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

MINUTES OF MEETING

Date: Thursday, August 25, 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
Julie Takishima-Lacasa, PhD, Public
Ronald Weinberg, Public

Member Excused: Carolyn Ma, PharmD., BCOP, Pharmacist

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

Guests: Fred Cruz, CVS Caremark
Joe Parriot, Walmart
Stacy Pi, Kaiser Permanente
Catalina Cross, Times
Tiffany Yajima, Ashford & Wriston LLP
Kellie Noguchi, Times
Lynnett Tran, pharmacy student
Paul Smith, Walgreens
Albert Lau, Kaiser Permanente
Ashok Kota, Foodland Pharmacy
Pat Adams, HCPA

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. and excused Dr. Ma 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 agenda items had additional distribution:

ADDITIONAL DISTRIBUTION

3. Executive Officer's Report
   e. Collaborative Practice Agreement ("CPA")
      1) Emails from Peter Whitaker, Department of Health
      2) Collaborative Practice Agreement Chart

Approval of the Previous Minutes – July 21, 2016 Meeting

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

Ms. Keefe stated the following corrections on the open session minutes:

- Page 3, last paragraph, second check mark, correct to read, "…to diagnose the presence or absence of a mental disorder…";
- Page 4, correct to read "DEA Chronicles, " A Pharmacist's Obligation: Corresponding Responsibility and Red Flags of **Diversion;**
- Page 5, first paragraph, correct to read, "… availability of addictive drugs in homes and the community…"; and
- Page 7, last sentence, correct recommend to recommends.

There being no further discussion, upon a motion by Mr. Weinberg, seconded by Dr. Chock, it was voted on and unanimously carried to approve the minutes for the July 21, 2016 meeting as amended.

Executive Officer's Report:

HAR Title 16, Chapter 95 – Status

The EO reported that the signed rules have been received by the Governor's office. They will be posted on the Board's webpage and will provide copies for distribution at the next Board meeting.

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.

Food and Drug Administration – Inter-Governmental Working Meeting, September 20-21, 2016, Silver Spring, Maryland
The EO reported that Ms. Keefe and Ms. Kristen Kimoto, RICO's Supervising Investigator will be attending.

NABP Interactive Executive Officer Forum, October 4-5, 2016, Rosemont, Illinois
The EO reported she will be attending.

NABP Interactive Member Forum, November 30 – December 1, 2016, Rosemont, Illinois
The EO reported that the Chair will be attending.

2016 Legislature

The EO reported on the following:

- HB 254, HD2, SD1, CD1 Relating to Medicines (Biosimilars) – Act 242, SLH 2016 was signed by the Governor on July 12, 2016. This bill allows for and regulates the dispensing of interchangeable biological products. Requires pharmacists to inform consumers of interchangeable biological products from the Hawaii list when filling a prescription order and to communicate the product name and manufacturer to the practitioner after dispensing the product. Repeals the Drug Product Selection Board. This Act took effect on July 1, 2016.

- SB 2915, SD2, HD1, CD1 – Relating to the Uniform Controlled Substances Act – Act 218, SLH 2016, Approved on July 6, 2016, This Act took effect on July 1, 2016.

- Notice of 2016 Legislation Summary – Posted on BOP's Webpage -
  The EO prepared a summary of legislative bills that affect the pharmacy practice and had it posted onto the Board's webpage. A copy of the summary was also provided to the Board and audience in attendance today.

Controlled Substance Prescriptions – Pharmacist's Corresponding Responsibility

Draft of Pharmacist's Corresponding Responsibility Guidelines
The EO reported that she is still working on a draft and hopes to have it done by the end of September.

Collaborative Practice Agreement ("CPA")

The EO reported that she has received several emails from Peter Whitaker of the Department of Health on the new Naloxone bill. He is focusing on the accessibility and education by pharmacists.

Emails from Peter Whitaker, Department of Health

The Board reviewed an email from Peter Whitaker discussing the following ideas and activities:

- ✓ Encouraging the board to come up with a statement supporting pharmacists to educate and promote Naloxone for patients filling opiate prescriptions;
- ✓ Work with the Hawaii Pharmacists Association to give a plenary presentation at their annual meeting and perhaps have a booth and give out materials;
- ✓ Look for CMEs for pharmacists on Naloxone; and
- ✓ Look for a physician (maybe in DOH) to permit pharmacies to prescribe Naloxone directly to patients in the pharmacy.

