#### **BOARD OF PHARMACY**

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

## **MINUTES OF MEETING**

Date: Thursday, August 17, 2017

<u>Time</u>: 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

Kenneth VandenBussche, RPh, BCACP, Pharmacist

Julie Takishima-Lacasa, PhD, Public Mary Jo Keefe, RPh, Pharmacist

Ronald Weinberg, Public

Marcella Chock, PharmD., Pharmacist

Members Excused: 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 Division

Cindy Khamphaphani, Daniel K. Inouye, College of Pharmacy

Fred Cruz, CVS Caremark

Tiffany Yajima, Ashford & Wriston LLP

Stacy Pi, Kaiser Permanente Patrick Uyemoto, Times Alanna Isobe, Safeway Paul Smith, Walgreens Ashok Kota, Foodland

Isabel Cwikla, Ohio Northern University

Tammy Haloman, Foodland Liam Nitz, 5 Minute Pharmacy

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 9:04 a.m. and

excused Dr. Ma from today's meeting.

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#### Chair's Report:

#### **Announcements and Introductions**

The Chair announced Ms. Keefe was sworn in this morning for her second term and introduced the Board's newest pharmacist member Kenneth VandenBussche and asked him to say a little about himself.

The Chair asked the Board members, staff and the audience to introduce themselves.

## Approval of the Previous Minutes – June 15, 2017 Meeting

The Chair called for a motion in regards to the minutes of the June 15, 2017 meeting.

Ms. Keefe stated on page 6, second paragraph, to correct as follows: "The limits are not currently effective in effect and must be adopted by the Ohio medical, nursing, and dental boards,..."

There being no further amendments, upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the minutes for the June 15, 2017 meeting as amended.

# Executive Officer's Report:

# Conferences/Seminars/Meetings

# 2017 Tri-Regulator Symposium, July 25-26, 2017, Chicago, Illinois - EO

The EO provided a written report to the Board and gave a brief oral report. She reported that the "Tri-Regulators" include the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP) and the National Council of State Boards of Nursing (NCSBN). This was the third symposium of the Tri-Regulators, who have formed a collaboration in order to advance dialogue and consensus building on issues of state-based licensure and regulation that benefit public health, safety and welfare. The major issue for the symposium was the opioid epidemic: the impact on health professions, legislation, making opioid antagonists more accessible, diversion, and the utilization of prescription drug monitoring programs for health care professionals.

NABP-AACP District 6-7-8 Annual Meeting, October 8-11, 2017, San Antonio, Texas The EO reported Ms. Keefe will be attending.

#### 2017 Legislative Session

The Board reviewed and discussed the following:

Act 68, SLH 2017 (SB 514, SD1, HD1, CD1) Relating to Health (HPV) – Authorizes pharmacists to administer the human papillomavirus, Tdap (tetanus, diphtheria, pertussis), meningococcal, or influenza vaccine to persons between eleven and seventeen years of age. Specifies requirements pharmacists must meet prior to administering the human papillomavirus, Tdap (tetanus, diphtheria, pertussis), meningococcal, or influenza vaccine and pursuant to §461-11.4 (requires a prescription from a practitioner).

## Collaborative practice agreement;

The EO wanted clarification if a collaborative practice agreement is required between a pharmacist and a practitioner in order for the pharmacist to administer these vaccines to persons 11-14 years old. She stated under the definition of "Practice of pharmacy" it refers to working collaboratively in accordance with policies, procedures or protocols.

The Chair stated that a prescription is required so perhaps a collaborative practice agreement is not necessary since the pharmacists may consult with the prescriber. She also stated that HRS 461-11.4 applies and that this section does not specify a written collaborative practice agreement is required but includes additional provisions such as reporting requirements to the patient's medical home.

There being no further discussion, the Board by consensus determined the requirements are the same as the immunizations of 14-17 years old and a collaborative practice agreement is not required.

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

## ACPE approved training;

The EO asked if there are ACPE approved training specific for immunizing minors and/or for these specific vaccines?

The Chair stated the initial training, which should be the 20-hour ACPE accredited Pharmacy-Based Immunization Delivery certification covers these immunizations and across the life span.

Dr. Chock asked if the training that new graduates receive from their schools of pharmacy is acceptable?

The EO replied as long as it is ACPE approved and similar to the 20-hour ACPE accredited Pharmacy-Based Immunization Delivery certification that covers these immunizations and across the life span.

