

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

MINUTES OF MEETING

Date: Thursday, March 21, 2019

Time: 9:00 a.m.

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

Members Present: Alanna Isobe, Pharmacist – Chair Pro Tem
Julie Takishima-Lacasa, PhD, Public Member – Vice Chair
Mary Jo Keefe, RPh, Pharmacist
Carolyn Ma, Pharmacist
Ronald Weinberg, Public Member

Members Excused: Kenneth VandenBussche, RPh, BCACP, Pharmacist

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

Guests: Stacy Pi, Kaiser Permanente
Paul Smith, Walgreens
Nancy Wong, DKICOP Student
Catalina Cross, Times Pharmacy
Athena Borhauer, DKICOP Student
Carla Felix, DKICOP Student
Reece Uyeno, Pharmicare Hawaii
Corey Fujii, ESI Accredo
Patrick Uyemoto, Times
Jeremy Miranda, Creighton School of Pharmacy Student
Tiffany Yajima, SanHi/Walgreens
Sean Chu, Walmart

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, the Chair Pro Tem called the meeting to order at 9:00 a.m.

Chair Pro Tem's Report **Announcements and Introductions**

The Chair Pro Tem asked the audience to introduce themselves.

Approval of the Previous Minutes – February 14, 2019 Meeting

The Chair Pro Tem called for a motion for the minutes of the February 14, 2019 meeting.

There being no discussion, upon a motion by Mr. Weinberg, seconded by Dr. Ma, it was voted on and unanimously carried to approve the minutes for the February 14, 2019 meeting as circulated.

Executive Officer's Report:

Conferences/Seminars/Meetings

MPJE Item Review

The Board will not be sending any representatives but will try to do it remotely.

2019 Legislation

The EO provided information on the following bills:

Opioid Antagonist

SB 535, SD1, HD1 Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist – This bill was passed with amendments by the HLT/IAC and referred to JUD. HLT/IAC amended by removing the definition of “at risk individual” and changing the effective date to 7/1/2050. JUD.

HB 700, HD2 Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist – The companion to SB 535, this bill crossed over to the Senate but was not scheduled for hearing by CPH.

Vaccinations

SB 203, HD2 Relating to Vaccinations – This bill clarifies that pharmacists may perform certain vaccinations or immunizations and are required to maintain immunization records – This bill was passed out of HLT with an amendment to change the effective date to 7/1/2050 and referred to CPC.

HB 900, HD1 Relating to Vaccinations – This bill authorizes pharmacists to administer vaccines to persons between eleven and seventeen years pursuant to a valid prescription. Specifies requirements pharmacists must meet prior to administering any vaccine to a person between eleven and seventeen years. This bill was not heard by FIN and did not crossover to the Senate.

Return for Disposal

SB 808, SD1 Relating to Prescription Drugs – This bill authorizes pharmacies to accept the return of any prescription drug for disposal via collection receptacles or mail-back programs; prohibits pharmacies from redispensing returned prescription drugs or from accepting returned prescription drugs in exchange for cash or credit; requires the pharmacist-in-charge to ensure that only authorized reverse distributors acquire

prescription drugs collected via collection receptacles or mail-back programs – This bill crossed over to the House, was referred to HLT and JUD but no hearing has been scheduled to date.

HB 1272, HD1, SD1 Relating to Prescription Drugs – The companion to SB 808. This bill crossed over to the Senate and was heard and amended by CPH who amended the effective date of 7/1/2019.

Pilot Projects

SB 540, SD1, HD1 Relating to the Board of Pharmacy - This bill allows the Board of Pharmacy to approve pilot and demonstration research projects for innovative applications in the practice of pharmacy under certain conditions – This bill crossed over to the House and was heard and amended by HLT to include an amended effective date of 7/1/2019 and later heard by CPH who passed the bill unamended and referred to FIN, final committee.

HB 75, HD1 Relating to the Board of Pharmacy – The companion to SB 540, was not heard by FIN and did not cross over.

Reimbursement (Insurance)

SB 1210, SD1, HD1 Relating to Insurance – This bill would, among other things, reimburse pharmacists for practicing within their scope – This bill crossed over and was heard and amended by CPC. Among other insurance issues, changing the effective date to 7/1/2050 and referred to FIN, final committee.

HB 984, HD1 Relating to Insurance – The companion to SB 1210, this bill was not heard by FIN and did not cross over.

