

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

**MINUTES OF MEETING**

Date: Thursday, September 21, 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  
Kenneth VandenBussche, RPh, BCACP, Pharmacist  
Mary Jo Keefe, RPh, Pharmacist  
Ronald Weinberg, Public  
Carolyn Ma, PharmD., BCOP, Pharmacist  
Marcella Chock, PharmD., Pharmacist

Members Excused: Julie Takishima-Lacasa, PhD, Public

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

Guests: Dean Yamamoto, 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  
Kellie Noguchi, Kaiser Permanente  
Tanya Demattia, CVS/Longs  
Jaimelyn Kai, Longs Drugs

Call to Order: The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by section 92-7(b), Hawaii Revised Statutes ("HRS").

There being a quorum present, the Chair called the meeting to order at 9:00 a.m. and excused Dr. Takishima-Lacasa from today's meeting.

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

The Chair asked the audience to introduce themselves.

**Approval of the Previous Minutes – August 17, 2017 Meeting**

The Chair called for a motion in regards to the minutes of the August 17, 2017 meeting.

There being no amendments, upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the minutes for the August 17, 2017 meeting as circulated.

Executive Officer's Report:                   **Conferences/Seminars/Meetings**

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**

**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.

- Email inquiry from Kristine Gibson – Training Requirements and CE – Questions #6 & #7

The EO stated that the email inquiry from Ms. Gibson was deferred from the last meeting so that the Board could determine whether the required training to prescribe and dispense women's hormonal contraceptives under HRS §461-1 under the definition of "Practice of pharmacy" (4) "Prescribing and dispensing contraceptive supplies pursuant to section 461-\_\_", (Act 67, SSLH 2017) would count towards the continuing education ("CE") requirement under HRS §461-8(d).

Ms. Keefe and Mr. VandenBussche agreed that the training hours should count towards the CE requirement because the new law specifies that the training be approved by the ACPE, the same requirements for pharmacists CE.

The DAG clarified that the CE requirement is under a different section in the practice act, §461-8 that refers to renewal requirements and the training requirements are under a different section, 461-\_\_ (new section not yet numbered) and that it is not clear if the training requirements would count towards the CE requirement for renewal.

The EO asked if the ACPE training course is a “CE” course?

The Board responded in the affirmative.

After further discussion, upon a motion by Dr. Ma, seconded by Ms. Keefe, it was voted on and unanimously carried that ACPE approved training hours may count towards the CE renewal requirement

The EO asked Dr. Ma if she had anything to report on the contraceptive training course.

Dr. Ma reported that they are working with Oregon State University and should be close to finalizing the course modules.

Dr. Chock reported that the APhA course is also being worked on but is not available yet.

### **Naloxone Collaborative Practice**

#### **Report on Opioid Abuse Preventive Strategic Planning Committee**

- Report on September 6, 2017 Meeting  
The EO stated that the goals of this Committee are in line with the Standing Order for Naloxone/Opioid Antagonist working group.
- Standing Order for Naloxone/Opioid Antagonist  
The EO reported that immediately following the Board meeting, the Naloxone Collaborative Practice working group will be meeting to try to finalize a draft of the statewide standing order for pharmacist to initiate and dispense Naloxone. She stated that the group will also be discussing reporting of data to the Department of Health, protocols that may include screening/checklist for pharmacists, and educational materials.

Ms. Keefe asked why do pharmacists have to report to the Department of Health if they give an opioid antagonist?

The EO replied they want to keep statistics.

### **Self Help August 2017 Newsletters – Working Solutions, Balanced Living & The Wellness News**

The Board was provided with copies of the August issues of Working Solutions, Balanced Living & The Wellness News. Some articles of interest are:

- Communicate for Success;
- Mindfulness Exercises You Can Do Every Day;
- Weight Gain and Heart Health;

- Tips for Better Mental Hygiene.

She asked if anyone had any comments or questions.

There were none.

