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

MINUTES OF MEETING

Date:	Thursday, November 16, 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 Julie Takishima-Lacasa, PhD, Vice Chair, Public Mary Jo Keefe, RPh, Pharmacist Ronald Weinberg, Public Carolyn Ma, PharmD., BCOP, Pharmacist Kenneth VandenBussche, RPh, BCACP, Pharmacist
Members Excused:	Marcella Chock, PharmD., Pharmacist
Staff Present:	Lee Ann Teshima, Executive Officer ("EO") Shari Wong, Deputy Attorney General ("DAG") Lisa Kalani, Secretary Nohelani Jackson, Secretary
Guests:	Jared Redolla, Dept. of Public Safety Narcotics Enforcement Division Jamie Kon, CVS Caremark Tiffany Yajima, Ashford & Wriston LLP Stacy Pi, Kaiser Permanente Patrick Uyemoto, Times Pharmacy Alanna Isobe, Safeway Joe Pariott, Walmart Kellie Noguchi, Kaiser Permanente Jennifer Kiyotoki, Times Pharmacy Ray Smith, Walgreens Reece Uyeno, Pharmacare Brandy Shima, Pharmacare Catalina Cross, Times
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.

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

The Chair asked the audience to introduce themselves.

Approval of the Previous Minutes – October 19, 2017 Meeting

The Chair called for a motion in regards to the minutes of the October 19, 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 October 19, 2017 meeting as circulated.

Vice Chair's Report: No report.

Executive Officer's Report: **2018 Legislation**

The EO reported that there is a proposed Legislation Relating to Medication Synchronization. The EO stated at a meeting on Wednesday, 11/8/17, the Medication Synchronization working group met and made some revisions to this draft including by not limited to:

- Section 4. Definition of "Practice of Pharmacy" to include "for medication synchronization" and also a definition for "medication synchronization" or "synchronization" in HRS Chapter 461;
- Section 2. Clarification of "network" pharmacy; and
- Section 3. Clarification in insurance code that med synch does not apply to CS.

The EO asked the audience if they have any questions or concerns that she can take to the working group that they may email her.

Naloxone Collaborative Practice/Standing Order – Discussion on Latest Draft from Department of Health

The Chair called Dr. Wasserman to share about the latest draft regarding the Naloxone Collaborative Practice Standing Order. Dr. Wasserman explained that the Director of Health's focus is towards handling the opioid epidemic. According to him, Hawaii's problem is a little less than the other states, however there is still a problem. The Board of Pharmacy has been working on a standing order. According to Dr. Wasserman, they have revised it to include elements from many different states to make it their own. The standing order which the Board developed is an introduction to the actual standing orders. They are working with Medicaid and insurance companies to figure out the payment portions. He asked if there were any questions or concerns.

There were none.

Correspondence: **National Association of Boards of Pharmacy**

October 2017 State News Roundup

The Chair shared the following updates regarding the different states:

- Arizona – Arizona Makes Naloxone Available on Standing Order

  In response to the nation's opioid use problem, Arizona Governor Doug Ducey has declared a state of emergency. Last year, legislation was passed in Arizona to allow pharmacists to dispense the opioid antagonist naloxone without a prescription, which resulted in issues with prescription benefit managers not being able to reimburse pharmacies. The state's legislature has revised language to allow the dispensing of naloxone on a standing order in Arizona. The Arizona State Board of Pharmacy is encouraging all pharmacists to undergo the training required to dispense this lifesaving medication.
- Nevada - Nevada Legislature Passes Bills Affecting the Practice of Pharmacy

  During the 2017 Nevada Legislature, over 30 bills were introduced that directly affected the practice of pharmacy. The following is a summary of some of the bills that became law:

  Senate Bill (SB) 59 requires the uploading of Schedule V opioid medications into Nevada's prescription monitoring database. It also authorizes law enforcement agencies, coroners, and medical examiners to access the database to enter reports of controlled substance (CS) violations, stolen prescription drugs, and prescription drug-related overdoses or deaths.

  SB 337 authorizes a registered pharmacist to manipulate a person for the collection of specimens. It also authorizes a registered pharmacist to perform certain laboratory tests without obtaining certification as an assistant in a medical laboratory.