SB 25, SD2, HD1 Relating to Insurance – This bill amends various portions of the Hawaii Insurance Code under title 24, Hawaii Revised Statutes, to update and improve existing Insurance Code provisions. Establishes requirements for proposed name changes and use of a trade name or assumed name, effective 10/1/2019. – This bill was heard and amended by CPC to make the reimbursement to provider requirements consistent for mutual benefit societies and changing the effective date to 7/1/2050 and referred to FIN, final committee.

Other Board/Pharmacy/Pharmacist Related Bills

HB 220, HD1, SD1 Relating to Health – This bill authorizes a pharmacy to provide a customized patient medication package to any patient of an institutional facility or any member of the general public, subject to certain conditions. – This bill was deferred by CPH.

SB 1404, SD2, HD1 Relating to Relating to Loan Repayment for Health Care Professionals - This bill was heard and amended by LHE to appropriate funds for the Hawaii Rural Health Care Provider Loan Repayment Program administered through the John A. Burns School of Medicine of the University of Hawaii at Manoa; provided that the funds are matched on a dollar-for-dollar basis by a private or another public source and referred to FIN, final committee

HB 902 Relating to Loan Repayment for Health Care Professionals – This bill did not cross over.

SB 1401 Relating to Pharmacy Benefit Managers – This bill provides that a pharmacy benefit manager may not prohibit the sharing of an insured individual's cost share for a prescription drug and clinical efficacy of a more affordable alternative drug and prevents penalization of a pharmacy or pharmacist for sharing such information. – This bill was heard and passed unamended by CPC and JUD.

HB 1442, HD1 Relating to Pharmacy Benefit Managers – This bill transfers regulatory jurisdiction for pharmacy benefit managers from the Department of Health to Department of Commerce and Consumer Affairs, including provisions for reimbursement amounts, disclosure of information, complaints process, and enforcement. – This bill was not heard by FIN and did not cross over.

SB 1521, SD1, HD1 Relating to Pharmacy Benefit Managers – This bill is the companion to HB 1442 and was heard and amended by HLT to now establish contract, cost disclosure, reimbursement, appeals, and information protection requirements for pharmacy benefit managers that contract with small, independent, and isolated pharmacies. Establishes enforcement jurisdiction in the Department of Commerce and Consumer Affairs. This bill was also heard by CPC/JUD and passed out unamended and referred to FIN, final committee.

HB1528, HD1 Relating to Commerce and Consumer Affairs – This bill repeals the existing statutory requirement that \$2,000,000 of certain taxes collected on bank and financial corporations be deposited to the compliance resolution fund. Requires adjustments to fees and assessments collected by the Division of Financial Institutions based on the amount of moneys credited to the division in the compliance resolution fund. Establishes criteria to determine the amounts to be assessed for fees and expenses regulated under title 25, HRS. Provides for the reduction or cessation of fees or interest paid into the mortgage loan recovery fund, contractors recovery fund, contractors education fund, real estate recovery fund, real estate education fund, and condominium education fund if the balance in the funds attain a certain dollar amount. Sets the annual fee assessed on cable operators at 4.5% of the income received from subscribers for cable services rendered during the preceding calendar year. Authorizes the Director of the Department of Commerce and Consumer Affairs to reduce the fee if the amount exceeds the amount necessary to administer chapter 440G, HRS. – This bill crossed over and was referred to CPH and WAM but no hearing has been schedule to date.

SB 774, SD1, HD2 Relating to Professional and Vocational Licensing – This bill use to prohibit a licensing authority from using rules to supersede requirements set forth in licensing laws and adopting rules that authorize an unlicensed individual to perform duties, activities, or functions that, if performed by another professional, would require licensure of that professional. However, was amended to now authorize the Board of Dentistry to adopt rules for the regulation of dental assistants using certification options based on education level and permitted duties. Requires the Board to report to the Legislature on the progress of any rules adopted. No longer tracking this bill as it does not pertain to pharmacy technicians.

Amendments to Title 16, Chapter 95

Return for Disposal, HAR §16-95-87

The EO stated that this is on hold until the “fate” of SB 540 Relating to the Board of Pharmacy is known.

Revisions to Pharmacist’s Corresponding Responsibility Guidance Statement - Draft

The Members were provided a copy of the 3/5/2019 draft and were requested to provide any comments/recommendations to the EO by 3/29/2019 so that she can finalize and have it posted on the Board’s web page.