There being no further discussion, it was the consensus of the Board that the training required to immunize persons 11-14 years old must be an ACPE accredited Pharmacy-Based Immunization Delivery that covers across the lifespan.

Forwarded email from Mitchel C. Rothholz, APhA;

The Board received an email asking for clarification that pharmacists who complete the APhA program would not need additional training for the added vaccines and patient population authorized.

It was the consensus of the Board that if the APhA training is ACPE accredited and as long as it is a 20-hour Pharmacy-Based Immunization Delivery course that covers across the lifespan, then this will satisfy the training required immunize persons 11-14 years old.

Email inquiry from Shaina Coloma, Weinstein Pharmacy;
 The Board received an email asking the following questions. The Boards responses follow each question:

- Could you also verify if Meningococcal include both Meningococcal B and ACW?
  Yes
- ➤ Does the bill also allow pharmacists to administer TD to patients 11 years old and above? No. The bill is specific to Tdap.
- ➤ Can you clarify when the immunization training has to be done every three years and resources that offer training? The new law requires that a pharmacist who administers the human papillomavirus, Tdap (tetanus, diphtheria, pertussis\_, meningococcal, or influenza vaccine to persons between eleven and seventeen years of age shall complete a training program approved by the board within every other biennial renewal period and submit proof of successful completion of the training program to the board. The 20-hour Pharmacy-Based Immunization Delivery ACPE accredited course that covers across the lifespan is the training course currently recognized by the Board for pharmacist to provide this service. The Board was informed that this course is offered by the Hawaii Pharmacists Association.
- Email from Forrest Batz Training Requirements;

The Board received a request from Forrest Batz to post a summary on the Board's webpage with specific information about Act 68 describing recent changes in Hawaii pharmacy law relating to pharmacist-delivered adolescent immunizations.

The Chair stated on his summary, as previously discussed, it should indicate for the initial training, it needs to be the 20-hour Pharmacy-Based Immunization Delivery certification that covers across the lifespan.

Information from the CDC on Pharmacy-Based Immunizations;
 The Board was provided Information from the CDC on Pharmacy-Based Immunizations guidelines.

The EO stated that she will look into posting information on the Board's web page pertaining to the training and other guidelines for immunizing minors.

 Information from the American Pharmacists Association on Immunization Services

The Board was provided with Information from the American Pharmacists Association on Immunization Services a resource guide for pharmacist who administer immunizations across the lifespan.

The EO stated a list will be posted on the Board's webpage listing qualified pharmacists (who have completed the approved training) who have indicated to the Board that they wish to administer the specific vaccines to persons 11-14 years old, similar to the list of pharmacists/pharmacies for immunization of persons 14-17 years old.

Ms. Isobe asked if you are already on the 14-17 years old list, do we need to resubmit to be on the 11-17 years old list?

The EO replied yes, although the training appears to be the same, the pharmacist will need to be specific by notifying the board in writing, that they want to administer immunizations to 11-17 years old because some pharmacists may not choose to administer vaccines to persons 11-17 years old.

**Act 67**, SLH 2017 (SB 513, SD1, HD2, CD1) Relating to Contraceptive Supplies – Authorizes pharmacists to prescribe and dispense self-administered hormonal contraceptive supplies to patients regardless of a previous prescription, subject to specified education and procedural requirements. Enables pharmacists to be reimbursed for prescribing and dispensing contraceptive supplies.

ACPE approved training;

The EO stated Oregon State University has been working with the Daniel K. Inouye, College of Pharmacy ("DKICOP") on a training program for Hawaii pharmacists.

Dr. Chock stated APhA should be coming out with an ACPE accredited training program in early September.

Self-screening risk assessment tool;

The Board was provided with a copy of Oregon State's "Hormonal Contraceptive Self-Screening Questionnaire that is based on the CDC's "Eligibility Criteria for Contraceptive Use" that can be used as the "self-screening risk assessment tool" as referred to in the new law.

Procedures for referrals and provision of information to the patient;
 The EO asked if the training covers procedures for referrals and provision of information to the patient?

Dr. Chock stated it does cover counseling to the patient and to refer the patient to a practitioner.