The EO stated assuming he is referring to a collaborative agreement, where a pharmacist enters into a collaborative agreement with a licensed physician, in which the collaborative agreement or collaborative practice agreement ("CPA") allows the pharmacist to "initiate" a patient-specific prescription that is then sent to the licensed physician to sign off on so that the pharmacy has a record of the prescription for which a drug was dispensed.

He also provided information related to the nasal spray version of Naloxone which although is more expensive may be the more desirable form for use by individuals who are not used to injecting drugs. Information related to the nasal spray version was also provided to the audience in attendance.

Collaborative Practice Agreement Chart

The EO stated she emailed the chart that the Board is reviewing today to individuals who have attended the Board meetings in the last few months and asked for their feedback. The chart is broken up into four columns, they are (1) The Board's current CPA language, (2) NASPA recommendations for inclusion in State laws or rules, (3) NASPA recommendations of CPA elements that may be determined at the practitioner level and not be included in State laws or rules, and (4) Comment/Recommendations from Laws and Rules Committee. Although the Laws and Rules Committee did discuss this at their June meeting, they did not make any recommendations, which is why there is nothing included in the draft under that column. She did receive comments/responses from Kaiser and a sample copy of CVSHealth Naloxone Standing Order Dispensing Protocol, Hawaii.

Washington State's Collaborative Drug Therapy Agreement for Naloxone

The Board as well as the audience in attendance was provided with a copy of Washington State's Collaborative Drug Therapy Agreement for Naloxone Medication in Opioid Overdose Reversal for their review.
The EO stated currently the Board has been working on general language for a collaborative agreement. DOH is pushing for a Naloxone collaborative agreement.

The Chair clarified it has to be a Board approved collaborative agreement?

The EO stated yes. So you can approve one specifically for Naloxone, like you have for the Emergency Contraception, or you can continue working on a general collaborative agreement.

CVS's Collaborative Agreement for Naloxone

The Board reviewed a copy of CVS's Collaborative Agreement for Naloxone.

The EO asked Mr. Cruz, this document refers to it as a "Naloxone Standing Order", what does that mean?

Mr. Cruz stated the way he interprets standing order is the doctor gives the pharmacy an agreement saying you can give this amount/quantity of drug.

The EO clarified, does that mean the pharmacy will initiate a prescription, send it to the physician, and have the physician sign off so now you have a valid prescription that is patient specific?

Mr. Cruz stated not necessarily, because they have standing orders in labs for example for clozapine patients. So the standing order is for a CBC every week depending on what the case is.

Ms. Keefe stated a standing order to her is not something you would contact the physician for a prescription. It is guidelines that you follow.

The EO clarified that would be for a facility not for retail?

Ms. Keefe replied yes.

The Chair stated she believes they are trying to make it where the pharmacist is an agent for that prescriber.

The EO stated, as an agent, just because the physician has prescriptive authority, they cannot transfer that authority to you as a pharmacist.

Mr. Adams stated that question was asked at a Board of Pharmacy meeting, whether the pharmacist could be an agent of the physician, and the Board said yes. Another thing is perhaps the Board could look at how we do Emergency Contraception ("EC"). For EC both the pharmacist and the doctors name goes on the prescription as a valid prescription, and that's really a standing order for the collaborative agreement.

The EO stated she agrees with Mr. Adams and that is why we were trying to get the DOH to have similar language in the bill for the Naloxone, but it was too complicated. Then we suggested doing it like the Expedited Partner Therapy language where you can just write in Naloxone, but that was also too complicated.

Mr. Adams stated he has not attended the Board meetings recently so he did not receive the emailed Collaborative Practice Agreement Chart, however he did receive a forwarded email. He does not think a lot of the stakeholders understand or know what the Laws and Rules Committee is doing. Is the Board looking to change the section from working collaboratively to a collaborative agreement?

The EO stated the intent is to clarify the written collaborative working relationship and to give guidance by putting general elements into the rules. The Board is not going to make a decision today. They are still asking for feedback and working on looking at the NASPA language. So if anyone has additional feedback/comments please email it to: pharmacy@dcca.hawaii.gov.

Correspondence: **Lois Nash – Should Pharmacists be Permitted to Use Medical Marijuana for Qualifying Conditions?**

The Chair asked Dr. Chock to lead the discussion on the inquiry from Ms. Nash asking if the Board discussed any regulations related to medical marijuana and if there are any restrictions for a pharmacist practicing who has been prescribed medical marijuana.