### **Delegation Authority to Executive Officer**

The EO reported that pursuant to Act 38, SLH 2016, the division is attempting to implement standard procedures. Act 38 allows the Board to “mirror” the disciplinary action against a licensee by another board of pharmacy that results in the restriction or prohibition of practice. This delegation would allow the EO to “sign” a “proposed” order, but the Board would “sign” the final order.

There being no discussion, upon a motion by Dr. Chock, seconded by Mr. Weinberg, it was voted on and unanimously carried to adopt the following delegation language:

“In order to implement the provisions of Hawaii Revised Statutes (“HRS”) §461-21.5, and in accordance with HRS §436B-8, the Board delegates its authority to its Executive Officer to execute a Board’s Proposed Final Order that imposes discipline on a licensee upon receipt of evidence of revocation, suspension, or other disciplinary action against a licensee by another state or federal agency. The Executive Officer shall only be authorized to sign a Board’s Proposed Final Order that proposes to prohibit a licensee from practicing if the disciplinary action by another state prohibits the licensee from practicing in that state.”

### **Revised Copies of HRS 461, 436B & 329**

The EO reported revisions to HRS Chapters 461, 436B & 329 have been made and will be available on the Board’s webpage shortly.

### Correspondence:

### **National Association of Boards of Pharmacy – Newsletters from Boards of Pharmacy**

The Board reviewed the following articles:

- Illinois Legislature Addresses Dialysate or Devices, Emergency Refills, Hypodermic Syringes and Needles, and Medication Synchronization;
  - SB 636 – Dialysate: Amends the Pharmacy Practice Act Exemptions section;
  - SB 1790 – Emergency Refill: Authorizes emergency refills if the conditions outlined in the Board’s August 2017 Newsletter are met.
  - HB 2957 Medication Synchronization: Allows for the coordination of two or more medications for one or more chronic conditions. Synchronization

shall be allowed on at least one occasion per insured per year. Medications must be covered and considered maintenance medications under the policy. Medications are not Schedule II, III, or IV. Medications can safely be utilized into a short-fill scenario to achieve synchronization. Medications do not have special handling or sourcing requirements under the policy. Policy shall allow a prorated daily cost-sharing rate to any medication dispensed. No dispensing fees shall be prorated, and dispensing fees shall be based on number of prescriptions filled or refilled.

- SB 1944 – Hypodermic Syringes and Needles: Increases the limit of hypodermic syringes or needles to person without a prescription being required from 20 to 100. Reduces barriers for patients to access and obtain hypodermic syringes and needles, without the need for a prescription and increased health expenditures for a medical visit. Clarifies that electronic prescriptions may be used for hypodermic syringes and needles. Increases access to safe and clean needles to individuals who may utilize illicit substances.
- Illinois Adopts New Patient Counseling Rules;  
The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation adopted new rules related to patient counseling, which went into effect on August 18, 2017. Pharmacists are required to provide verbal counseling prior to dispensing
- Massachusetts BOP – Requires Gabapentin Reporting to MassPAT;  
As if August 1, 2017, Massachusetts requires that gabapentin be reported to the Massachusetts Prescriptions Awareness Tool (MassPAT).
- Oregon BOP – New Dextromethorphan Regulations, Age Restrictions;  
In June 2017, Governor Kate Brown signed SB 743, which prohibits the nonprescription sale of dextromethorphan to individuals younger than 18 years of age in Oregon.
- South Carolina BOP – Introduces New Laws for Pharmacists and Pharmacy Technicians;  
Bill H 3824 was signed by South Carolina Governor Henry McMaster on May 19, 2017 that includes amendments impacting pharmacy practice.

### **Durable Medical Equipment**

#### Requirements for Oxygen Concentrators and Nebulizers Durable Medical Equipment License Requirements for Oxygen Concentrators and Nebulizers – Deferred from August Meeting

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

Ms. Keefe stated that according to the DMEPOS State License Directory for Hawaii, “Oxygen concentrators and nebulizers may be dispensed with only the Hawaii Durable Medical Equipment Supplier License.”, but if the “device” requires a

prescription in order to be sold or dispensed, then the “device” may be required to be “dispensed” by a licensed pharmacy, whether in-state or out-of-state.