- Working group status (Representatives from DKICOP, HPhA, BOP, DOH);
   The EO reported she attended the first meeting where they discussed reimbursement and training.
- Email inquiry from Kristine Gibson SB 513 Questions
   The Board discussed an email inquiry and responded to the questions as follows:

I have a couple of questions regarding the passing of SB 513 which allows pharmacists to prescribe and dispensing contraceptive supplies that I'm hoping you can help me with.

- 1. Has the board started writing rules to implement SB 513? *No, no administrative rules necessary to implement this new law.*
- 2. Will pharmacists need to complete and ACPE-accredited course before prescribing and dispensing contraceptive supplies? Yes.
  - a. Will this course have to be board approved? Yes.
- 3. How many hours of CE will pharmacists have to complete each biennial renewal period? For the prescribing and dispensing of women's hormonal contraceptives, there is no specific hours of continuing education required, however, the continuing education must ACPE approved.
- 4. Will this CE be required every biennial renewal period or every other biennial renewal period? *The law specifies every other biennial renewal period.*
- 5. Will CE courses that are ACPE-accredited be acceptable or will the board need to approve the CE courses? The law specifically requires the course to be ACPE approved.
- 6. Will this CE be part of the 30 required hours? *Deferred*
- 7. Will the CE be in addition to the 30 required hours? *Deferred* 
  - Information from the American Pharmacists Association on Training Programs for Pharmacists on Hormonal Contraceptive Products

Information from the American Pharmacists Association on upcoming training programs for pharmacists on hormonal contraceptive products was distributed to the Board members for their information.

**Act 44**, SLH 2017 (HB 1444, HD2, SD2, CD1) Relating to Pharmacy Benefit Managers – Requires pharmacy benefit managers (PBMs) to register with the Insurance Commissioner.

Act 44 was signed by the Governor June 20, 2017 to be effective July 1, 2017. The EO stated she has not heard anything about this Act from the Insurance Commissioner yet.

Act 66, SLH 2017 (SB 505, SD1, HD2, CD1) Relating to Health – Requires prescribing healthcare providers to adopt and maintain policies for informed consent to opioid therapy in circumstances that carry elevated risk of dependency. Establishes limits for concurrent opioid and benzodiazepine prescriptions. Clarifies Board of Nursing authority to enforce compliance with Uniform Controlled Substances Act. Repeals 6/30/2023.

- "Initial concurrent prescriptions for opioids and benzodiazepines shall not be longer than seven consecutive days..." with exceptions; and
- "Medically managed withdrawal"

The EO asked Mr. Redulla if he had anything to add.

Mr. Redulla stated this law particularly places conditions on prescribers. In general, the large focus of this law is on the prescriber, not the pharmacist.

**Act 155**, SLH 2017 (SB 997, SD1, HD2m CD1) Relating to the Uniform Controlled Substances Act - Updates the Uniform Controlled Substances Act to make it consistent with amendments in federal controlled substances law as required under the authority to schedule controlled substances.

Discussion on amendments

The EO asked Mr. Redulla if he had anything to add.

Mr. Redulla stated this new law does not focus on the practice of pharmacy. What it does is update the schedule of controlled substances to include those chemicals or substances that were scheduled under federal law previously. The list of amendments is mainly illicit drugs that have no pharmacy applications.

**HCR 164, SD1** Requesting That the Director of Health Establish and Convene a Medication Synchronization Working Group to Explore and Propose Legislation

EO to Report on June 21, 2017 meeting with DOH

The Chair stated a useful change could be if you are synchronizing medications for a patient, authorizing the pharmacist to make changes to the quantity to allow for simpler synchronization, as long as it does not exceed the total amount prescribed and only for non-controlled.

The EO stated it would have to only be for the purpose of medication synchronization.

#### **Naloxone Collaborative Practice**

## Report on the June 15, 2017 Working Group Meeting

The EO reported since the Working Group's last meeting, there have been more progress being made in terms of a standing order. There is mutual agreement that perhaps a standing order issued by the Hawaii State Department of Health to allow pharmacists to initiate a prescription and dispense the opioid antagonist would streamline the process to allow more accessibility for an opioid antagonist, so today after the Board's meeting, the Working Group will be working on a draft of a standing order.

# Report on Opioid Abuse Preventive Strategic Planning Committee Meetings (July 12 & August 1, 2017)

Standing Order for Naloxone/Opioid Antagonist

Previously reported under "Naloxone Collaborative Practice".

## Working Solutions – June and July 2017 Issues

The Board was provided with copies of the June and July issues of Working Solutions for their information.

