

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

MINUTES OF MEETING

Date: Thursday, May 18, 2017

Time: 9:00 a.m.

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

Members Present: Kerri Okamura, RPh, Chair, Pharmacist
Garrett Lau, RPh, Vice Chair, Pharmacist
Julie Takishima-Lacasa, PhD, Public
Mary Jo Keefe, RPh, Pharmacist
Ronald Weinberg, Public

Members Excused: Marcella Chock, PharmD., Pharmacist
Carolyn Ma, PharmD., BCOP, Pharmacist

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

Guests: Jared Redulla, Dept. of Public Safety Narcotics Enforcement Div.
Jennifer Fujio, Daniel K. Inouye, College of Pharmacy
Paul Smith, Walgreens
Fred Cruz, CVS Caremark
Tiffany Yajima, Ashford & Wriston LLP
Stacy Pi, Kaiser Permanente
Catalina Cross, Times
Patrick Uyemoto, Times
Joe Parrott, Walmart
Alanna Isoda, Safeway
Jaclyn Moore, Foodland
Diane Zaed, CVS

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 9:02 a.m. and excused Dr. Ma and Dr. Chock from today's meeting.

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

The Chair asked the audience to introduce themselves.

Approval of the Previous Minutes – April 20, 2017 Meeting

The Chair called for a motion in regards to the minutes of the April 20, 2017 meeting.

There being no discussion, upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the minutes for the April 20, 2017 meeting as circulated.

Report on Attendance

ACPE Evaluation Team Site Visit at the University of Hawaii Daniel K. Inouye, College of Pharmacy, March 7-9, 2017, Hilo, Hawaii

The Chair reported that she attended the ACPE Evaluation Team Site Visit at the University of Hawaii Daniel K. Inouye, College of Pharmacy on March 7-9, 2017 as an observer. There were five people on the team with three of them being former or founding Deans of Schools of Pharmacy on the mainland. Her purpose there was to observe and see what the school goes through as far as accreditation so that we can see that the school is doing their due diligence so that our pharmacists graduating from ACPE accredited colleges can practice safely upon graduation. It was a very positive site visit with Dr. Ma and her staff. They are doing a good job and were not deficient in anything.

Mr. Weinberg asked how quality is measured?

The Chair stated that they have a report that the college has to submit, and what they do at the site visit is interview stakeholders in the college, staff and students to validate the report.

Ms. Keefe asked if they are looking at the classes being taught?

The Chair stated yes, they are looking at their curriculum, content and even the syllabus, it is very thorough.

MPJE Item Development Workshop, March 14-16, 2017, Northbrook, Illinois

The Chair reported she attended the MPJE Item Development Workshop held March 14-16, 2017 in Northbrook, Illinois. This is the workshop where they write new questions for the MPJE and try and fill areas where there are gaps and where questions could be deleted or refined. There is a Committee member with each group/table and while they are writing the questions, the Committee member is looking at the questions to provide suggestions or recommendations on how to write the question better.

The Chair stated it would be helpful for the Board members to go repeatedly to get in the mindset of writing questions.

Executive Officer's
Report:

Conferences/Seminars/Meetings

NABP's 113th Annual Meeting – May 20-23, 2017, Orlando, Florida

The EO reported that Ms. Keefe will be attending.

2017 Legislative Session

The EO reported on the status of the following bills:

- SB 514, SD1, HD1 Relating to Health (HPV)
SB 514, SD1, HD1 is currently at the Governor's office.
- SB 513, SD1, HD2 Relating to Contraceptive Supplies
SB 513, SD1, HD2 is currently at the Governor's office.
- HB 527, HD1, SD2 Relating to Mobile Clinics
HB 527, HD1, SD2 did not pass out of conference committee.
- HB 1299, HD1, SD1 Relating to Health (Customized packaging)
HB 1299, HD1, SD1 did not pass out of conference committee.
- HB 1444, HD2, SD2 Relating to Pharmacy Benefit Managers
HB 1444, HD2, SD2 is currently at the Governor's office.
- SB 505, SD1, HD2 Relating to Health (Informed consent to opioid therapy)
SB 505, SD1, HD2 is currently at the Governor's office.
- SB 997, SD1, HD2 Relating to the Uniform Controlled Substances Act
SB 997, SD1, HD2 is currently at the Governor's office.
- HCR 164, SD1 Requesting That the Director of Health Establish and Convene a Medication Synchronization Working Group to Explore and Propose Legislation
The EO reported that the Chair received a certified copy of the resolution and that they will start contacting members. If they do not fly in neighbor island members, the EO will attend on their behalf.