The DAG stated it would be the same standards as practicing under any other prescription, under your code of ethics.

Dr. Takishima-Lacasa asked if any other healthcare professions have special stipulations for medical marijuana in contrast to other prescriptions.

The DAG stated not at this time.

Ms. Keefe stated since it is still a CI, what you're going to find happening is if you are using medical marijuana and your employer finds out and they do not allow that because it is a CI, you will lose your job.

The Chair stated that since medical marijuana is still a schedule I controlled substance under the federal regulations, a pharmacist who is using medical marijuana, especially while working as a pharmacist, may be in violation of the pharmacy laws, pursuant to §461-21(a)(5) that states, "**§461-21 Disciplinary action.** (a) In addition to any other actions authorized by law, the board may deny, revoke, or suspend any license or permit applied for or issued by the board, in accordance with this chapter, and fine or otherwise discipline a licensee or permit holder for any cause authorized by law, including but not limited to the following:

(5) Violation of any state or federal drug, controlled substance, or poison law;"

Mr. Adams stated in New York, pharmacist dispense marijuana, but it is still federally against the law for them, so at any time the federal government could come in. He agrees with the Chair's statement.

There being no further discussion, it was the consensus of the Board to inform Ms. Nash that since medical marijuana is a schedule I controlled substance under the federal drug laws, a pharmacist using medical marijuana may be in violation of HRS §461-21(a)(5).

This is an informal interpretation, in accordance with §16-201-90, HAR, for informational and explanatory purposes only. It is not an official opinion or decision and is thus, not binding upon the Board.

Pharmacy Burglary – Security System Failure

The Chair asked Mr. Weinberg to lead the discussion on an email reporting that a pharmacy recently experienced a burglary and that Alert Alarm Hawaii failed to respond to the situation due to failure within their system. The email is encouraging all pharmacies in the state to review their systems with Alert Alarm Hawaii and verify proper installation with wireless connections to prevent this from happening to other pharmacies.

Mr. Weinberg asked the Board if they knew which state had the most pharmacy burglaries.

The Chair said Indiana.

Mr. Weinberg said that is correct.

The EO asked if anyone else has had problems with Alert Alarm Hawaii?

There were no responses.

Expiration of Prescriptions for Durable Medical Equipment

The Chair asked the Vice Chair to lead the discussion on an inquiry from Liberator Medical Supply Inc. who asked the following questions:

1. Does a prescription have an actual expiration date even when it has a number of refills or is written for a lifetime?

2. And if there is a limitation or expiration date would that only apply to prescriptions for legend devices/items requiring an Rx? Ex Urological supplies (catheters) require an Rx whereas ostomy and mastectomy supplies do not and is only needed for insurance billing purposes.

The Chair stated that there was a similar inquiry regarding how long a prescription is valid for at the July meeting in which the Board determined that the pharmacy laws and rules do not specify how long a prescription is valid for, assuming it was not initially filled. However, current standards of practice provide that a pharmacist may use his/her professional judgement to fill or not fill the prescription, and dictates a prescription for a non-controlled substance may be valid up to one year from the date it was written. This is an informal interpretation and does not apply to prescriptions for controlled substances.

The Board also determined that for refills of prescription devices, although the pharmacy laws or rules do not specifically address how long a prescription is valid for when it specifies a number of refills, HRS §328-16(c)(7) does indicate a prescription may be refilled up to twelve months:

"The number of allowable refills, if the prescription is refillable. If the number of refills authorized by the practitioner is indicated using the terms "as needed" or "prn", the prescription may be refilled up to twelve months from the date the original prescription was written. After the twelve-month period, the "as needed" or "prn" prescription may be refilled for a subsequent three-month period; provided:

(A) The prescription is refilled only once during the three-month period;
(B) The refill does not exceed a thirty-day supply of the drug;
(C) The refill does not provide any amount of the drug fifteen months beyond the date the original prescription was written;
(D) In the case of medical oxygen, the duration of therapy indicated on a certificate of medical necessity shall supersede any limitations or restrictions on refilling; and
(E) Subparagraphs (A) to (D) shall apply only to pharmacies and medical oxygen distributors practicing in the State.

The Board noted however, that under §328-1, the definition of "Prescription" specifically refers to the compounding or dispensing of "drugs", not devices, and that the definition of "drug" under §328-1, does not include "devices". They also noted that Medicare may not reimburse for a prescription device if the prescription was issued more than six months.