Working Conditions Survey

No change to the last status report.

State Board of Pharmacy ACPE CPE Activity

No change to the last status report.

Correspondence:

NABP – State News Roundup

- 2/28/2019

The Chair Pro Tem asked the Vice Chair to lead the discussion on this agenda item.

The Vice Chair noted the following articles:

- Ohio Establishes New Prescription Regulations for Long-Term Pain – New regulations for prescribing opioids to treat long-term pain include checkpoints for additional assessment by the prescriber that were adopted by the state dental, nursing and medical boards went into effect in December 2018.
- South Carolina Implements Joint Protocol for Distributing Naloxone – This new protocol authorizes: prescribers practicing in South Carolina to directly, or by standing order, prescribe naloxone hydrochloride products to a community distributor; pharmacists to dispense the products to a community distributor pursuant to a prescription or a standing order; and community distributors to distribute then naloxone hydrochloride products.

Ms. Keefe noted that the Washington Pharmacy Commission is in the process of rewriting 34 chapters of rules, many of which have not been updated since the 1980s.

FDA In Brief: FDA finalizes guidance on evaluating the clinical need for outsourcing facilities to compound drugs with bulk drug substances; provides final decision on two substances

A copy of this brief was distributed to the members as information.

Ohio pharmacist sues state Board of Pharmacy...contending that “work conditions at pharmacies are such that pharmacists are unable to comply with the rules established” by the board

The Chair Pro Tem asked Dr. Ma to lead the discussion on this agenda item.

Dr. Ma noted that according to the article, “Each state has a regulatory agency that enforces laws related to the practice of pharmacy. This agency, often referred to as the “[state] Board of Pharmacy,” exercises discretion by interpreting pharmacy laws and applying those laws to circumstances in which the public may have been endangered by the actions or inactions of pharmacists or pharmacies. An Ohio pharmacist recently sued the Ohio Board of Pharmacy contending that “work conditions at pharmacies are such that pharmacists are unable to comply with rules established” by the board. The pharmacist contended that the board had made “missteps in the use of its discretion,” thereby impeding the ability of pharmacists to adequately protect the public from the opioid epidemic.” The court noted that in this case, the pharmacist lacked “standing to sue” as courts avoid lawsuits in which they are asked to issue advisory opinions unrelated to specific legal action and that “mandamus does not permit courts to control how a public entity exercises its discretion.”.

Online “Market” Where Pharmacy/Pharmacists Can Purchase/Sell Drugs To Each Other

The Chair Pro Tem asked Dr. Ma to lead the discussion on the following email inquiry:

“We have a client, who wants to open an online market place where pharmacy/pharmacist throughout the country can purchase/sell drugs to each other. Are there any particular licenses or permits that he needs to obtain from the state of Hawaii before undertaking such a task. Please note, that he will not be the one selling or purchasing the drugs, his role is mainly that of a middle man. The concept is more like that of eBay.”

The EO stated that it sounds like a virtual wholesale distributor but the inquiry did not indicate where the drugs are coming from or if he is referring to prescription or OTC drugs.

Dr. Ma noted this activity did not seem to fall under the definition of “wholesale distribution” in HAR §16-95-1.

Ms. Keefe stated that she had concerns that the drugs were not being tracked.

After some discussion, it was the consensus of the Board that although Hawaii does not license or permit out-of-state wholesalers, this activity may not be allowed as the entity is not regulated and there are concerns with the current good manufacturing practice regulations.

United States Defense Health Agency Participating in NABP's PMP InterConnect Data Sharing System

The Chair Pro Tem reported that the United States Department of Defense's Defense Health Agency signed a memorandum of understanding to participate in NABP's PMP InterConnect®. This will facilitate more data sharing that is necessary to combat the opioid crisis.

OTC Primatene Mist and Primatene Tablets – Sold Behind Counter?

The Board discussed the following email inquiry:

“There is some confusion at Longs pharmacies in HI. Do Primatene Mist and Primatene tablets have to be sold from behind the pharmacy counter, or can they be sold out in the OTC section of the store?”

The Chair Pro Tem stated that she checked with NED and was informed that if the Primatene mist/tablets contains ephedrine then it is considered a prescription drug and may not be sold OTC. If Primatene mist/tablets contain pseudoephedrine, then it is not considered a controlled substance but must be sold behind the counter.