Naloxone Collaborative Practice

At the Board's last meeting a Working Group was put together to come up with criteria to recommend to the Board for the Naloxone Collaborative Practice Agreement.

Criteria for Collaborative Practice Agreement

The following members of the Working Group will be meeting immediately after the Board meeting today:

- Kerri Okamura, BOP Chair
- Garrett Lau, BOP Vice Chair
- Fred Cruz or representative from CVS
- Paul Smith, Pharmacist
- Patrick Uyemoto, HPhA
- Stacy Pi, Kaiser
- Joe Parriott, Walmart
- Tiffany Yajima, Walgreens
- Peter Whitaker or representative from Department of Health (DOH)

Correspondence:

National Association of Boards of Pharmacy ("NABP")

The Chair lead the discussion on the following:

➤ Montana – 2017 Legislative Update

The Montana Board of Pharmacy had a very productive legislative session. Below is a brief review of the Montana Board bills that the Montana Board had been monitoring:

SB 56, revise sunset dates related to funding the prescription drug registry [MPDR]

- Board bill introduced December 15, 2016, by Senator Margaret MacDonald, signed by governor February 13, 2017.
- Extends the authority for the Board to collect a \$30 MPDR fee from licensees authorized to prescribe or dispense controlled substances until June 30, 2019.
- For implementation, the Board will continue to collect fees at the time of license renewal for all boards. The opportunity for licensees to attest that the fee does not apply to them remains in place.
- Fees are collected from the following license types: pharmacist, physician, resident physician, physician assistant, dentist, optometrist, podiatrist, naturopathic physician, and advance practice registered nurse with prescriptive authority.

SB 68, revise wholesale drug distribution license through Board of Pharmacy

- Board bill introduced December 15, 2016, by Senator Dick Barrett, signed by governor February 17, 2017.

- Provides authority to comply with federal law and implement Food and Drug Administration (FDA) requirements for security and safety of the drug supply chain - specifically, the 2013 Public Law 113-54, Drug Quality and Security Act, which includes Title I, Drug Compounding Act, and Title II, Drug Supply Chain Security Act.
- Revises the current single wholesale drug distributor license type to four separate license types of wholesale distributor, third-party logistics provider, repackager, and manufacturer (such license types are currently all licensed as wholesaler drug distributors).
- Defines outsourcing facilities engaged in sterile compounding. Through rulemaking, the Board will add an endorsement on a facility license engaged in sterile compounding or identified as an outsourcing facility registered with FDA.
- For implementation, rulemaking will incorporate additional guidance from FDA, and existing licensees will need to self-identify to be switched to one of the license types other than wholesale distributor.

SB 31, require Medicaid reimbursement for drug therapy management

- Allows for Medicaid to reimburse pharmacists with a clinical pharmacist practitioner endorsement issued by the Board in collaboration with the Montana Board of Medical Examiners.
- Tabled in Senate Committee; will be implemented through rulemaking by July 1, 2017, per agreement of the sponsor, Montana Pharmacy Association (MPA), and the Montana Department of Public Health and Human Services.

SB 120, generally revise practice of dental hygiene laws

- Adds limited prescriptive authority to dental hygienists under general supervision of a dentist for certain oral health medications; includes consultation with the Board of Pharmacy regarding a formulary in rule.
- Passed Senate, Senate Committee hearing held.

HB 177, revise administration of immunization laws

- Clarifies the list of immunizations that pharmacists can independently prescribe and administer without a collaborative practice agreement, allowing for any pneumococcal vaccine (37-7-105, MCA).
- Signed by governor March 1, 2017.