#### **Controlled Substances**

#### "Indictment of a Prescriber – Can a Pharmacist Fill the Prescription?"

The EO reported she received a call from a reporter who wanted to know the Board's position on a prescriber who was indicted for violations of HRS 329. The reporter wanted to know if the Board of Pharmacy was going to revoke his license. The EO explained to the reporter that the Board of Pharmacy does not have the authority to discipline a prescriber's professional license. A pharmacist will fill or not fill a prescription by using his/her professional judgement in filling a "valid" prescription and also corresponding responsibility in filling a controlled substance prescription. Although a prescriber may be indicted, he/she is innocent until proven guilty. The EO asked Mr. Redulla if an indictment would affect someone's NED registration?

Mr. Redulla replied no, there is a presumption of innocence. An indictment is just a formal statement of charges.

## Correspondence:

## National Association of Boards of Pharmacy – May 2017 State News Roundup

The Board was provided with copies of the following articles for their information:

 Idaho BOP – Pharmacist Prescriptive Authority for Tobacco Cessation Medications; Pharmacist-Administered TB Skin Testing;

- Montana BOP Revise Administration of Immunization Laws; Revise Reimbursement for Pharmacies (PBMs); Authorize Emergency Use of Opioid Antagonist in a School Setting; Adopt the Help Save Lives from Overdose Act; Traditional 503A Compounding Pharmacies, 503B Outsourcing Facilities, and "Office Use" Compounding
- Kentucky BOP Immunizations; Gabapentin Becomes a Schedule V Controlled Substance
- North Dakota BOP Gabapentin as a Reportable Drug to the PDMP; Pharmaceutical Compounding Standards Updates; Online Immunization/Injectable Certification
- West Virginia BOP New Immunization Authority is on the Horizon, But Still Some Time Away: Unwanted Drug Take-Back Options
- Wyoming BOP Statute Changes from the 2017 Wyoming Legislature Effective July 1, 2017 (Pharmacist Prescribing of Naloxone, senate File 0042);
   Medication-Assisted Treatment for Addiction
- Arizona BOP 2017 Legislation summary
- Minnesota BOP Adopts Work Conditions Rule and 2017 Legislative Summary

## Notice of Federal Efforts to Evaluate Occupational License Portability

The Federal Trade Commission's Economic Liberty Task Force hosted a round table discussion to examine ways to streamline licensing across states and to enhance license portability. The NABP was part of this round table discussion and will be monitoring this federal activity and keep the membership informed as things progress.

The EO added that right now nurses, medical and physical therapy have a form of license portability but not all states have adopted or joined. Nursing refers to the license portability as the Nurse Licensure Compact, where the states have to join and adopt all these requirements for nurses so that it is uniform. This allows a nurse who holds a compact license to travel to another "compact" state to work as a nurse without having to go through the licensing process for that state. Currently the Hawaii Board of Nursing is not a member of the compact but the matter is still under consideration.

# Pharmacists Administering Medications Via Ventrogluteal Route – Deferred for Information on Training – Follow up

The Chair called on Ms. Isobe to follow up on her correspondence to the Board.

Ms. Isobe stated that they will be seeking ACPE accreditation for their training.

# Durable Medical Equipment License Requirements for Oxygen Concentrators and Nebulizers

Ms. Keefe led the discussion on an email inquiry asking the following question:

"I would like for you to confirm (or not) that what is stated in the National Supplier Clearinghouse's DMEPOS State License Directory is correct. It now states that suppliers of oxygen concentrators would no longer need to obtain the Pharmacy Miscellaneous Permit."

Ms. Keefe stated an oxygen concentrator is a prescription device, however does not contain any prescription drugs.

The EO stated because it is a prescription device, only a pharmacy can dispense it. Clarification is needed from the Department of Health, Office of Healthcare Assurance if providers of prescription durable medical equipment are being required to obtain license from them and being told they do not need a pharmacy license.

Further discussion was deferred.