After careful consideration, it was the consensus of the Board that a pharmacist may use his/her professional judgment in filling or refilling prescriptions for prescription devices that was not issued more than one year. The Board also determined that this would also apply if a prescription was written for a non-prescription device.

This is an informal interpretation, in accordance with §16-201-90, HAR, for informational and explanatory purposes only. It is not an official opinion or decision and is thus, not binding upon the Board.

Requirements for out-of-state compounding pharmacy providing non-prescription –based sterile compounding shipping to ambulatory surgical centers, hospitals, etc. in this State

The Chair asked Ms. Keefe to lead the discussion on an email inquiry from Weichen Wang, Legal Intern with Fagron asking if Hawaii has any state regulations for a registered 503B outsourcing facility that provides non-prescription based sterile compounding drugs to places such as ambulatory surgical centers, hospitals, and physicians' offices.

Ms. Keefe stated that according to the federal regulations, 503B outsourcing facilities may sell compounded drugs without a patient specific prescription. However, our state laws do not allow prescriptions that are not patient specific.

The EO stated the state law is more restrictive than the federal law and we don't recognize 503B's.

Ms. Keefe stated that is correct, so it would seem that is not allowed.

Mr. Wienberg stated what governs, bureaucracy or practicality? We want to serve and make prescriptions reasonably available. If bureaucracy drives everything, I don't think we're doing all we could be doing.

Ms. Keefe stated that is an interesting point because it brings up the subject of patient safety, which is what we're about. How can we get the drugs to the patient safely? It seems given the state of the State, we can't do anything about it right now, it's not allowed.

The DAG stated it would have to be a law change.

The EO stated that in the past, based on the current pharmacy laws and rules, the Board considered compounding for office use "manufacturing" and that selling the compounded drug for office use was considered wholesale distribution. She also mentioned that the Board has required the out-of-state pharmacy to obtain a miscellaneous permit if the out-of-state pharmacy's laws/rules authorized them to compound for office use.

She further stated that if in-state pharmacies are not allowed to compound for office use, how can we allow out-of-state pharmacies to do so.

The Chair stated in response to this inquiry, the Hawaii pharmacy laws and rules do not address outsourcing facilities nor does it address compounding for office use. Furthermore, a miscellaneous permit for out-of-state pharmacies allow for "dispensing" of a prescription drug pursuant to a valid, patient specific prescription and the prescription wholesale distributor's license applies only to in-state facilities.

After careful consideration, it was the consensus of the Board that the current pharmacy laws and rules do not address whether an in-state or out-of-state pharmacy can compound a drug for office use and that compounding for office use is not included under the definition of "Practice of pharmacy" under HRS 461-1.

The EO asked if the Board would consider amending the definition of "Practice of pharmacy" to include compounding for office use and perhaps include requirements such as registration as a 503A or 503B pharmacy?

The Vice Chair stated that the HRS §461-15 Miscellaneous permits should also be amended.

The EO asked members of the audience if they had any concerns or recommendations.

Mr. Adams and Ms. Pi supported the concept.

The EO stated that she will find out more information and report at the September meeting, but that the admin bill deadline would've passed should the Board decide they want to submit an admin bill at their September meeting.

503B Outsourcing Facility Compounding for "Office-use"

The Board reviewed an email inquiry stating the following:

"We recently registered as a 503B Outsourcing Facility and want to send Office Use medications to practitioners in Hawaii. Is there an additional Manufacturer/Wholesaler/Outsourcing Facility license that we need to obtain in your state before we are allowed to ship Office Use medications?"

The Board determined that the same response would be appropriate for this inquiry as the one previously provided.

Pharmaceutical Drug Manufacturer Requirements

Ms. Keefe lead the discussion on this inquiry asking "does an out-of-state pharmaceutical drug manufacturer's name on the drug label of a prescription medication that is sold (or distributed) within state lines automatically necessitate registration as a drug "manufacturer"? If not, what is the dispositive reason or action that an entity must take in order for registration as a drug "manufacturer" to become mandatory? Having sales representatives on the ground dispensing drug samples? Owning title and profiting off of the drug sales?

Ms. Keefe stated that the pharmacy laws and rules do not specify the requirements of a drug manufacturer nor does it specify a license/permit for drug manufacturers.