  SB 131 requires each retail community pharmacy in the state to provide a prescription reader upon the request of a person to whom a drug is dispensed or advice on obtaining a prescription reader.

  SB 260 authorizes a pharmacist who has entered into a valid collaborative practice agreement (CPA) to engage in the collaborative practice of pharmacy and collaborative drug therapy management in the retail setting. These CPAs must be approved by the Nevada State Board of Pharmacy prior to initiation.

  SB 171 requires retail pharmacies in Nevada to post instructions for the safe disposal of unused drugs.

  Assembly Bill 474 is Governor Brian Sandoval's broad opioid bill. It requires a practitioner to list days supply, International Classification of Diseases, Tenth Revision code, and Drug Enforcement Administration registration number on all Schedule II, III, and IV prescriptions. Starting January 1, 2018, prescriptions for Schedule II, III, and IV CS must contain these elements to be valid. The bill also empowers occupational licensing boards that license practitioners who are authorized to prescribe CS to review and evaluate records and impose disciplinary action if the practitioner is unlawfully prescribing.

The Board has begun the regulatory process to provide additional guidance regarding these new laws.

- North Carolina - North Carolina Board Issues Guidance to Pharmacists on Implementation of the STOP Act

  The North Carolina General Assembly has passed, and Governor Roy Cooper has signed into law, the Strengthen Opioid Misuse Prevention ("STOP") Act. The STOP Act is an effort to combat the opioid abuse and misuse epidemic. The STOP Act makes numerous changes to the laws governing CS prescribing, CS dispensing, and the North Carolina Controlled Substance Reporting System. Various sections of the STOP Act become effective at differing times. A frequently asked questions guidance document on the STOP Act's implementation is available on the North Carolina Board of Pharmacy website at www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf.
- Oklahoma - Oklahoma Grants Pharmacists Prescriptive Authority for Naloxone and Maintenance Medications

  Oklahoma recently passed House Bill (HB) 2039, which grants pharmacists in the state the authority to prescribe and dispense naloxone. Naloxone must be dispensed by or under the direct supervision of a pharmacist, and no dispensing protocol is required. HB 2039 also gives pharmacists in Oklahoma the right to use professional judgment when dispensing and refilling maintenance medications. Pharmacists are allowed to vary quantities per fill when refills are authorized by a prescriber. A pharmacist may dispense up to a 90-day supply of a nonscheduled medication. Any controlled dangerous substance or other medication that requires prescription monitoring program reporting is prohibited. The bill becomes effective November 1, 2017.
- Washington State Updates Pharmacy Inspection Rules

  The Washington State Pharmacy Quality Assurance Commission adopted proposed rule language in September updating the inspection process for pharmacies and amending Washington Administrative Code (WAC) 246-869-040 and 190. The new inspection rules support continuous quality improvement by removing the point scores and moving to an annual self-inspection and plan of correction for all deficiencies identified during a Commission inspection. The adopted rule specifically requires that all deficiencies are identified at the end of an inspection and noted on the inspection report/notice of deficiency. The pharmacy must remedy deficiencies promptly. The licensees must submit a plan of correction to the Commission for review. The Commission or its designee will notify the licensee if the plan of correction adequately addresses the deficiencies. Finally, the rule removes the requirement to post an inspection certificate in the pharmacy.

  The rules also require pharmacies to perform and complete a self-inspection worksheet in March of each year. The Commission will post the worksheet on its website under Applications and Forms and review the form for updates annually. A new self-inspection form is also required within 30 days of a change in a pharmacy's responsible manager.

  Additionally, the adopted rule makes changes regarding new pharmacy

registrations, revising the language concerning what type of inspection needs to occur before an applicant will receive a new pharmacy license, rather than an achieved score, while framing the scope of services. The rules are effective 31 days after filing with the Washington State Office of the Code Reviser.

FDA's Continuing Education Webinar – Tainted Products Marketed as Dietary Supplements

The Chair stated that there is going to be a webinar being put on by the FDA Tuesday, November 21, 2017 at 1 p.m. Eastern Standard time.