## Telehealth within the VA – License Requirements?

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

"I am inquiring about providing clinical pharmacy services within the VA to Veterans located in Hawaii via telehealth technology (telephone and clinical video telehealth). Currently through telehealth, the care is provided from VA clinic to VA clinic (typically in another state). There will be several telehealth hubs opening across the nation within the VA which may be expected to provide the above services to Veterans located in Hawaii. Some pharmacists are pursuing telework from home, and we were wondering about care provided from home (potentially outside of the state of Hawaii) to VA clinic (in Hawaii). All pharmacists would be federal employees with a federal telework agreement recognizing "home" as an alternate work station. Currently, VA does not include pharmacists in telework guidance. Can you advise or provide any guidance with regards to Hawaii law? Would this be legal & acceptable from the Hawaii Board of Pharmacy perspective? Or would they require these pharmacists to obtain licensure in Hawaii?"

Dr. Chock stated her understanding is if you are functioning in the federal capacity, as a federal employee, the state does not have any jurisdiction over you.

The DAG stated that was her understanding as well.

Mr. Redulla stated his understanding is as long as you are licensed in some state, that is all the feds require, however, what if that one state is Hawaii? Then would that Hawaii licensed pharmacist come under Hawaii laws and rules?

The EO asked Mr. Redulla if they require federally employed pharmacists to hold a Hawaii NED registration?

Mr. Redulla replied that they would not be required to hold a Hawaii controlled substance registration, but they come and get one from us anyway, so now they are subject to our regulation.

After a brief discussion, the Board by consensus determined that federal employees working in their federal capacity would not be required to hold a Hawaii pharmacist license. However, if they seek out and obtain a Hawaii pharmacists license, then they would be subject to Hawaii rules and regulations.

#### **Pharmacist Breaks**

Dr. Takishima-Lacasa led the discussion on the following email inquiry:

"Can you please clarify when a pharmacist can be away from the pharmacy? HRS §461-9 states that "Temporary absences of the registered pharmacist shall be unlawful except for periods of time and under circumstances as authorized under the rules of the board.""

The EO stated the applicable rules under the board that is referred to in HRS §461-9 are HAR §16-95-79 and 80 which read as follows:

- §16-95-79 <u>Supervision by a registered pharmacist.</u> (a) A registered pharmacist shall immediately supervise all activities and operations of a pharmacy, and immediately supervise the functions and activities of pharmacy interns and pharmacy technicians to ensure that all functions and activities are performed in accordance with laws and rules governing the practice of pharmacy.
- (b) A pharmacist either employed within an institutional facility or providing services to an institutional facility shall be responsible for ensuring that the institutional facility establishes, maintains, and operates in accordance with written policies and procedures as outlined in section 16-95-80.
- §16-95-80 Physical presence of a registered pharmacist. (a) A registered pharmacist shall be physically present during the hours of operation of a prescription area.
- (b) At any time a registered pharmacist is not in the prescription area, (except in cases of emergencies), the entire stock of prescription drugs shall be secured from access to unauthorized persons and the means of access shall only be in the control of the pharmacist.
- (c) A pharmacist in an institutional pharmacy shall ensure that written policies and procedures have been established by the institutional facility for providing drugs to the medical staff and other authorized personnel of the institutional facility by use of night cabinets, and access to the institutional pharmacy and emergency kits when the pharmacist is not in the area. A "night cabinet" is a cabinet, room, or any other

enclosure not located within the prescription area. The written policies and procedures shall provide that a pharmacist shall be "on call" during those periods when night cabinets are utilized and shall provide policies and procedures regarding the following:

- (1) Security of the night cabinet to ensure that the night cabinet is sufficiently secured to deny access to unauthorized persons by force or otherwise:
- (2) The development and maintenance of an inventory listing of all drugs included in the cabinet and the requirement that the pharmacist ensures, at a minimum, that:
  - (A) Drugs available therein are properly labeled;
  - (B) Only prepackaged drugs are available therein in amounts sufficient for immediate therapeutic requirements; and
  - (C) An appropriate practitioner's prescription regarding the dispensing of drugs exists;
- (3) Access to the pharmacy. In the event a drug is not available from floor supplies or night cabinets and the drug is required to treat the immediate needs of a patient whose health would otherwise be jeopardized, the drug may be obtained from the institutional pharmacy in accordance with this subsection. Authorized personnel may remove drugs therefrom provided:
  - (A) The authorized personnel are designated, in writing, by the institutional facility;
  - (B) The authorized personnel have been instructed by the pharmacist of the proper methods of access, and the records and procedures regarding removal of the drugs; and
  - (C) The authorized personnel are required to complete a form which shall include the patient's name and room number, the name of drug, drug strength, dosage, quantity of drug removed, date, time, and the signature of the authorized personnel; and
  - (4) The prompt detection, removal, disposal, handling, and replacement, if possible, of a drug that has been recalled by the U.S. Food and Drug Administration or the manufacturer to ensure that recalled drugs are removed from the pharmacy's inventory, emergency kit, night cabinet, remote dispensing machine, or from the patient if deemed necessary according to the federal and manufacturer's guidelines.