Use of Automated Dispensing Machines

The Board discussed the following email inquiry:

“Does the Hawaii Board of Pharmacy permit pharmacies to utilize automated dispensing machines to fill and label prescriptions?”

In this circumstance, a pharmacy would place an automated dispensing machine behind the counter (not publicly accessible), and only licensed staff would be permitted to load prescription drugs into the machine's cassettes. A pharmacist would check that all prescription information was properly entered into the machine prior to filling any prescriptions, and would be present to supervise the machine the entire time that it is operated.

Is this arrangement permissible? If yes, would the pharmacist have to verify the contents and label of every bottle filled by the automated dispensing machine prior to dispensing? Or would this not be required, because the pharmacist verified that all prescription information was properly entered into the machine?”

The Chair Pro Tem stated that the use of automated dispensing machines is not prohibited in the pharmacy practice act, however, the pharmacist is responsible for verifying all prescriptions before they are dispensed.

The Board concurred with the Chair Pro Tem's determination.

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.

Epic© HER and DEA Numbers

The Board discussed the following email inquiry:

"Our organization is a collaborative Epic© EHR instance, and we are expanding to a clinic in Hawaii. As part of this process, providers within the clinic would utilize Epic© and SureScripts© to send prescriptions to pharmacies. In addition, EPCS is enabled and available for providers.

We have one question:

EPCS can be provisioned either through an organizational DEA number or individual DEA numbers depending on state permissions for facility numbers. Do you permit clinics to obtain facility numbers for permitting providers to prescribe under the clinic? Can this number be used to obtain a DEA organizational number?"

The Chair Pro Tem recommended that we refer the inquirer to the DEA and NED as they are inquiring about the use of facility DEA numbers for permitting providers to prescribe under their clinic.

The Board agreed.

Out-of-State Medical Gas Distributor

The Chair Pro Tem asked Ms. Keefe to lead the discussion on the following agenda item:

"I am making inquiries to know if an out of state entity that is not licensed in its home state is required to obtain a license in Hawaii prior to the distribution of medical gases into Hawaii.

The application instructions specify that an entity that is licensed in its home state, and does not have a facility in Hawaii need not register. However, the application is silent on entities that are not licensed in their home states.

Please can you confirm what the board position on this is."

Ms. Keefe questioned if they are not licensed by their home state, then who regulates them and why would we permit an out-of-state entity that is not regulated by any government agency be permitted to distribute medical gases into this State? The Board agreed with Ms. Keefe that although Hawaii does not license out-of-state wholesale distributors, in the interest of public safety, if the out-of-state entity is not "regulated" by any government agency and therefore there is no oversight of their activities, then Hawaii would not permit the out-of-state entity to distribute any medical gases into this State.

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.

Distribution of CBD Products to Hawaii Pharmacies

The Chair Pro Tem asked Ms. Keefe to lead the discussion on the following email inquiry:

"Would an out of state distributor need a license to sell CBD products to Hawaii retail pharmacies?"

Ms. Keefe referred to the Board's November 2018 meeting where the Board reviewed and discussed CBD products in conjunction with the definition of "Marijuana" in HRS 329-1 and determined that since CBD is considered a derivative of marijuana, a schedule I substance, pharmacies are not allowed to sell schedule I substances.

The Board agreed.

Age for Medication Administration

The Chair Pro Tem asked Ms. Keefe to lead the discussion on the following inquiry:

"I am wondering if you have age restriction on age of a person pharmacist can administer medication to. (we will following a doctor's prescription and "administration" instruction to dispense and administer medication such as "abilify injection" at pharmacy. Our company's rule is >12 years of age. I wonder if we can do that for anyone over 12 years of age in Hawaii. (unless Hawaii board has rules otherwise)"

Ms. Keefe referred to the definition of "Practice of pharmacy", specifically HRS 461-1 that states in part:

"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:

- (D) Administering drugs orally, topically, by intranasal delivery, or by injection, pursuant to the order of the patient's licensed physician or advanced practice registered nurse with prescriptive authority, by a pharmacist having appropriate training that includes programs approved by the 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;
- (E) Administering:
 - (i) Immunizations orally, by injection, or by intranasal delivery, to persons eighteen years of age or older by a pharmacist having appropriate training that includes programs approved by the 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;
 - (ii) Vaccines to persons between fourteen and seventeen years of age pursuant to section 461-11.4; and
 - (iii) Human papillomavirus, Tdap (tetanus, diphtheria, pertussis), meningococcal, and influenza vaccines to persons between eleven and seventeen years of age pursuant to section 461-11.4;