HB 276, revise reimbursement for pharmacies [PBMs]

- MPA bill; provides greater price transparency from pharmacy benefit managers (PBMs) when claims are less than acquisition cost of a drug (negative claim), allows for an opt-out of providing the prescription or service, and provides for a pharmacist to discuss reimbursement criteria with a patient.
- Passed House and Senate, transmitted to governor March 22, 2017.

HB 323, authorize emergency use of opioid antagonist in a school setting [naloxone]

- Identifies a school as a patient for access to naloxone, the opioid overdose rescue medication, for opioid overdose rescue.
- Passed House and Senate, transmitted to governor March 29, 2017.

HB 333, adopt the Help Save Lives from Overdose Act [naloxone]

- Provides greater access to naloxone by identifying certain facilities/others as a patient, allows for a statewide standing order (in addition to existing prescription and collaborative practice authority), and addresses liability issues.
- Passed House, passed Senate Committee.

HB 409, restrict opioid prescriptions

- Restricts opioid dispensing to seven days except for certain conditions and would require patient identification at the pharmacy.
- Passed House Committee, failed final House vote.

The Chair lead the discussion on the following:

➤ Nevada – Opiate Addiction

As pharmacists, you are one of the first lines of defense. You have the ability to help keep drugs out of the hands of those who may want to abuse them or sell them to those who will. The Centers for Disease Control and Prevention (“CDC”) announced that in recent years there have been more prescription drug overdose deaths than both heroin and cocaine overdose deaths combined. Since 1999, the sale of opioids alone has risen by 300%. This may not seem like a big deal, but if you add in other addictive prescriptions combined with street drugs being sold, it paints the picture a little more vividly. Not only are pharmacists bound by law, they are also held to an ethical contract to look out for and help their customers to the best of their ability. Workdays can be extremely grueling, but if you train yourself to watch for the following red flag indicators, you could easily be the difference between a life saved and a life lost.

1. Early refill requests;
2. Highest strength and/or dose of medication requested;
3. Unknown physician to the pharmacy and/or physician who writes multiple prescriptions for addictive medications;
4. Signs of forgery such as rubber stamps, different colored ink, misspellings, changes made/crossed out, photocopies, no abbreviations or nonstandard abbreviations;
5. Doctor writing prescriptions beyond his or her specialty/ scope of practice (eg, dentist writing attention deficit disorder medications);
6. Requests being made when pharmacy is close to closing hours;
7. Cash payments;
8. False caregivers (scrutiny should be high for anyone picking up a prescription for someone else):

9. Change of customer's normal pharmacy; or
10. Sedated, confused, or anxious behavior.

The Nevada Prescription Monitoring Program ("PMP") is a useful tool and should be utilized in every case. Do not be afraid to take time to properly check the PMP, call the prescribing physician, or ask a coworker for his or her thoughts. Properly dispensing prescription drugs is a meaningful job that comes with the great responsibilities of public safety.

Dr. Takishima-Lacasa asked if we have False caregivers on our "Red Flags" checklist?

The EO replied no, but she will go over this list and see what can be added to Board's list that is posted on the Board's webpage.

The Vice Chair pointed out that the Pharmacy News for Nevada also mentions that they are auditing the PMP data they are submitting.

Dr. Takishima-Lacasa asked if that is something that happens here?

Mr. Redulla stated the data is checked and quality assured by the entity that is providing it. What often happens is we will get notice from different organizations that they found an error in their submissions and they are fixing it. We will provide the submitter with an opportunity to fix their issues. We have never had a situation where someone has refused to fix data that was submitted in error. There are criminal provisions in place for non-submissions and failing to fix errors in submissions,

Dr. Takishima-Lacasa asked how would they be caught, if they did not catch it themselves?

Mr. Redulla stated NED does mind the PDMP data for fraud, waste abuse, criminal activity, etc, so if they find data that looks bad they will contact the submitter. The PDMP vendor will also reject the data if it is not submitted accurately.