After further discussion, it was the consensus of the Board to refer the inquirer to HAR §16-95-79 and 80.

## **Executive Session:**

At 10:40 a.m. upon a motion by the Chair, 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 discuss applications and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities".

At 11:14 a.m. upon a motion by Dr. Chock, seconded by Dr. Takishima-Lacasa, it was voted on and unanimously carried to move out of executive session.

## Chapter 91, HRS, Adjudicatory Matters:

The Chair called for a recess from the meeting at 11:14 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 Community Compounding Pharmacy, Inc.; PHA 2017-22-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 **Paradigm Healthcare Solutions, LLC, dba Athena Pharmacy; PHA 2016-109-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" through "3"

Dr. Chock moved to approve the Board's Final Order, it was seconded by Ms. Keefe, with the Chair, Dr. Chock, Ms. Keefe, Mr. VandenBussche and Dr. Takishima-Lacasa voting "yes" and Mr. Weinberg voting "no. The motion carried.

In the Matter of the Miscellaneous Permit of Curexa dba EHT Pharmacy, LLC; PHA 2017-53-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

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

In the Matter of the Miscellaneous Permit of Pacifico National, dba AMEX Pharmacy; PHA 2017-26-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 VRX Pharmacy, LLC, dba VRX Pharmacy @ City Creek; PHA 2016-58-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 National Pharmaceutical Network, Inc., dba EntrustRx, fdba Eiris Health Services No. 6012; PHA 2015-133-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

Upon a motion by Dr. Chock, 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 Target Corporation dba Target Pharmacy; PHA 2015-102-L; PHA 2015-103-L; PHA 2015-104-L; PHA 2015-105-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

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 Kohll's Pharmacy & Homecare, Inc., dba Essential Pharmacy Compounding; PHA 2017-28-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1"

The Chair moved to approve the Board's Final Order, it was seconded by Dr. Chock, with the Chair, Dr. Chock, Ms. Keefe, Mr. VandenBussche and Dr. Takishima-Lacasa voting "yes" and Mr. Weinberg voting "no". The motion carried.

Following the Board's review, deliberation, and decisions in this matter, pursuant to Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled meeting at 11:23 a.m.

#### Applications:

#### **Ratification List**

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

### **Pharmacist**

Upon a motion by Mr. VandenBussche, seconded by Mr. Weinberg, it was voted on and unanimously carried to deny the following pursuant to §436B-19(7), (9), (12) & (14) and §16-95-110(3):

Francis B. Cassidy

The Chair moved to approve the following pharmacist applicant, it was seconded by Ms. Keefe with the Chair, Ms. Keefe, Dr. Chock, Mr. Weinberg and Dr. Takishima-Lacasa voting "yes" and Mr. VandenBussche voting "no". The motion carried.

Kimberly Sprenkel

## Miscellaneous Pharmacy Permits (PMPs)

The Chair moved to approve the following miscellaneous pharmacy permit, it was seconded by Ms. Keefe, with the Chair, Ms. Keefe, Dr. Chock, Mr. Weinberg and Dr. Takishima-Lacasa voting "yes" and Mr. VandenBussche recusing himself. The motion carried.

Costco Wholesale Corporation

The Chair moved to approve the following miscellaneous pharmacy permit, it was seconded by Ms. Keefe, with the Chair, Ms. Keefe, Dr. Chock and Dr. Takishima-Lacasa voting "yes" and Mr. VandenBussche and Mr. Weinberg voting "no". The motion carried.

SPRX, Inc.

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

American Specialty Pharmacy, Inc., dba ASPCares

Upon a motion by the Chair seconded by Dr. Chock, it was voted on and unanimously carried to deny the request to withdraw. The Board's previous decision to deny remains the decision of record:

Pharmcore Inc., dba Hallandale Pharmacy

The Chair moved to approve the following miscellaneous pharmacy permit, it was seconded by Dr. Chock, with the Chair, Dr. Chock, Ms. Keefe and Dr. Takishima-Lacasa voting "yes" and Mr. VandenBussche and Mr. Weinberg voting "no". The motion carried.