Also, under the definition of "Wholesale distribution" in HAR 16-95-82, it states:

"Wholesale distribution" means the transfer of prescription drugs to persons other than a consumer or patient, but does not include:

(7) The distribution of drug samples by manufacturers' representatives or distributors' representatives. For purposes of this paragraph, "drug sample" means a unit of a prescription drug that is not intended to be sold and is intended to promote the sale of the drug; or"

The EO stated that under the definition of "Wholesale distributor" it includes manufacturers, but in regards to distribution not licensing/permit requirements as a manufacturer, and that "owning title and profiting off of the drug sales" in respect to manufacturers is not addressed in pharmacy laws or rules.

It was the consensus of the Board that the license/permit requirements for manufacturers is not specifically addressed in the pharmacy laws or rules.

Non-resident pharmacy providing compounding medications for "office use"

The Board reviewed an email inquiry stating the following:

"I'm writing on behalf of a non-resident compounding pharmacy that was recently registered as 503B Outsourcing Facility with the FDA. We are not currently licensed in Hawaii. We would like to know what licensure (if any) we would need to dispense sterile compounded medications to providers for office use."

The Board determined that the same response would be appropriate for this inquiry as the one previously provided in regards to 503B Outsourcing Facility Compounding for "Office-use".

Verbal prescriptions into computer system

The Chair lead the discussion on the following email inquiry from Welldyne, a mail order pharmacy inquiring about verbal prescription orders:

"Our software vendor has recently given us the option of having our pharmacists directly enter verbal prescriptions into our computer system. All required information for a verbal prescription will be documented in the computer system including the name of the receiving pharmacist who is entering the data. The language in your laws state that a verbal prescription must be "reduced to writing". Does this mean physically written down on paper or will direct phone entry by the pharmacist satisfy this requirement?"

Ms. Keefe stated that the Board had an inquiry in the past about taking a verbal order but instead of actually reducing it to writing, the prescription was typed into the pharmacy's computer system and that the Board determined this was permissible.

The EO stated what if the computer system transcribes the prescription information incorrectly, such as the name of the drug, name of the physician, etc. She understands that technology is making it easier for pharmacists to maintain prescription records, but had concerns with the accuracy of the information.

The Chair stated that could happen even if a verbal order is transcribed into a written prescription but that it is the pharmacist's responsibility to ensure that the information is correct and the prescription contains all of the elements of HAR §16-95-82 to make it a valid prescription.

After careful consideration, it was the consensus of the Board that although the pharmacy laws and rules do not specifically prohibit a pharmacist from taking a verbal order that is immediately inputted into a computer system, the pharmacist is ultimately responsible to ensure that the verbal order/prescription includes all the elements of HAR §16-95-82, making it a valid prescription and the information is accurate, that there is a record of the prescription, that this method of accepting a verbal or oral prescription may be permitted

This is an informal interpretation, in accordance with §16-201-90, HAR, for informational and explanatory purposes only. It is not an official opinion or decision and is thus, not binding upon the Board.

Executive Session: At 10:11 a.m. upon a motion by Mr. Weinberg, seconded by Ms. Keefe, 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 10:15 a.m. upon a motion by the Vice Chair, 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 10:15 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 **Ardon Health, LLC; PHA 2016-36-L,** Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

Upon a motion by Dr. Takishima-Lacasa, 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 10:17 a.m.

Applications: **Ratification List**

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

Miscellaneous Pharmacy Permits (PMPs)
Upon a motion by the Chair, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the following:

Malanda, Inc., dba Mandell's Clinical Pharmacy

Next Meeting: The Chair announced the next Board meeting as September 15, 2016 and asked if everyone was available.

Dr. Chock stated she is unable to attend the September 15, 2016 meeting.

September 15, 2016
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 10:18 a.m.

Taken and recorded by:

/s/ Lisa Kalani
Lisa Kalani, Secretary

Reviewed and approved by:

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

9/8/16

[X] Minutes approved as is.
[ ] Minutes approved with changes; see minutes of _____

BOARD OF PHARMACY

August 25, 2016 Ratification List

Miscellaneous Permits (PMP)

Change of PIC

Fresenius Medical Care Pharmacy Services Inc.
Dba FMC Pharmacy Services – East (PMP-187)
11001 Danka Way North Ste. 2
St. Petersburg, FL. 33716
New PIC: Huong Nguyen
Effective: 7/18/16

IHC Health Services Inc. dba
Intermountain Home Delivery Pharmacy (PMP-1153)
7268 S Bingham Junction Blvd. Ste. 81
Midvale, UT. 84047
New PIC: Buck Stanford
Effective: 7/27/16