Ms. Keefe also stated that the Vermont Board of Pharmacy adopted a policy on “Legend Devices” that is attached to these minutes.

The Chair stated the DMEPOS suppliers are required to be licensed by the DOH as a DME supplier, however that license does not allow them to dispense prescription devices.

The EO wanted clarification that if the DME was a non-prescription device, then the sale of the DME would require a license by the DOH as a DME supplier, however, if the “device” requires a prescription in order to be sold or dispensed, then regardless if it is listed as a DME on the National Supplier Clearinghouse’s DMEPOS site, the sale of the prescription device would require the entity be licensed/permited as a pharmacy, whether in-state or out-of-state and that for the competitive bidding purposes, the entity would either have a pharmacy license/permit or a DME license issued by the DOH.

It was the consensus of the Board that any “prescription” or “legend” device may only be “dispensed” by a licensed or permitted pharmacy, whether in-state or out-of-state, and that DME supplies that do not require a prescription in order to be sold or dispensed may be sold by a DOH licensed entity if the entity is shipping it directly to the patient.

#### “Licensed” vs. “Permitted” Pharmacies

The Board discussed an email inquiry from the DOH, Office of Health Care Assurance, Medicare Section asking if pharmacies that are “licensed” and exempt from the DME supplier license, are “permits” (miscellaneous permits) equivalent to a pharmacy license?

It was the consensus of the Board that the pharmacy “license” issued to in-state pharmacies and miscellaneous “permits” issued to out-of-state pharmacies are both granted by the Board to entities who have satisfied the pharmacy requirements in this State or those of another state board of pharmacy to engage in the business as a pharmacy.

#### **Oral Code Questions**

##### Oral Code Required for Electronic Prescriptions?

The Board discussed the following email inquiry:

“Could you please tell me if the Hawaii “oral code” is required to be submitted as part of an electronic prescription?”

The Chair asked Mr. VandenBussche to lead the discussion on this inquiry.

Mr. VandenBussche referred to HRS §328-16 that states in part:

- (c) A prescription may be communicated in writing, orally, or by electronic transmission, and shall include the following information:
  - (1) The authorization of the practitioner noted as follows:
    - (A) Written prescriptions shall include the original signature of the practitioner;
    - (B) Oral prescriptions shall be promptly recorded by the pharmacist or medical oxygen distributor and shall include the practitioner's oral code designation; and
    - (C) Electronic prescriptions shall be irrefutably traceable to the prescribing practitioner by a recognizable and unique practitioner identifier such as:
      - (i) A bitmap or graphic image of the prescriber's handwritten signature and the prescriber's oral code designation (or license number or other identifier if the prescriber is an out-of-state practitioner);
      - (ii) An electronic signature;
      - (iii) A digital signature; **or**
      - (iv) By other means as approved by the director;

Mr. Yamamoto stated that HRS 329 has different requirements for controlled substance prescriptions.

Ms. Keefe asked if a faxed prescription is an electronic prescription?

The EO responded according to HRS 328 it is.

After further discussion, it was the consensus of the Board to refer Mr. Cook to HRS 328-16 and the Department of Health, Food and Drug Branch for any further clarification on this section and also to the Department of Public Safety, Narcotics Enforcement Division.

#### Oral Code Required for Faxed Prescription?

The Board discussed the following email inquiry:

“According to:

§16-95-82 Valid prescriptions. (a) A pharmacist may fill and dispense prescriptions provided the prescription is valid. A valid prescription shall be legibly written and contain, at a minimum, the following information:

- (1) The date of issuance;
- (2) The original signature of the practitioner;
- (3) The practitioner's name and business address;
- (4) The name, strength, quantity, and specific instructions for the drug to be dispensed;

- (5) The name and address of the person for whom the prescription was written or the name of the animal and address of the owner of the animal for which the drug is prescribed, unless the pharmacy filling the prescription has such address on file;
  - (6) The room number and route of administration if the patient is in an institutional facility; and
  - (7) If refillable, the number of allowable refills.
- (b) Except where a written prescription is required by law, a practitioner or the practitioner's agent may use a phone order, provided:
- (1) Only a pharmacist or a pharmacy intern shall receive the oral prescription;
  - (2) The oral prescription shall be immediately reduced to writing, including the practitioner's oral code designation, by the pharmacist or pharmacy intern and shall be kept on file for five years; and
  - (3) The oral prescription contains all of the information required under subsection (a).
- (c) A **faxed** prescription for a noncontrolled substance sent by a practitioner or the practitioner's agent is acceptable provided it contains all of the information required under subsection (a) and is kept on file for five years.