Empire Specialty Pharmacy Corp.

The Chair moved to approve the following miscellaneous pharmacy permit, it was seconded by Dr. Chock, with the Chair, Dr. Chock, Ms. Keefe and Dr. Takishima-Lacasa voting "yes" and Mr. VandenBussche and Mr. Weinberg voting "no". The motion carried.

Meera Inc., dba Giannotto's Pharmacy

Next Meeting:

The Chair announced that the next Board meeting is scheduled for Thursday, September 21, 2017.

Dr. Takishima-Lacasa stated she will be unable to attend the September 21, 2017 meeting.

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Thursday, September 21, 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 11:32 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
8/31/17		
[ X] Minutes approved a	s is.	
[ ] Minutes approved w	ith changes; see minutes of	

## BOARD OF PHARMACY August 17, 2017 Ratification List

## **Miscellaneous Permits (PMP)**

### Change of PIC

## **Dohmen Life Science Services LLC (PMP-551)**

17877 Chesterfield Airport Rd.

Chesterfield, MO. 63005

New PIC: Ralph Michael Bonofiglio II

Effective: 6/7/17

# Healthy Meds Pharmacy Corp dba Healthy Meds Pharmacy (PMP-1192)

730 W Hallandale Bch Blvd. Hallandale Beach, FL. 33009 New PIC: Randa Takla

Effective: 6/12/17

## National Pharmaceutical Network Inc. dba EntrustRx (PMP-917)

4284 New Getwell Memphis, TN. 38118

New PIC: William Andrew Murphy

Effective: 6/16/17

# Roadrunner Pharmacy (PMP-520)

711 E Carefree Hwy. #140

Phoenix, AZ. 85085 New PIC: Lee Martin Effective: 3/31/17

## **KEBD Enterprises LLC dba Belmar Pharmacy (PMP-735)**

12860 W Cedar Dr. #210 Lakewood, CO. 80228

New PIC: Kristen Youngdahl

Effective: 7/25/17

## Avella Patient Access Program Inc. (PMP-1391

100 Technology Park #157 Lake Mary, FL. 32746

New PIC: Nicole Marie Rosenke

Effective: 7/17/17

# Allcare Specialty Pharmacy LLC dba Allcare Specialty Pharmacy/Allcare Specialty (PMP-1279)

10620 Colonel Glenn Rd. #300

Little Rock, AR. 72204

New PIC: Madison Neville

Effective: 7/18/17

## Closure/Cancellation

## Petmedexpress.com (PMP-79)

1441 SW 29th Ave.

Pompano Beach, FL. 33069

Effective: 6/9/17

# Goodlife Pharmacy Inc. dba Goodlife Pharmacy (PMP-1124)

8903 Glades Rd. G-13 Boca Raton, FL. 33434 Effective: 5/12/17

# Professional Partners Inc. dba Westcliff Compounding Pharmacy (PMP-869)

1901 Westcliff Dr. #3

Newport Beach, CA. 92660

Effective: 7/3/17

## Name/Trade Name Change

## Serve You Custom Prescription Management Inc. dba Serve You Rx (PMP-33)

10201 Innovation Dr. Ste. 600

Milwaukee, WI. 53226 Effective: 6/16/17

## **Specialty Pharmacy Inc. (PMP-1242)**

9150 SW Pioneer Court #E Wilsonville, OR. 97070 Effective: 7/24/17

## Relocation/Address Change

## Focus Rx Pharmacy Services Inc. dba Focus Rx (PMP-942)

2805 Veterans Memorial Hwy., Ste. 19-22

Ronkonkoma, NY. 11779

Effective: 6/30/17

## **Prescriptions Plus Inc. (PMP-553)**

942 Clint Moore Road Boca Raton, FL. 33487 Effective: 7/5/17