Pharmacy Consultation Inquiry

The Chair asked the Vice Chair to lead the discussion on an email inquiry with questions regarding clinical consultation by a pharmacist. The clinical consultation will consist of a verbal conference with the patient to assess the patient's current therapy. Pharmacists conducting these verbal conferences will not be prescribing, dispensing, or issuing a decision regarding medications. The goal of the program will be to provide health education and the most appropriate care recommendations to patients. The following questions were proposed:

1. If the pharmacist is employed by a third party administer and wants to counsel patients regarding their medications, does the pharmacist have to be licensed in the same state the patient resides in?

2. Are there any legal requirements or scope of practice considerations for a pharmacist to counsel a patient regarding medications?

The Vice Chair stated consultation falls under the definition of the practice of pharmacy.

The Chair stated the pharmacist would need a Hawaii pharmacist license if they are consulting with someone residing in this State.

After a brief discussion and a review of the laws and rules, the Board by consensus determined that consultation with the patient to assess the patient's current therapy (assuming it includes advising when necessary of therapeutic values, content, hazards, and use of drugs and devices are involved or providing consultation, information, or education to patients and health care professionals) is included under the definition of "Practice of pharmacy" under HRS 461-1 and if the patient resides in this State, the pharmacist must be a Hawaii licensed pharmacist.

Reducing Pharmacy Related Crime – Proposed Updates to 21 CFR 1301.75

The Chair asked Dr. Takishima-Lacasa to lead the discussion on an email asking for the Board's support and endorsement to update the current federal law regulating the physical security requirements of controlled substances for practitioners as outlined in the federal Controlled Substances Act ("CSA") title 21 CFR 1301.75. The email states that this law is a 20th century statute passed by the 91st United States Congress as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and signed into law by President Richard Nixon. These pharmacy crimes and internal diversion are directly tied to the nation's severe opioid epidemic. Across the nation, when experts discuss the opioid epidemic the debate is swinging from patient access of needed pain medications to helping reduce addiction and abuse. What no one is discussing is the negligent lack of security within pharmacies to help prevent unauthorized access (robbery, burglary and internal diversion). Across the nation, pharmacists are failing to properly secure their controlled substances and indirectly enabling these crimes and internal diversion. Pharmacists who fail to secure their facilities need to accept some responsibility for their role in this opioid epidemic crime wave and become a part of the solution. The current Federal law, passed 47 years ago reads as follows:

21 CFR §1301.75 Physical security controls for practitioners.

(a) Controlled substances listed in Schedule I shall be stored in a securely locked, substantially constructed cabinet.

(b) Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet. However, pharmacies and institutional practitioners may disperse such substances throughout the stock of noncontrolled substances in such a manner as to obstruct the theft or diversion of the controlled substances.

(c) Sealed mail-back packages and inner liners collected in accordance with part 1317 of this chapter shall only be stored at the registered location in a securely locked, substantially constructed cabinet or a securely locked room with controlled access, except as authorized by §1317.BO(d).

(d) This section shall also apply to nonpractitioners authorized to conduct research or chemical analysis under another registration.

(e) Thiafentanil, carfentanil, etorphine hydrochloride and diprenorphine shall be stored in a safe or steel cabinet equivalent to a U.S. Government Class V security container.

The email goes on to provide the following bullet points of increased pharmacy robbery, burglary and internal diversion due to opioid addiction:

- Pharmacy related crimes of robberies and burglaries have been rising double digits every year since the CDC declared an opioid epidemic in 2010.³
- In 2015, there were 916 reported Pharmacy robberies (2-3 a day).¹³¹
- In 2015, there were over 9,600 reported Pharmacy burglaries (26+ a day).³
- According to the National Drug Intelligence Center (NDIC) the estimated impact of Controlled Prescription Drug (CPD) diversion and abuse costs medical providers and insurers \$72.5 billion a year.¹⁴¹
- The average total out of pocket cost for a pharmacy owner that becomes the victim of a crime is in the range of \$16,000 - \$18,000 per incident.¹⁵¹
- The robbery, burglary and internal diversion numbers presented here is what's REPORTED. Industry experts across different state and federal agencies estimate over 25 - 30% of all crimes go unreported to authorities or insurance companies.
- Over 75% of pharmacists do not store their CPD's in a safe, choosing to inter disperse or having a simple locking cabinet. Of the 25% of pharmacists who do have a safe, the majority are not designed for pharmacy/narcotics use, are broken or left open all day. ¹⁵¹
- CDC estimates internal diversion caused 192 viral/bacterial outbreaks between 1983 - 2013.¹⁷¹
- Pharmacy crimes of burglary, robbery and internal diversion have a high risk of ID theft of patient information on prescription labels, furthering compromising patient and public safety.