And also:

§461-11.4 Vaccinations; children. (a) A pharmacist may administer:

- (1) A vaccine to persons between fourteen and seventeen years of age pursuant to a valid prescription; and
- (2) A human papillomavirus, Tdap (tetanus, diphtheria, pertussis), meningococcal, or influenza vaccine to persons between eleven and seventeen years of age pursuant to a valid prescription.

The pharmacist shall verify that the prescriber or the prescriber's authorized agent is the patient's medical home.

(b) After the vaccination is administered, the pharmacist shall immediately provide to the patient a vaccination record including the following information:

- (1) The patient's name and date of birth;
- (2) The type of vaccine administered; and
- (3) The date and location that the vaccine was administered.

(c) The pharmacist shall provide within seventy-two hours to the medical home and within five business days to the department of health immunization registry the same information provided to the patient pursuant to subsection (b) as well as the following:

- (1) The name of the vaccine product that was administered, including the manufacturer, lot number, and expiration date;
- (2) The method of administration; and
- (3) The anatomical site of administration.

(d) All pharmacists who administer vaccines to persons between the ages of fourteen and seventeen years or administer human papillomavirus, Tdap (tetanus, diphtheria, pertussis), meningococcal, and influenza vaccines to persons between the ages of eleven and seventeen years shall complete a training program approved by the Accreditation Council of Pharmacy Education for which a certificate of completion is issued. The pharmacist shall complete the training program and submit the completion certificate for the training program to the board prior to administering any vaccine to persons between the ages of fourteen and seventeen years and prior to administering any human papillomavirus, Tdap (tetanus, diphtheria, pertussis), meningococcal, or influenza vaccine to persons between the ages of eleven and seventeen years.

(e) For the purposes of this section, "medical home" means the primary care physician who, working in collaboration with the family, oversees the acute, chronic, and preventive health needs of the patient in a comprehensive, coordinated, and continuous fashion.

She recommended that we refer the inquirer to these sections.

The Board agreed.

Military Spouse Pharmacist Licensure

The Chair Pro Tem asked Ms. Keefe to lead the discussion on an inquiry from an active duty member of the U.S. Air Force who is also a spouse of a pharmacist and her having to obtain a pharmacist license in each state every time they are relocated.

The EO noted the following statute regarding licensure of military spouses:

§436B-14.7 Licensure by endorsement or licensure by reciprocity; initial acceptance by affidavit; temporary license; military spouse. (a) If a military spouse holds a current license in another state, district, or territory of the United States with licensure requirements that the licensing authority determines are equivalent to or exceed those established by the licensing authority of this State, that military spouse shall receive a license pursuant to applicable statutes or requirements of the licensing authority of this State regarding licensure by endorsement or licensure by reciprocity; provided that the military spouse:

- (1) Has not committed an act in any jurisdiction that would have constituted grounds for the limitation, suspension, or revocation of a license; has never been censured or had other disciplinary action taken; has not had an application for licensure denied; or has not refused to practice a profession or vocation for which the military spouse seeks licensure;
- (2) Has not been disciplined by a licensing or credentialing entity in another jurisdiction; is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing or credentialing entity in another jurisdiction; and has not surrendered membership on any professional staff in any professional association, society, or faculty for another state or licensing jurisdiction while under investigation or to avoid adverse action for acts or conduct similar to acts

or conduct which would constitute grounds for disciplinary action in this State;

- (3) Pays any fees required by the licensing authority of this State;
- (4) Submits with the application a signed affidavit stating that application information, including necessary prior employment history, is true and accurate. Upon receiving the affidavit, if the licensing authority issues the license to the military spouse, the licensing authority may revoke the license at any time if the information provided in the application is found to be false; and
- (5) Is the spouse of a military member who is a member in good standing in the active or a reserve component of any of the armed forces of the United States and the military member has orders issued by the appropriate agencies of the armed forces to be stationed in Hawaii for a duration of at least one year.