Pharmacist/Pharmacy Inter Performing TB Skin Test

The Chair called on Ms. Keefe to lead the discussion on an email inquiry asking the Hawaii Board of Pharmacy if:

"I know that HI law does not address pharmacist providing PPD administration (TB skin testing).

But, what if our students wanted to do a pilot project with our APRN at the student medical center campus. Would we be able to do this, not necessarily under the scope of the pharmacy intern, but as a volunteer working with the APRN?

Other states allow pharmacist to do TB skin testing and our students are interested in this."

The Board discussed that the pharmacy practice act does not specifically address TB skin testing by pharmacists or pharmacy interns, however, HRS 461-1, definition of "Practice of pharmacy" states:

"Practice of pharmacy" means:

(1) The interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs and devices (except labeling by a manufacturer, packer, or distributor of nonprescription drugs and commercially legend drugs and devices); the participation in drug selection and drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records therefor; the responsibility for advising when necessary or where regulated, of therapeutic values, content, hazards, and use of drugs and devices;
(2) Performing the following procedures or functions as part of the care provided by and in concurrence with a "health care facility" and "health care service" as defined in section 323D-2, or a "pharmacy" or a licensed physician or a licensed

advanced practice registered nurse with prescriptive authority, or a "managed care plan" as defined in section 432E-1, in accordance with policies, procedures, or protocols developed collaboratively by health professionals, including physicians and surgeons, pharmacists, and registered nurses, and for which a pharmacist has received appropriate training required by these policies, procedures, or protocols:

(A) Ordering or performing routine drug therapy related patient assessment procedures;

(B) Ordering drug therapy related laboratory tests;

Upon review of this definition and specifically (2)(A) and (B), the Board informally opined that a pharmacy intern may administer the TB skin test provided:

- The pharmacy intern has a valid prescription for the TB test;
- The pharmacy intern has completed the training provided by the Hawaii Department of Health to administer the test;
- The pharmacy intern is under the supervision of a pharmacists that has also completed the approved training; and
- There is a written collaborative practice agreement between the APRN and pharmacy intern.

This does NOT allow a pharmacy intern to sign the clearance for the TB test.

Women's Hormonal Contraceptives

Pharmacists Prescribing and Administering the Depot Medroxyprogesterone Acetate (DMPA)

Board discussed the following email inquiry from the Residency Program Director at the Daniel K Inouye College of Pharmacy. The email is as follows:

"One issue that Oregon advised our board to clarify the ability for pharmacists to prescribe and administer the Depot Medroxyprogesterone Acetate (DMPA).

Oregon determined that the intent of their immunization statute was not limited to administering immunizations but rather to allow pharmacists to administer medications via IM and SQ so they determined that their pharmacist would be allowed to prescribe AND administer DMPA but Hawaii now needs to decide how we interpret the language and whether or not to include DMPA in SB513."

The Board reviewed what the new law states which is that:

> *"§461- Contraceptive supplies; authority to prescribe and dispense; requirements. (a) A pharmacist may prescribe and dispense* ***contraceptive supplies*** *to a patient regardless of whether the patient has evidence of a previous prescription for contraceptive supplies from a licensed physician,*

advanced practice registered nurse, or other primary care provider authorized to prescribe contraceptive supplies.

***"Contraceptive supplies"** means all United States Food and Drug Administration-approved self-administered hormonal contraceptives."*

""Practice of pharmacy" means:
(4) Prescribing and dispensing contraceptive supplies pursuant to section 461

Legislative Summary to be posted on Board's Webpage

The EO announced that she is currently working on it, and depending on today's discussion/ decisions she will determine what is included. She will email the Board prior to posting on the webpage.

