pharmacy Inc. (PMP-1245)**

669 W 900 N

North Salt Lake, UT. 84054

New PIC: Stefen Osborn

Effective: 6/3/16

#### **Express Scripts Pharmacy Inc. dba Express Scripts (PMP-1042)**

2040 Route 130 North

Burlington, NJ. 08016

New PIC: Piotr Cymbalski

Effective: 5/25/16

#### **Caremark Therapeutic Services (PMP-415)**

1127 Bryn Mawr Ave. #A

Redlands, CA. 92374

New PIC: Gregory Harrington

Effective: 5/20/16

#### **Concierge Compounding Pharmaceuticals Inc. (PMP-847)**

1887 Whitney Mesa Dr.

Henderson, NV. 89014

New PIC: Jacqueline Cicoria

Effective: 5/19/16

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

402 Wilkins Wise Rd. Ste. 38

Columbus, MS. 39705

New PIC: Lisa Fowler

Effective: 6/30/16

#### **Prescription Dispensing Laboratories Inc. (PMP-480)**

19230 Stone Oak Pkwy. #200

San Antonio, TX. 78258

New PIC: Sheneil Roberts

Effective: 5/12/16

#### **FFP Acquisition II LLC dba Medex Biocare (PMP-858)**

8024 Stage Hills Blvd. #107

Bartlett, TN. 38133

New PIC: Katrina Dirkes

Effective: 6/1/16

**Coast Quality Pharmacy LLC (PMP-1079)**

5710 Hoover Blvd.

Tampa, FL. 33634

New PIC: Michelle Rogers

Effective: 6/6/16

**Factor Support Network Pharmacy Inc. (PMP-1085)**

900 Avenida Acaso #A

Camarillo, CA. 93012

New PIC: Ella Fridman

Effective: 6/13/16

Name/Trade Name Change

**BriovaRx of Florida Inc. (PMP-486)**

9994 Premier Pkwy.

Miramar, FL. 33025

Effective: 6/2/16

Relocation

**US Specialty Care LLC (PMP-1174)**

500 Eagles Landing Dr.

Lakeland, FL. 33810

Effective: 4/27/16

Closure/Cancellation

**Pharma Management Group Inc. dba Pharma R Express (PMP-1173)**

1321 NW 14<sup>th</sup> St. Ste. 100

Miami, FL. 33125

Effective: 5/23/16

**Maxor National Pharmacy Services LLC dba**

**Maxor Correctional Pharmacy Services (PMP-849)**

416 Mary Lindsay Polk Dr. Ste. 515

Franklin, TN. 37067

Effective: 5/31/16

**Pharmacy (PHY)**

Change of PIC

**Longs Drug Stores California LLC dba Longs Drugs #9228 (PHY-715)**

1330 Pali Hwy.

Honolulu, HI. 96813

New PIC: Jackwayne Fernandez

Effective: 5/10/16

**Walgreen of Hawaii LLC (PMP-838)**

91-1081 Keaunui Dr.

Ewa Beach, HI. 96706

New PIC: Chantelle Uyehara

Effective: 5/19/16



**Walgreen of Hawaii LLC (PMP-817)**

7192 Kalaniana'ole Hwy. Ste. C119  
Honolulu, HI. 96825  
New PIC: Marina Yeh  
Effective: 6/1/16

**QSI Inc. dba Times Pharmacy #2 (PHY-623)**

1173 21<sup>st</sup> Ave.  
Honolulu, HI. 96816  
New PIC: Christina Wong  
Effective: 12/9/15

**QSI Inc. dba Times Pharmacy #8 (PHY-626)**

1290 S Beretania St.  
Honolulu, HI. 96814  
New PIC: Kellie Noguchi  
Effective: 12/9/15

**QSI Inc. dba Times Pharmacy #6 (PHY-625)**

94-766 Farrington Hwy.  
Waipahu, HI. 96797  
New PIC: Aaron Lee  
Effective: 1/1/16