In closing the email summarizes:

The current law which allows pharmacists across the country to inter-disperse or store their controlled substances in a simple locked cabinet makes them high target victims of a pharmacy related crime. This outdated law is immoral, irresponsible and leading to unauthorized access with a direct result of people dying. At a minimum, upon reflecting on these facts and supporting evidence to amend 21CFR 1301.75, we hope your Board takes a stronger position in educating pharmacists on the importance of properly securing and monitoring their controlled substances.

Dr. Takishima-Lacasa asked if changes to this Federal law were to take place, would that change our license requirements for Hawaii pharmacies?

Mr. Redulla stated if these Federal regulations were changed, at a minimum anyone storing controlled substances would have to comply.

The EO stated since there is nothing specific in State law regarding controlled substances being locked up, because this Federal law would be stricter, all pharmacies would have to comply with the Federal requirements.

Dr. Takishima-Lacasa asked if that is something they would have to demonstrate to this Board or to the DEA.

The EO stated probably the DEA and Narcotics Enforcement Division.

FDA: No Codeine or Tramadol for Children Under 12-Period

The Chair asked Ms. Keefe to lead the discussion on an article from MEDPAGE TODAY warning about the use of both codeine and tramadol for children under 12 years of age and breastfeeding moms. Products containing codeine or tramadol will now carry a “contraindication” for children under the age of 12, which is FDA’s strongest warning. The agency cited concerns about slowed or difficult breathing or death, especially among younger children and infants in its decision to restrict the use of products containing these two drugs. The FDA also added a new warning advising against the use of products with codeine and tramadol in children 12 to 18 who are obese or have obstructive sleep apnea or serious lung disease. There is also a strengthened warning advising against the use of these products among breastfeeding mothers, as it may cause serious harm to their infants. The FDA has been evaluating the use of codeine in cold-and-cough medicines in children since 2015 and the risks of using the pain medicine, tramadol, in children ages 17 and younger since September 2015. In 2016, the American Academy of Pediatrics issued a policy statement that advised against the use of codeine in all children. The agency advised healthcare professionals that since-ingredient codeine and tramadol is only FDA approved for use in adults.

The EO asked how would pharmacists in general know about these FDA warnings?

The Chair stated we would know through publications, but it is the pharmacist responsibility to be informed and keep up.

Prescription Required for TB Test?

The Chair asked Ms. Keefe to lead the discussion on the following email inquiry:
“Our pharmacy would like to have an RN administer TB tests to our employees to fulfill the TB-clearance for healthcare workers. We were wondering what is required to proceed with this endeavor? Would we need a standing order for the TB tests, a TB test prescription for each of our employees, or would it be under an RN’s scope of practice to administer the TB test without a prescription? We spoke with a representative from the DOH’s TB program, and they said that it is within the RN’s scope of practice to administer TB tests, so we would not need a prescription for it. We would like to confirm the requirements with Hawaii’s Board of Pharmacy to ensure that we are in compliance with the state’s regulations on TB testing prior to administering the tests at our pharmacy.”

The EO asked if a TB test contains a prescription drug?

The Chair and Ms. Keefe replied yes.

Ms. Keefe stated that this is not something pharmacists do, so she called the DOH and the person she spoke with said that a prescription is not required to get a TB test at their clinic. So, there must be some sort of standing order for the clinic. However, in this email the person is asking for the TB test to be done at the pharmacy for the pharmacy staff.