**Does this mean that faxed prescriptions do not need oral codes on it to be valid?"**

The Chair asked Mr. VandenBussche to lead the discussion on this inquiry.

Mr. VandenBussche stated the same response to the previous inquiry regarding oral codes for electronic prescriptions, applies to this one as well.

The Chair concurred and also clarified that the response is specifically for non-controlled substances.

After a brief discussion, it was the consensus of the Board that it was previously determined that a "faxed" prescription falls within the definition of an electronic prescription and that HRS 328-16(c)(1)(C) requires an oral code unless the prescriber is an out-of-state practitioner and to refer Ms. Tanaka to HRS §§328-1, definition of "Electronic prescriptions", 328-16(c)(1)(C)i-iv.

**Pharmacy Technician Questions**

Supervision of Pharmacy Technicians by a Pharmacist

The Board discussed the following email inquiry from Ms. Stevens with PipelineRx:

"I have a question regarding the supervision of pharmacy Technicians by a pharmacist. Do the technicians and pharmacist need to be physically in the same location to comply with the law or can the pharmacist remotely supervise the technician from a different site via video equipment."

The Chair asked Dr. Ma to lead the discussion on this matter:

Dr. Ma stated that under HRS §16-95-2 Definitions. As used in this chapter unless the context clearly indicates otherwise:, it defines "Immediate supervision" as:

"Immediate supervision" means that a registered pharmacist is physically present in the area or location where a pharmacy intern or pharmacy technician is working and oversees the correctness and accuracy of the prescription's ingredients, quantity, and label."

And also defines "Pharmacy technician" as:

"Pharmacy technician" means a nonlicensed individual, other than a pharmacy intern, who assists the pharmacist in various activities under the immediate supervision of a registered pharmacist.

She also referred to the following sections:

§461-10 Pharmacies. Any proprietor or manager of a pharmacy who fails or neglects to place a registered pharmacist in charge thereof or who permits the compounding of prescriptions, or the vending of drugs, except by or under the immediate supervision of a registered pharmacist, shall be deemed to have violated this chapter. Any person who, not being a registered pharmacist, compounds prescriptions or vends drugs, while not subject to the immediate supervision of a registered pharmacist, shall be deemed to have violated this chapter.

§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.

Dr. Ma also recommended that besides the previously mentioned sections, that we also refer Ms. Stevens to §16-95-86 Scope of practice of a pharmacy technician.

It was the consensus of the Board that based on Dr. Ma's recommendations, the physical presence of the pharmacist who is providing immediate supervision, is required.

Scope of Practice Questions

The Board discussed the following email inquiry from Ms. Williamson, who is also with PipelineRx with more specific questions:

“PipelineRx provides remote medication order entry and review services to hospitals only. We do not handle drugs of any kind. We are currently not utilizing Certified Technicians in our service delivery model to our clients.

I have been asked to find out if Certified Technicians would be able to provide the services listed below with the Direct Supervision of a pharmacist. Both will be working together in our licensed pharmacy. The Certified Technicians would not be working remotely.

In reviewing the rules and regulations we were not able to determine if the following job functions were allowed. To make sure we remain in compliance with the Board before we consider using Certified Technicians we are asking for clarification.

Would Certified Technicians be able to?

1. Call nurses to obtain patient information (ht, wt, allergies) and enter the information into the pharmacy information system.
2. Call the nurse to obtain patient lab information using online messaging to talk and report back to pharmacist.
3. Call the nurse to request clarification of a specific medication order using online messaging to talk and report back to pharmacist.
4. Enter the medication order into the pharmacy information system to be verified by a pharmacist.
5. Receive calls from the nurse and provide information on:
  - \* Location of medication in Pyxis
  - \* Generic name of a medication
  - \* Confirmation of a medication order being processed by a Pharmacist”

The Chair recommended the Board refer Ms. Williamson to the applicable laws and rules that were discussed in the previous inquiry.