OSU/DKICOP COURSE

The Board discussed the email inquiry and determined that a Hawaii pharmacist who has completed the OSU/DKICOP online hormonal contraceptives course may satisfy the training requirement pursuant to the following section: (emphasis added)

"Practice of pharmacy" means:

(2) Performing the following procedures or functions as part of the care provided by and in concurrence with a "health care facility" and "health care service" as defined in section 323D-2, or a "pharmacy" or a licensed physician or a licensed advanced practice registered nurse with prescriptive authority, or a "managed care plan" as defined in section 432E-1, in accordance with policies, procedures, or protocols developed collaboratively by health professionals, including physicians and surgeons, pharmacists, and registered nurses, and for which a pharmacist has received appropriate training required by these policies, procedures, or protocols:

(C) Initiating emergency contraception oral drug therapy in accordance with a written collaborative agreement approved by the board, between a licensed physician or advanced practice registered nurse with prescriptive authority and a pharmacist who has received **appropriate training that includes programs approved by the American Council of Pharmaceutical Education (ACPE), curriculum-based programs from an ACPE-accredited college of pharmacy,** state or local health department programs, or programs recognized by the board of pharmacy;

The EO announced that this online course is for Hawaii Pharmacist. The course is accessible both through UH's website at pharmacy.uhh.hawaii.edu and through Oregon State University's website. Information on the course will be placed on the Board of Pharmacy's FAQs.

Online Remedial Education, "Better Pharmacy Practice"

The Chair shared that there is a Comprehensive 25- hour online course for pharmacists remedial education in pharmacy ethics, professionalism, and professional boundaries.

Miscellaneous Permit Required to Dispense DME

The Chair called the Vice Chair to discuss an email regarding whether or not it was required to obtain a Hawaii Pharmacy Miscellaneous Permit in order to supply durable medical equipment to end users in Hawaii. The email also inquired if a license was required what type of fees were they looking at.

Previously, the BOP determined that if a **prescription device** did NOT contain any prescription drug, then a pharmacy license/permit was NOT required to sell or dispense it even though it was a "prescription" device.

Then beginning January 2017, the DOH started issuing licenses for DME suppliers, licensing entities other than pharmacies, to sell/dispense "durable medical equipment" that is defined as:

- Equipment that is considered a selected product under the Centers for Medicare and Medicaid Services durable medical equipment such as prosthetics, orthotics, and supplies competitive bidding program that can stand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Is generally not useful to a person in the absence of an illness or injury;
- Is appropriate for use in the home;
- ***Does not contain any prescription drug;*** and
- Is not considered to be a specialty item, equipment, or service.

Also listed on DOH's web page:

LICENSING TERM AND FEES

The licensing term shall be three (3) years. The licensing fee is $350.00 in the form of a cashier's check or money order payable to "Director of Finance" with "DME License Fee" entered on the memo line**.** Pharmacies licensed pursuant to Hawaii Revised Statutes, Chapter 461 are exempt from Hawaii's entire durable medical equipment supplier licensing requirement.

Apparently, some of the DME supplies listed on the National Supplier Clearinghouse's DMEPOS include **prescription** devices.

So, is the following consistent based on the above information:

1. Pharmacies, whether in-state (PHY) or out-of-state (PMP) may dispense DME

supplies and prescription devices.

2. A DOH licensed DME supplier may dispense DME supplies (equipment that is considered a selected product under the CMS DME) and prescription devices that DO NOT contain any prescription drug.

As for the inquiry, if the out-of-state entity is dispensing DME supplies (may include prescription devices but shall NOT include any devices that include a prescription drug), and the entity is NOT a licensed/permitted pharmacy, the out-of-state entity should contact the DOH for licensure requirements for a DME supplier.

Distribution of OTC and Prescription (Controlled and Non-Controlled Substances) by In-state or Out-of-state Entity

The Chair called on Dr. Ma to discuss the email inquiry about the "legal criteria for Veterinary product distribution of OTC, controlled and non-controlled legend products in our state."

The question continues by asking:

"Does your state require an out of state third party logistics company or wholesaler to obtain a special permit (other than the normal permit for human products) to legally distribute RX and/or OTC Veterinary medication on behalf of manufactures to properly licensed?"

Hawaii does not license out-of-state wholesalers. The Board came to a consensus to refer them to HRS-328-112 definitions of "Wholesale Distribution." However, if they are dispensing any controlled substances they should contact the State Narcotics Division.

"Sample licensing distribution" – License required?

The Chair went over the inquiry below:

"I am writing to inquire about the legal criteria for "Sample licensing distribution" in your state.

Does your state require an **out of state** third party logistics company or wholesaler to obtain another permit to legally distribute RX and/or OTC medication samples for manufactures to properly licensed registrants?