After a brief discussion and a review of the laws and rules, the Board by consensus determined that a prescription is required for the TB test unless you go to a State TB clinic, so a TB test prescription would be required for each employee. Please note that the prescription must be patient specific. Regarding an RN administering the TB test to employees, that is correct, however, an RN does NOT have prescriptive authority, they can administer drugs, but not prescribe.

Executive Session:

At 9:52 a.m. upon a motion by Mr. Weinberg, seconded by the Vice Chair, 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 10:10 a.m. upon a motion by the Vice Chair, 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 10:10 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 **Wellpartner, Inc.; PHA 2016-117-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 the Vice Chair, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Miscellaneous Permit of **Bioscrip Pharmacy Services; PHA 2016-64-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" through "3"

Upon a motion by Ms. Keefe, 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 **Medaus, Inc. dba Medaus Pharmacy; PHA 2015-25-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" – "4"

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

In the Matter of the Miscellaneous Permit of **Vitalab Pharmacy, Inc., dba Vasco Rx; PHA 2016-110-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

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

In the Matter of the Miscellaneous Permit of **Walgreen Co., dba Chroniscript, a Walgreens Pharmacy; PHA 2016-97-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. Takishima-Lacasa, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Miscellaneous Permit of **Walgreens Mail Service, Inc.; PHA 2016-106-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 the Vice Chair, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Miscellaneous Permit of **Oncology Rx Care Advantage, LP; PHA 2017-4-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 Ms. Keefe, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Miscellaneous Permit of **Park Irmat Drug Corp., dba Irmat Pharmacy; PHA 2016-65-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

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

In the Matter of the Pharmacy License of **Longs Drug Stores California, LLC, dba Longs Drugs #9954**, and the Pharmacist License of **Anh P. Mitsuda; PHA 2016-86-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

Upon a motion by Ms. Keefe, 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 **BioRx, LLC, dba BioRx; PHA 2017-7-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

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

In the Matter of the Miscellaneous Permit of **College Pharmacy, Inc., dba College Pharmacy; PHA 2015-64-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" through "11"

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

In the Matter of the Pharmacist's License of **Michael F. Hodge, PHA 2016-92-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

Upon a motion by Mr. Weinberg, seconded by Ms. Keefe, 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 10:34 a.m.

Applications:

Ratification List

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

Miscellaneous Pharmacy Permits (PMPs)

Upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried to deny the following pursuant to HRS §461-21(a)(2) and HRS §436B-19(8), (12) and (14):

Pharmcore, Inc., dba Hallandale Pharmacy

Next Meeting:

The Chair announced that the next Board meeting is scheduled for Thursday, June 15, 2017.

Thursday, June 15, 2017
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 10:36 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

5/25/17

[] Minutes approved as is.

[X] Minutes approved with changes; see minutes of 6/15/17

BOARD OF PHARMACY
May 18, 2017 Ratification List

Miscellaneous Permits (PMP)

Change of PIC

Zoopharm (PMP-352)

3131 Grand Ave. Ste. B Rm. B
Laramie, WY. 82070
New PIC: Daniel Hagerman
Effective: 5/1/17

Closure/Cancellation

ESI Mail Pharmacy Service Inc. dba Express Scripts (PMP-645)

4610 E Cotton Center Blvd. #105
Phoenix, AZ. 85040
Effective: 4/21/17

Lone Peak Professional Pharmacy PLLC dba Lone Peak Pharmacy (PMP-1097)

11724 S State St. #102
Draper, UT. 84020
Effective: 4/20/17

Name/Trade Name Change

BriovaRx of California Inc. dba BriovaRx MRP (PMP-855)

1902-1910 Marengo St. Ste. 200
Los Angeles, CA. 90033
Effective: 4/11/17

Relocation/Address Change

BriovaRx of California Inc. dba BriovaRx MRP (PMP-855)

1902-1910 Marengo St. Ste. 200
Los Angeles, CA. 90033
Effective: 4/11/17

Pharmacy (PHY)

Change of PIC

Option Care Enterprises Inc. (PHY-835)