Dr. Ma recommended that the Board also respond to the questions posed.

After further discussion, it was the consensus of the Board to refer Ms. Williamson to the applicable laws and rules that were previously discussed and to respond to the questions as follows:

Would Certified Technicians be able to?

1. Call nurses to obtain patient information (ht, wt, allergies) and enter the information into the pharmacy information system. **Yes, no professional judgement required, only asking for information.**
2. Call the nurse to obtain patient lab information using online messaging to talk and report back to pharmacist. **Yes, no professional judgement required, only asking for information.**
3. Call the nurse to request clarification of a specific medication order using online messaging to talk and report back to pharmacist. **No.**
4. Enter the medication order into the pharmacy information system to be verified by a pharmacist. **Yes, no professional judgement required.**
5. Receive calls from the nurse and provide information on:
  - \* Location of medication in Pyxis **No.**
  - \* Generic name of a medication **No.**
  - \* Confirmation of a medication order being processed by a pharmacist **Yes, no professional judgement required.**

In accordance with HAR §16-201-90, the above interpretation is for informational and explanatory purposes only and based solely on the information provided. It is not an official opinion or decision and therefore not binding upon the Board.

### **3PL Entity – License/Permit Required?**

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

“I am writing with a question about the applicability of the Miscellaneous Permit to an out-of-state 3PL entity.

I understand that the Miscellaneous Permit is required for any entity “engaging in the practice of pharmacy” that, in any matter, distributes, ships, mails, or delivers drugs or devices in the state of Hawaii. HRS § 461-15. It seems that Hawaii defines “practice of pharmacy” broadly enough to include the “proper and safe storage of drugs and devices and the maintenance of proper records thereof.” HRS § 461-1. **Does the act of storage alone constitute the “engaging in the practice of pharmacy” such to necessitate a Miscellaneous Permit for that entity to ship devices in the State of Hawaii, or must the storage be done in conjunction with other acts constituting the “practice of pharmacy” in order to necessitate a Miscellaneous Permit?**

Specifically, I am trying to determine whether a Miscellaneous Permit is required for the following arrangement, or whether a DME Supplier Permit would be sufficient:

*A 3PL has been asked by a manufacturer customer to help the manufacturer customer dispense/distribute the manufacturer customer's prescription medical devices through the 3PL's single distribution center located outside of the state of Hawaii to Hawaii. The manufacturer customer would process the prescriptions/orders.*

*This out-of-state 3PL would store the product in a single facility and ship the product to patient's as instructed by the manufacturer customer. Specifically, the out-of-state 3PL's responsibilities would be limited to moving the product from a shelf in the 3PL's distribution center into a shipping box that contains applicable dispensing paperwork (provided by the manufacturer customer after the manufacturer customer processes the prescription/order). (Note: this 3PL would have access to the manufacturer customer's prescription/order data through SAP.) The 3PL would then label the shipping box with the patient's address and ship the box to the patient.*

If the Miscellaneous Permit is required, it seems that a pharmacist in charge (PIC) is required for that permit? **Must the PIC be physically on-site at the licensed facility, or does he or she just need to be available for consultation?"**

The EO asked what a 3PL is?

Ms. Keefe replied a 3PL is a third party logistics carrier. They do not own the drug, they only house the drug and the FDA says they should not be licensed as wholesalers, they should be licensed by themselves.

The Chair stated however their scenario sounds like they are dispensing.

After some discussion, it was the consensus of the Board that if the entity is "dispensing" prescription drugs or devices directly to the patient, then the out-of-state pharmacy would have to obtain a Hawaii miscellaneous permit as an out-of-state pharmacy and have a pharmacist on the premises overseeing the dispensing of the prescription drugs or devices.