If your state does not require additional licensing please provide documentation of the laws stating it is exempt or covered under regular license."

Hawaii does not license out-of-state wholesaler distributers. In addition, the Chair referred to the definition of "Wholesale distribution" which is as follows:

*"**Wholesale distribution**" means the distribution of prescription drugs to persons other than a consumer or patient, but **does not include**:*
(1) Intracompany sales, defined as any transaction or transfer between an entity and any division, subsidiary, parent, or affiliated or related company under common ownership and control;
(2) The purchase or other acquisition, by a hospital or other health care entity that is a member of a group purchasing organization, of a drug for the entity's own use, from the group purchasing organization or from other hospitals or health care entities that are members of the group purchasing organization;
(3) The sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug by a charitable organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended, to a nonprofit affiliate of the organization to the extent otherwise permitted by law;
(4) The sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug among hospitals or other health care entities that are under common control;
(5) The sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug for emergency medical reasons; for purposes of this definition the term "emergency medical reasons" includes, but is not limited to, transfers of prescription drugs by a retail pharmacy to another retail pharmacy to alleviate a temporary shortage, except that the gross dollar value of such transfers shall not exceed five per cent of the total prescription drug sales revenue of either the transferor or transferee pharmacy during any period of twelve consecutive months;
(6) The sale, purchase, or trade of a drug, or an offer to sell, purchase, or trade a drug, or the dispensing of a drug, pursuant to a prescription;
(7) The distribution of drug samples by manufacturers' representatives or distributors' representatives; or
(8) The sale, purchase, or trade of blood and blood components intended for transfusion.

Transferring Out-of-State APRN Prescription to Hawaii

The Chair called on Ms. Keefe to discuss the following Email inquiry from a student Pharmacist at the Daniel K Inouye College of Pharmacy. The email is as follows:

"I was wondering if you would be able to provide clarification on the law for transferring an out-of-state prescription to Hawai'i, that is written by an out-of-state Nurse Practitioner (NP) or Advanced Practice Registered Nurse (APRN). Are we allowed to transfer these prescriptions from all states, or only the states that allow full prescriptive authority (without physician oversight to prescribe medications)?"

The EO explained that in general the process as follows: an out-of-state practitioner (for instance "APRN") writes the prescription, the out-of-state pharmacy transfers prescription to Hawaii pharmacy. Once the prescription is received, Hawaii pharmacists must verify that out-of-state practitioner is authorized to prescribe drugs under the state that they are licensed in or if licensed in Hawaii but practicing out of state, that their Hawaii APRN

license includes prescriptive authority.

If they pharmacist has questions of who is authorized in other states, they should be referring to the definition of "Out of State Practitioners" found in HRS 328-1.

Ms.Keefe said it would be in good practice for the pharmacist to confirm that the person writing the prescription has the authority to do so in that state.

Questions on Distribution of Investigational Drugs

The Chair called on Mr. VandenBussche to discuss the following email inquiry:

"We are a distribution pharmacy located in the state of Ohio that will be distributing investigational drugs (Apixaban with Placebo & Aspirin with Placebo) to study sites within Hawaii. Our Ohio state board of pharmacy has required us to obtain pharmacy license to verify that we are distributing drugs to a licensed pharmacy per our state regulations. We are not required to be registered with the FDA to distribute investigational drugs. We are currently licensed in Ohio as a wholesale distributor. We have encountered some issues where certain study sites do not have their own license and we we're wondering if you could answer some questions we have pertaining to this matter.

1. Does the Hawaii Board of Pharmacy allow facilities to receive drugs coming from a pharmacy that is not registered with the Hawaii Board of Pharmacy?
2. What type of registration is required, how long does the registration process take, and does it cost a fee?
3. Are there any exemptions for NIH/NINDS funded research studies?
4. Is the study site required to be licensed in the state of Hawaii to receive drugs?
5. If the study site is NOT required to be licensed in the state of Hawaii what are the provisions allowed? "

It was a consensus that Hawaii does not license out- of- state distributers.