Pentec Health Inc. (PMP-392)
4 Creek Parkway Ste. A
Boothwyn, PA. 19061
New PIC: Michael Cardosi
Effective: 7/28/16

McGuff Compounding Pharmacy Services Inc. (PMP-185)
2921 W MacArthur Blvd. #142
Santa Ana, CA. 92704
New PIC: Si Pham
Effective: 7/9/16

ImprimisRx CA, Inc. dba ImprimisRx (PMP-1030)
9257 Research Dr.
Irvine, CA. 92618
New PIC: Sandy Nguyen
Effective: 7/8/16

Genoa A Qol Healthcare Company LLC (PMP-1213)
4508 Auburn Way N. Ste A104
Auburn, WA. 98002
New PIC: Jerry Berndt
Effective: 6/6/16

RX Pro of Mississippi Inc. dba McDaniel Pharmacy (PMP-926)
1005 Market St.
Port Gibson, MS. 39150
New PIC: Samantha Ashely
Effective: 7/6/16

Palm Beach Pharmaceuticals Inc. (PMP-513)
8409 N Military Trl. Ste. 125
Palm Beach Gardens, FL. 33410
New PIC: David Atallah
Effective: 7/5/16

Sina Drug LLC dba ONC0360 (PMP-526)
225 Community Dr. Ste. 100
Great Neck, NY. 11021
New PIC: Zoe A. Frangos
Effective: 7/1/16

Name/Trade Name Change
ImprimisRx CA, Inc. dba ImprimisRx (PMP-1030)
9257 Research Dr.
Irvine, CA. 92618
Effective: 6/30/16

Relocation
Stokes Healthcare Inc. dba Stokes Pharmacy (PMP-710)
18000 Horizon Way #700
Mount Laurel, NJ. 08054
Effective: 7/12/16

Closure/Cancellation
DMR Pharmacy Inc. (PMP-1046
433 Kings Hwy.
Brooklyn, NY. 11223
Effective: 7/11/16

Pharmacy (PHY)

Change of PIC
Longs Drug Strores California LLC dba Longs Drugs #9936 (PHY-739)
78-6831 Alii Dr. Ste. 300
Kailua-Kona, HI. 96740
New PIC: Cosima Schwartz
Effective: 7/17/16

Procare Pharmacy LLC dba CVS/Pharmacy #2915 (PHY-612)
One Waterfront Plaza
500 Ala Moana Blvd. Bldg. 1
Honolulu, HI. 96813
New PIC: Diaa Zaed
Effective: 5/27/16

Queen's Development Corporation dba
Queen's P O B II Pharmacy (PHY-465)
1329 Lusitana St. Ste. 101
Honolulu, HI. 96813
New PIC: Emerick Orimoto
Effective: 7/22/16

Closure/Cancellation
Oshima Bros Inc. dba Oshima Drug (PHY-101)
79-7400 Mamalahoa Hwy.
Kealakekua, HI. 96750
Effective: 8/18/16

LTYPE	LIC NUM	BP NAME PART 1
PH	4038	CLAY A <PARKEL<
PH	4039	NICOLE S <YOUNG<
PH	4040	PATRICK D <BAKER<
PH	4041	EDWINA Y <LEUNG<
PH	4042	ERIN S <GEIMAN<
PH	4043	DENVER W <SHIPMAN<
PH	4044	ERIC A <SANDERS<
PH	4045	CHRISTOPHER N <THAI<
PH	4046	ROBYN L <RICHARD<
PH	4047	RICHARD <HAUPTMANN<
PH	4048	ERIC R <TSUJI<
PH	4049	WILDER M <MCANDREWS<
PH	4050	MARY ANN <MENEZES<
PH	4051	MIMI <THONG<
PH	4052	NICOLE A <HUBACH<
PH	4053	KIMBERLY A <VICTORINE<
PH	4054	SAMANTHA H <CHANG<
PH	4055	KELSEY K <CHANG<
PH	4056	KATIE N <MOTHERSHED<
PH	4057	JOSEPH R <KOHN<

LTYPE	LIC NUM	BUSN ADDR 1	BUSN CITY	BUSN ST	BUSN ZIP	BP NAME PART 1
PHY	909	205 PAHOA MARKET AREA	PAHOA	HI	96778	PAHOA PHARMACY LLC