In accordance with HAR §16-201-90, the above interpretation is for informational and explanatory purposes only and based solely on the information provided. It is not an official opinion or decision and therefore not binding upon the Board.

Applications:

**Ratification List**

The Chair pointed out that Change of PIC for **Ko'olauloa Community Health and Wellness Center Incorporated dba Ko'olauloa Pharmacy (PHY-788)**, it is missing the PIC information.

Ms. Kalani stated she will include the complete PIC information for **Ko'olauloa Community Health and Wellness Center Incorporated dba Ko'olauloa Pharmacy (PHY-788)** on next month's ratification list.

Upon a motion by the Chair, seconded by Mr. Weinberg, it was voted on and unanimously carried to approve the attached ratification list without **Ko'olauloa Community Health and Wellness Center Incorporated dba Ko'olauloa Pharmacy (PHY-788)**. It will be placed on next month's ratification list.

Chapter 91, HRS,  
Adjudicatory Matters:

The Chair called for a recess from the meeting at 10:22 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 **Pareek, Inc., dba ASP Cares; PHA 2015-97-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1" and "2"

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

In the Matter of the Pharmacy Licenses and Miscellaneous Permits of **Wal-Mart Stores, Inc., dba Wal-Mart Pharmacy #10-3883; Wal-Mart 10-2308; et. al.; PHA 2015-73-L, PHA 2015-74-L, PHA 2015-75-L, PHA 2015-76-L, PHA 2015-77-L, PHA 2015-78-L, PHA 2015-79-L, PHA 2015-80-L, PHA 2015-81-L, PHA 2015-82-L, PHA 2015-83-L, PHA 2015-84-L, and PHA 2016-38-L** Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" through "18"

Upon a motion by Mr. VandenBussche 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 **Hopkinton Drug, Inc.; PHA 2017-73-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. VandenBussche, it was voted on and unanimously carried to approve the Board's Final Order.

In the Matter of the Miscellaneous Permit of **College of Pharmacy, Inc., doing business as College Pharmacy; PHA 2015-64-L**, Recession of Proposed Final Order dated June 16, 2017 and Reconsideration of the Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final order; Exhibits "1" through "11" dated May 4, 2017

Upon a motion by the Chair seconded by Dr. Chock, 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.

Next Meeting: The Chair announced that the next Board meeting is scheduled for Thursday, October 19, 2017.

Dr. Ma said she is unavailable.

Mr. VandenBussche said he may also be unavailable but will confirm.

Thursday, October 19, 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 10:35 a.m.

Taken and recorded by:

Reviewed and approved by:

/s/ Lisa Kalani  
Lisa Kalani, Secretary

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

9/29/17

[ X ] Minutes approved as is.

[ ] Minutes approved with changes; see minutes of \_\_\_\_\_

**BOARD OF PHARMACY**  
**September 21, 2017 Ratification List**

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**Miscellaneous Permits (PMP)**

Change of PIC

**Walgreen.com Inc. dba Walgreens #05823 (PMP-1355)**

8350 S Riverparkway #101

Tempe, AZ. 85284

New PIC: Bee Quah

Effective: 8/21/17

**Recept Pharmacy LP dba Recept Pharmacy #101 (PMP-1377)**

4011 Crescent Park Dr.

Riverview, FL. 33578

New PIC: Matthew Manning

Effective: 8/21/17

**Noble Health Services Inc. (PMP-918)**

6040 Tarbell Rd.

Syracuse, NY. 13206

New PIC: Kirk Kwaczala

Effective: 8/25/17

**Foothills Professional Pharmacy LTD (PMP-789)**

4545 E Chandler Blvd. #100

Phoenix, AZ. 85048

New PIC: Melissa Duchscherer

Effective: 9/1/17

**Pharmacy (PHY)**

Change of PIC

**Foodland Super Market Limited dba The Foodland Medicine Cabinet (PHY-633)**

67-1185 Mamalahoa Hwy.

Kamuela, HI. 96743

New PIC: Steven Evans

Effective: 8/10/17

**Pali Momi Medical Center (PHY-457)**

98-1079 Moanalua Rd.