## Pharmacy (PHY)

## Change of PIC

## **Kmart Corporation dba Kmart Pharmacy #9430 (PHY-611)**

500 Kamokila Blvd. Kapolei, HI. 96707

New PIC: Christina Bain

Effective: 6/2/17

# Longs Drug Stores California LLC dba Longs Drugs #9620 (PHY-720)

555 Kilauea Ave. Hilo, HI. 96720

New PIC: Tasha Medeiros

Effective: 5/28/17

# Walgreen of Maui Inc. dba Walgreens #12786 (PHY-781)

10 E Kamehameha Ave.

Kahului, HI. 96732

New PIC: Alison Kobayashi

Effective: 6/26/17

# **Option Care Enterprises Inc. dba Option Care (PHY-835)**

1121 S Beretania St. Ste. 102

Honolulu, HI. 96814

New PIC: Christina McKinnon

Effective: 7/21/17

# Closure/Cancellation

# **Kmart Corporation dba Kmart Pharmacy #9430 (PHY-611)**

500 Kamokila Blvd. Kapolei, HI. 96707 Effective: 8/22/17

#### Board of Pharmacy Ratification List for August 17, 2017

## **Pharmacist**

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PH 4174 GAY A R <SUBIA<
PH 4175 ZI Y <ZHANG<
PH 4176 THOMAS M <CLANCY<
PH 4177 HONG ANH T <KIM<
PH 4178 KRIS A <SUMIDA<
PH 4179 ANDREW H <LE<
PH 4180 JEFFREY R <KAUFHOLD<
PH 4181 MICHAEL W <COPI<
PH 4182 KATARZYNA A GRIESER
PH 4183 KENNETH R <LAZENBY<
PH 4184 LAUREN A <KANDA<
PH 4185 I TRINITY <BERNIER-NACHTWEY<
PH 4186 YOUNG <CHOU<
PH 4187 SAEROM <LEE<
PH 4188 LIMON S <LIM<
PH 4189 SHERYL C <BLODGETT<
PH 4190 DEBORAH B < CHIEN <
PH 4191 SARUNTON <TOKUMI <
PH 4192 JENNIFER A <FARLEY<
PH 4193 BEE-CHIN <QUAH<
PH 4194 JOEL K <NAKAMURA<
PH 4195 SABRINA M <ALLEN<
PH 4196 MEGAN R < CALDERWOOD <
PH 4197 RONALD M <KAPIOSKI<
PH 4198 LINNEA K <TOKUSHIGE <
PH 4199 SEAN W <ABREU<
PH 4200 NICOLE O Y <CHIN<
PH 4201 NADINE W <SO<
PH 4202 ERIN M S <GALIZA<
PH 4203 STEPHANIE G < DAWSON <
PH 4204 KATE S <SMITH<
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#### **Wholesale Distributor**

PWD 186 2341 LAUWILIWILI ST KAPOLEI HI 96707 MEDLINE INDUSTRIES INC

#### **Miscellaneous Permit**

- PMP 1413 768B CALLE PLANO CAMARILLO CA 93012 TALCA PHARMACEUTICALS INC
- PMP 1414 14460 GETZ RD #200 NOBLESVILLE IN 46060 D&D PHARMA LLC
- PMP 1415 516 MINEOLA AVE CARLE PL NY 11514 PHARMACENA LABS LLC
- PMP 1416 8111 LBJ FWY STE 540 DALLAS TX 75251 1ST CHOICE PRESCRIPTIONS
- PMP 1417 315 W VERDUGO AVE #101 BURBANK CA 91502 RX BIOTECH PHARMACY LLC
- PMP 1418 8710 E 34TH ST N WICHITA KS 67226 FAGRON COMPOUNDING SERVICES LLC
- PMP 1419 266 WEST CUMMINGS PARK WOBURN MA 01801 BIORX LLC
- PMP 1420 7425 SW 42 ST MIAMI FL 33155 SOUTH MIAMI PHARMACY II INC.
- PMP 1421 11001 BLUEGRASS PKWY STE 200 LOUISVILLE KY 40299 PHARMACORD LLC
- PMP 1422 GATEWAY INDUSTRIAL PARK SHASTA LAKE CA 96019 FRESENIUS USA MANUFACTURING INC
- PMP 1423 7616 SOUTHLAND BLVD STE 112 ORLANDO FL 32809 PUBLIX SUPER MARKETS INC
- PMP 1424 385 W JOHN ST STE 100 HICKSVILLE NY 11801 ACUTUS RX LLC
- PMP 1425 7814 ALMEDA RD HOUSTON TX 77054 HICARE PHARMACY LLC
- PMP 1426 3450 TARHEEL DR STE 101 BLDG 4 RALEIGH NC 27609 US PHARMAMED LLC
- PMP 1427 9343 E BAHIA DR #200 SCOTTSDALE AZ 85260 VERTISIS CUSTOM PHARMACY LLC