Remote Verification from Home Located in Germany

The Chair called on the Vice Chair to lead the discussion on the following email:

"My name is Jessie Cook and I am currently employed by Pipeline Rx, a clinical telepharmacy company that allows pharmacists to perform remote verification from home for over 300 client hospitals. I am currently licensed in the state of Hawaii but I am in need of some additional information.

My husband is active duty in the US Air Force and we have recently been assigned to Germany. Due to our overseas location, Pipeline Rx has requested that I verify that the Hawaii Board of Pharmacy approves of me verifying orders from my home in Germany. Pipeline Rx is requesting a written statement (or a simple reply to this email) stating that

you are aware of and there are no issues with telepharmacy verification from Germany for hospitals that are under contract with Pipeline Rx in Hawaii."

The Board came to a consensus that if they are not dispensing out of a pharmacy, then Hawaii Board of Pharmacy only requires that the pharmacist be licensed in the State of Hawaii. However, if they are doing it out of a pharmacy that based on the definition of "practice of pharmacy interpretation and evaluation of prescription", then it may require a miscellaneous permit.

Pharmacists assembling respiratory devices?

The Chair called on Dr. Ma who led the discussion on the following email:

"I am an Account Manager with Boehringer Ingelheim Pharmaceuticals and am working with Times Pharmacy on a project for one of our respiratory products. The question came up during a meeting with Richard Mejia, if Hawaii law requires Pharmacists to assemble Respiratory inhaler type devices? A second question also arose during that conversation whether it is standard practice in Hawaii for Pharmacists to assemble respiratory inhalers, since many times the patient doesn't pick up their Rx for a few days."

Hawaii law does not "require" our pharmacist to assemble Respiratory inhalers.

Joint Pharmacy Industry Letter to President Trump

The Chair called Ms. Keefe to go over the letter addressed to President Trump from Walmart, RideAid, Magellan, CVS, Express Scripts, Optimum RX, PPH Healthcare, and Walgreen Booths. Essentially the letter states, that these folks want the rights of opioid prescriptions to be electronically transmitted across the board. They feel it would be easier for everyone and safer. In addition, they want seven (7) day limits put on opioid initial prescription. They are in support of doing whatever they can to reduce the opioid burden in the US.

Executive Session: At 11:34 a.m. upon a motion by the Chair, seconded by Mr. Weinberg, 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 11:59 a.m. upon a motion by the Chair, seconded by the Vice Chair, 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 11:59 a.m. to discuss and deliberate on the following adjudicatory matter(s) pursuant to Chapter 91, HRS:

In the Matter of the Pharmacy Miscellaneous Permit of **Main Street Family Pharmacy, LLC PHA 2014-18-L**, Settlement Agreement After Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1', Petition for Disciplinary Action Against Pharmacy Miscellaneous Permit; Demand for Disclosure,

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

In the Matter of the Pharmacist's License of **Darek T. Jones aka Darek Terrell Jones; PHA 2016-12-L**, Settlement Agreement After Filing of Petition for Disciplinary Action and Board's Final Order.

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 **University RX Specialist, Inc., dba University Compounding Pharmacy; PHA 2017-80-L**; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order, Exhibits "1" Through "6"

Upon a motion by the Chair, seconded by Mr. VandenBussche, 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 12:03 p.m.

Applications: **Ratification List**

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

Applications

Miscellaneous Pharmacy Permits
Upon a motion by Dr. Ma, seconded by Mr. VandenBussche, it was voted on and unanimously carried to approve the following:

WellDyneRx, LLC (Heather Landers Dilmore, PIC)
Avita Drugs, LLC

Pharmacist

Upon a motion by Mr. VandenBussche and seconded by Mr. Weinburg (with the Vice Chair and Ms. Keefe opposing) it was voted on and carried by the majority to deny the following application:

Davis Y. H Chang

Next Meeting: The Chair announced that the next Board meeting is scheduled for Thursday, January 18, 2018.

Thursday, January 18, 2018
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 12:30 a.m.

Taken and recorded by:

/s/ Nohelani Jackson
Nohelani Jackson, Secretary

Reviewed and approved by:

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

1/1/17

[X] Minutes approved as is.

[ ] Minutes approved with changes; see minutes of _____