Aiea, HI. 96701

New PIC: Carlotta Meier-Irving

Effective: 11/4/16

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

1290 S Beretania st.  
Honolulu, HI. 96814  
New PIC: Lynn Tran  
Effective: 8/16/17

**Kahuku Medical Center (PHY-699)**

56-117 Pualalea st.  
Kahuku, HI. 96731  
New PIC: Christopher Tsue  
Effective: 8/16/17

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

1121 S Beretania St. Ste. 102  
Honolulu, HI. 96814  
New PIC: Alyssa Ongjoco  
Effective: 8/21/17

**Ko'olauloa Community Health and Wellness Center Incorporated  
dba Ko'olauloa Pharmacy (PHY-788)**

56-119 Pualalea St.  
Kahuku, HI. 96731

## Board of Pharmacy Ratification List for September 21, 2017

### Pharmacist

PH 4205 TERRY <CHEN<  
PH 4206 LENA H K <ASANO<  
PH 4207 NICOLE C <JACKSON<  
PH 4208 JAGRUTI <PATEL-HERRON<  
PH 4209 STEVEN T <SEDENIO<  
PH 4210 KATHERINE-ANH T <NGUYEN<  
PH 4211 ANDREW C T <NGUYEN<  
PH 4212 SHERYLE Y <ISHIMOTO<  
PH 4213 NATHAN M <KAWAMURA<  
PH 4214 LAUREN M <LEVINE<  
PH 4215 SHANNON R <HENDRIX<  
PH 4216 KEVIN R <HUNSICKER<  
PH 4217 CHRISTOPHER J <DIAZ<  
PH 4218 JOSHUA D <HARMES<  
PH 4219 COLE B <WILLIAMS<  
PH 4220 NICHOLAS I <FERREIRA<  
PH 4221 ANTHONY <GONZALEZ<  
PH 4222 CONNIE Y <ZHOU<  
PH 4223 MATTHEW M <SHERMAN<  
PH 4224 KEVIN V <FLORES<  
PH 4225 JOHN H <NGUYEN<  
PH 4226 RONNIJEAN <DELENIA<  
PH 4227 RYAN Y <SHIROMA<  
PH 4228 JENNI N <UENO<  
PH 4229 KATHLEEN M <BLACKWELL<  
PH 4230 MICHAEL K <MAKAIMOKU<  
PH 4231 DANIEL N <WATANABE<  
PH 4232 KAYLA A <OTTERSON<  
PH 4233 KAREN A <SAUER<<

### Miscellaneous Permit

PMP 1428 3405 NW EXPWY OKLAHOMA CITY OK 73112 AMERICAN SPECIALTY  
PHARMACY INC  
PMP 1429 3740 SAINT JOHNS BLUFF RD S JACKSONVILLE FL 32224 SPRX INC  
PMP 1430 6509 BERGENLINE AVE WEST NEW YORK NJ 07093 EMPIRE SPECIALTY  
PHARMACY CORP  
PMP 1431 802 134TH ST SW #140 EVERETT WA 98204 COSTCO WHOLESALE  
CORPORATION  
PMP 1432 195 1ST AVE WEST NEWARK NJ 07107 MEERA INC  
PMP 1433 415 48TH ST STE 101 TEMPE AZ 85281 SOLEO HEALTH INC  
PMP 1434 438 E BURNSIDE ST PORTLAND OR 97214 PORTLAND COMPOUNDING  
PHARMACY LLC  
PMP 1435 103-B CORPORATE LAKE DR COLUMBIA MO 65203 ACCURATE RX  
PHARMACY CONSULTING LLC  
PMP 1436 715 GARFIELD ST TUPELO MS 38801 PHARMACY INNOVATIONS LLC  
PMP 1437 8455 HAGGERT RD BELLEVILLE MI 48111 MEIJER STORES LIMITED  
PARTNERSHIP  
PMP 1438 13769 COMPARK BLVD ENGLEWOOD CO 80112 DENVER SOLUTIONS LLC  
PMP 1439 1250 PATROL RD CHARLESTOWN IN 47111 KNIPPERX INC