(b) The licensing authority shall issue to the military spouse a temporary license to allow the military spouse to perform specified services, under the supervision of a professional licensed by this State if appropriate, while completing any requirements necessary for licensure in this State; provided that a temporary license shall only be issued in those professions where credentials, experience, or passage of a national exam is substantially equivalent to or exceed those established by the licensing authority of this State.

(c) The licensing authority shall expedite consideration of the application and issuance of a license by endorsement, license by reciprocity, or temporary license to a military spouse who meets the requirements of this section.

(d) A license by endorsement or reciprocity issued under subsection (a) shall be valid for the same period of time as a license issued pursuant to the requirements of title 25 for the particular profession; provided that the total time period that a military spouse holds a license issued by endorsement or reciprocity under subsection (a) shall not exceed five years in the aggregate.

The EO said she also checked with the NABP and was informed that they do not charge anything for military personnel and charges half for license transfers for military spouses. In addition, they also process license transfer requests in 1-2 business days and that some states like Illinois have expedited application processing for military spouses.

Chapter 91, HRS
Adjudicatory Matter(s):

At 10:19 a.m., the Chair Pro Tem called for a recess pursuant to Chapter 91, HRS to discuss and deliberate on the following adjudicatory matters:

In the Matter of the Miscellaneous Permit of **Specialty Therapeutic Care LP; PHA 2018-56-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

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

In the Matter of the Pharmacist's License of **Thomas S. Rogers; PHA 2018-52-L**,
Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final
Order

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

Following the Board's review, deliberation, and decision in these matters, pursuant to
Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled
meeting at 10:23 a.m.

Executive Session:

At 10:23 a.m., upon a motion by Dr. Ma, seconded by Mr. Weinberg, it was voted on and
unanimously carried to move into executive session pursuant to §92-4 and §92-5(a)(1)
and (4), HRS, "To consider and evaluate personal information relating to individuals
applying for professional or vocational licenses cited in section 26-9 or both;" and "To
consult with the Board's attorney on questions and issues pertaining to the board's
powers, duties, privileges, immunities, and liabilities".

At 11:04 a.m., upon a motion by Ms. Keefe, seconded by the Vice Chair, it was voted on
and unanimously carried to move out of executive session.

Applications:

Ratification Lists

Upon a motion by the Chair Pro Tem seconded by the Vice Chair, it was voted on and
unanimously carried to approve the attached ratification list(s).

Applications

Pharmacist

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

Jarrett W. K. Chang
Bradley Stevenson Weaver
Barbara Heckman
Jacquelyn Goldberg

Upon a motion by the Vice Chair, seconded by Dr. Ma, it was voted on and unanimously
carried to take the following actions on the following pharmacist application:

Michael Petrilli	1)	Grant request for reconsideration
	2)	Reaffirm the Board's previous decision to deny the application

Board of Pharmacy Ratification List for March 21, 2019

Pharmacist (PH)

PH 4405 KELSON G <CHANG<
PH 4406 MATTHEW C <KNOTH<
PH 4407 KRYSTLE R <KIYUNA<
PH 4408 STACY A <CODY<

Miscellaneous Permit (PMP)

PMP	1578	5829 NW 158TH ST	MIAMI	FL	33014	COMPLETE PHARMACY AND MEDICAL SOLUTION
PMP	1579	3809 E WATKINS ST	PHOENIX	AZ	85034	AZ PHARMACY, LLC
PMP	1580	2410 WARDLOW RD	CORONA	CA	92880	ACCREDO HEALTH GROUP, INC
PMP	1581	7223 CHURCH ST SUITE A-19	HIGHLAND	CA	92346	WECARE SPECIALTY PHARMACY INC
PMP	1582	3453 SAINT FRANCIS AVE	DALLAS	TX	75228	VC PHARMACY, INC
PMP	1583	79 HUDSON ST	HOBOKEN	NJ	7030	METRO DRUGS HOBOKEN, LLC
PMP	1584	8360 LYNDON B JOHNSON FWY	DALLAS	TX	75243	EXECUTIVE ENTERPRISES, LLC
PMP	1585	2 PENNS WAY SUITE 404	NEW CASTLE	DE	19720	BIOTEK REMEDYS INC
PMP	1586	20214 BRAIDWOOD DR STE 140	KATY	TX	77450	PHYSICIANS PREFERENCE PHARMACY INTERNATIONAL, LLC