**QSI Inc. dba Times Pharmacy #25 (PHY-886)**

1620 N School St.  
Honolulu, HI. 96817  
New PIC: Rayanne Pascua  
Effective: 4/1/16

**QSI Inc. dba Times Pharmacy #18 (PHY-630)**

94-615 Kupuohi St.  
Waipahu, HI. 96797  
New PIC: Melissa Machida  
Effective: 2/1/16

**QSI Inc. dba Times Pharmacy #11 (PHY-628)**

1425 Liliha St.  
Honolulu, HI. 96817  
New PIC: Arthur Lush  
Effective: 4/1/16

**Longs Drug Stores California LLC dba Longs Drugs #9936 (PMP-739)**

78-6831 Alii Dr. Ste. 300  
Kailua-Kona, HI. 96740  
New PIC: Rolanda Daniel  
Effective: 6/13/16

LTYPE	LIC NUM	BP NAME PART 1
PH	4007	RICHARD J <CLEAVE<
PH	4008	LILY E <LAU<
PH	4009	PHILIP <WONG<
PH	4010	RINEIL F M <PEREZ<
PH	4011	LEANN <WINESKE<
PH	4012	KEVIN P <SAIKI<
PH	4013	SHANE K <MANAGO<
PH	4014	LOUIS <LTEIF<
PH	4015	NECOLE K K <MIYAZAKI<
PH	4016	ANGELA <VILLAREAL<
PH	4017	KATHERINE A <SHEASLEY<
PH	4018	ANTONIO <VERDUZCO ALVAREZ<
PH	4019	IAN FRANCIS V <DAGUIMOL<
PH	4020	AMY N <WEST<
PH	4021	JARRED B M <PRUDENCIO<
PH	4022	BLANCHE A G <DUAROSAN<

LTYPE	LIC NUM	BUSN ADDR 1	BUSN CITY	BUSN		BP NAME PART 1
				ST	BUSN ZIP	
PMP	1278	154 S KALAMAZOO MALL	KALAMAZOO	MI	49007	OPTIMED PHARMACY
PMP	1279	10620 COLONEL GLENN RD #300	LITTLE ROCK	AR	72204	ALLCARE SPECIALTY PHARMACY LLC
PMP	1280	1190 WEST DRUID HILLS DR #135	ATLANTA	GA	30329	ENCOMPASS RX LLC
PMP	1281	200 MOORE DR	NICHOLASVILLE	KY	40356	TAILOR MADE COMPOUNDING LLC
PMP	1282	9454 WILSHIRE BLVD #M-6	BEVERLY HILLS	CA	90212	THE <DIENNET< PHARMACY
PMP	1283	23590 OVERLAND DR #130	STERLING	VA	20166	LOUDOUN PHARMACY CORPORATION
PMP	1284	2100 PARK CENTRAL BLVD N #300	POMPANO BEACH	FL	33064	SOLERA SPECIALTY PHARMACY LLC
PMP	1285	525 ALEXANDRIA PIKE #100	SOUTHGATE	KY	41071	SPECIALTY MEDICAL DRUGSTORE LLC
PMP	1286	9740 BARKER CYPRESS RD #107	CYPRESS	TX	77433	DQD ENTERPRISE CORP

LTYPE	LIC NUM	BUSN ADDR 1	BUSN CITY	BUSN		
				ST	BUSN ZIP	BP NAME PART 1
PWD	180	200 KANOELHUA AVE #108	HILO	HI	96720	MATHESON TRI-GAS INC
PWD	181	340 HOOKAHI ST	WAILUKU	HI	96793	MATHESON TRI-GAS INC
PWD	182	3076 PALEKE ST	LIHUE	HI	96768	MATHESON TRI-GAS INC
PWD	183	233A SAND ISLAND ACESS RD	HONOLULU	HI	96819	MATHESON TRI-GAS INC