1121 S Beretania St. Ste. 102
Honolulu, HI. 96814
New PIC: John Houghtby
Effective: 4/26/17

Relocation/Address Change

Medipharm Pharmacy LLC (PHY-870)

891 Ululani St. #113
Hilo, HI. 96720
Effective: 4/10/17

PHARMACIST RATIFICATION LIST MAY 18, 2017

PH 4148 DIANE J <CLUXTON<
PH 4149 PATRICIA C <CHEUNG<
PH 4150 SAMUEL E <BRANUM<
PH 4151 DAWN E <HUGHES<
PH 4152 YOGESH S <BHAKTA<
PH 4153 CATHERINE L <RONALDER<
PH 4154 GARRETT M <KOBAYASHI<
PH 4155 CHRISTOPHER J <SICAT<
PH 4156 DAVID S <WILDES<
PH 4157 GERALD M <KOORI<
PH 4158 JONATHAN T <MCLACHLAN<
PH 4159 DAVID L <TROELSTRUP<
PH 4160 LAHELA N S <MATSUI<
PH 4161 ANN-MARIE D <IRIZARRY<
PH 4162 ANTHONY <LAROCCA<
PH 4163 NOREEN C S <CHAN<

PHARMACY RATIFICATION LIST MAY 18, 2017

PHY 913 500 N NIMITZ HIGHWAY HONOLULU HI 96817 LONGS DRUG STORES CALIFORNIA LLC

PHARMACY MISCELLANEOUS PERMIT RATIFICATION LIST MAY 18, 2017

PMP 1387 6045 E SHELBY DR #1A MEMPHIS TN 38141 BIG BEND PHARMACY LLC
PMP 1388 2560 E SUNSET RD #120 LAS VEGAS NV 89120 PROFESSIONAL RX PHARMACY LLC
PMP 1389 900 AVENIDA ACASO STE A CAMARILL CA 93012 FACTORY SUPPORT NETWORK PHARMACY
INC
PMP 1390 1550 LOUETTA RD #1600 HOUSTON TX 77070 VINTAGE PHARMACY PLUS LLC
PMP 1391 100 TECHNOLOGY PARK #157 LAKE MARY FL 32746 AVELLA PATIENT ACCESS PROGRAM INC
PMP 1392 2060 HIGHWAY 64 #G WHITEVILLE TN 38075 WHITEVILLE COMMUNITY PHARMACY LLC
PMP 1393 1155 N MISSION RD LOS ANGELES CA 90033 BRIOVARX OF CALIFORNIA INC
PMP 1394 1819 ASTON AVE STE 102 CARLSBAD CA 92008 BIORX LLC
PMP 1395 2225 WILLIAMS TRACE BLVD #109 SUGARLAND TX 77478 THE RITE PHARMACY INC
PMP 1396 4131 GEARY BLVD FL-1 SAN FRANCISCO CA 94118 KAISER FOUNDATION HEALTH PLAN
INC.
PMP 1397 3027 3RD AVE BRONX NY 10455 CEDRA PHARMACY INC
PMP 1398 60 BRIDGE ST STE A MILFORD NJ 08848 RIVERSIDE SCRIPTS PHARMACY LLC
PMP 1399 5860 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 ROSEMONT SPECIALTY PHARMACY
PMP 1400 250 MT LEBANON BLVD #208 PITTSBURGH PA 15234 VALEDA RX LLC
PMP 1401 317 W BROADWAY MAYFIELD KY 42066 S E W ENTERPRISES INC
PMP 1402 17547 CHATSWORTH ST GRANADA HILLS CA 91344 PREFERRED COMPOUNDING PHARMACY INC
PMP 1403 237 CAHABA VALLEY PKWY PELHAM AL 35124 VITALRX LLC
PMP 1404 255 TERRACINA BLVD STE 103 REDLANDS CA 92373 BROTHERS HEALTHCARE INC
PMP 1405 800 AIRPARK CENTER DR STE 809 NASHVILLE TN 37217 CAREZONE PHARMACY LLC