

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

MINUTES OF MEETING

Date: Thursday, July 18, 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, Chair Pro Tem
Catalina Cross, Public Member
Mary Jo Keefe, RPh, Pharmacist
Carolyn Ma, Pharmacist
Sheri Tokumaru, Pharmacist
Kenneth VandenBussche, RPh, BCACP, Pharmacist

Members Excused: Julie Takishima-Lacasa, PhD, Public Member – Vice Chair

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

Guests: Kellie Noguchi, Kaiser Permanente
Stacy Pi, Kaiser Permanent
Tiffany Yajima, SanHi/Walgreens
K. Blissard, DEA
Gary Whisenand, DEA
Amy Este, Walmart
Ashok Kota, Foodland

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 excused the Vice Chair and introduced the Board's new public member, Ms. Cross. She then asked the audience to introduce themselves.

Approval of the Previous Minutes – June 20, 2019 Meeting

The Chair Pro Tem called for a motion for the minutes of the June 20, 2019 meeting.

There being no discussion, upon a motion by Ms. Keefe, seconded by Ms. Tokumaru, it was voted on and unanimously carried to approve the minutes for the June 20, 2019 meeting as circulated.

Executive Officer's
Report:

Conferences/Seminars/Meetings

Boards and Commissions Member Orientation, October 11, 2019, 8:30 – 12:00, State Capitol Auditorium

The EO stated that this orientation session is open to all members and if any neighbor island members want to attend to let her know.

Ms. Tokumaru and Ms. Cross said they would attend.

2019 Legislation – Status Report on the Following Bills

The EO reported that the following bills were approved by the Governor:

Opioid Antagonist

- SB 535, SD1, HD1, CD1, Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist – Act 255, 7/5/2019

Vaccinations

- SB 203, HD2, Relating to Vaccinations – Act 218, 7/2/2019

Return for Disposal

- HB 1272 HD1, SD1, Relating to Prescription Drugs
 - ✓ Act 183, 7/2/2019
 - ✓ Article on Longs stores to install drug disposal bins

Pilot Projects

- SB 540, SD1, HD1, CD1, Relating to the Board of Pharmacy – Act 222, 7/2/2019

She stated that for this bill, the Board may want to consider a form that the pharmacy can use to propose a pilot project that includes information that would help the Board decide on whether to approve or not and how to report the results of the pilot project. She stated that she had downloaded some forms from other state that she would put together for the Board and the Pharmacy Working Group to discuss.

Amendments to Title 16, Chapter 95

Return for Disposal, HAR §16-95-87 – Discussion if this section should be amended for Clarification

The EO inquired with the Board if they felt that it was necessary for the Board to amend Chapter 95 immediately or if they felt that the law which supersedes the rule would be sufficient for the time being.

Ms. Keefe clarified that the new law does not allow pharmacies to take back the drugs and that a secured bin will be placed in the pharmacy area, but no drugs are to be returned to the “pharmacy”.

The EO stated that the only time a pharmacist will “touch” the drugs in the bin will be when the drugs in the bin are ready to be shipped off to a reverse distributor for destruction.

Ms. Cross stated that she thinks for clarification, this section should be amended

Mr. Whisenand confirmed that the pharmacy participating in this take back would have to be registered as a reverse distributor. He inquired if the issues with shipping the drugs to a reverse distributor on the mainland was resolved.

The EO stated that she recalls this matter being discussed during the Pharmacy Working Group but wasn’t sure how it was resolved because this didn’t come up during the Legislative hearings, but she will check with State Narcotics.

Ms. Keefe asked what do other pharmacies do if there is a recall on a drug because normally, the recipient of the drug is notified but given instructions to contact the manufacturer and how can they get credit for it.

Mr. VandenBussche stated that in some instances, the pharmacy may refund, but not take back the recalled drug.

No one knew exactly how the reimbursement or credit issue was handled because the recipient of the drug would be dealing directly with the manufacturer of the recalled drug.

After further discussion, it was the consensus of the Board that this section should be amended for clarification.

Revisions to Pharmacist’s Corresponding Responsibility Guidance Statement – Status Report

The EO reported that she is redoing this document to include the newly enacted laws.

Working Conditions Survey – Status Report

The EO asked the Board members if they still wanted to include the questions regarding working conditions on the renewal and if so, what does the Board intend to do to address the results of the survey?

The Chair Pro Tem stated that if the Board was interested in addressing this issue, they should look at how other states are addressing working conditions, as she recalls reading about legislation in other states in past NABP News Roundups. She also stated that she

received a survey request from APhA on working conditions, therefore she felt doing another survey would not be necessary.

Mr. VandenBussche stated that we all know there is an issue and what needs to be done and does not see the validity for a survey. He stated that doing a survey would require the Board to then analyze the data which would only prolong what needs to be done.

Ms. Cross also stated although she feels a survey would be beneficial if there is already national data, then she agrees that doing a survey would only prolong any action to be taken by the Board.

Ms. Keefe agreed with Mr. VandenBussche that as a pharmacist she is fully aware of the challenges with the current situations and we need to look at solutions on how to protect pharmacist wellbeing and consumer safety.

Ms. Tokumaru stated that she believes analyzing the national data and other states regulations would be beneficial.

After further discussion, it was the consensus of the Board to not include the working conditions survey questions on the pharmacy renewals this year but to also refer this to the PWG for further discussion.

Pharmacy FAQs – Status Report

The EO reported that she is still working on the FAQs, however, is running into format problems. She stated that she will try to have it done by the August meeting.

The Chair Pro Tem recommended that the final draft be reviewed by the Board as well as the Pharmacy Working Group.

Compounding for “Office Use”/ Outsourcing Facilities

The EO reported that she is asking the Board if this is an issue that they would like to start discussing. She stated that she receives phone calls from Hawaii licensed practitioners who question why pharmacies, both in-state and out-of-state are not able to dispense a compounded drug for “office use”. The practitioner explains that they need certain compounded drugs for office procedures and for emergencies so writing a patient specific prescription is not possible in these situations. The EO stated that she must inform the caller that the current pharmacy laws and rules requires a patient specific prescription in order for a pharmacy to “dispense” any prescription drug.

Ms. Keefe volunteered to assist with gathering information.

The Board also referred this for further discussion to the PWG.

Correspondence: **NABP – State News Roundup**

The EO reported on the following State News Roundup:

7/3/2019

Kansas Legislation Allows Pharmacists to Administer Injectable Medications

Effective July 1, 2019, pharmacists in Kansas are authorized to administer injectable medications pursuant to a prescription order, unless the prescription includes the wording “not to be administered by a pharmacist.” The law, HB 2119, also mandates, with exceptions, electronic prescribing of CS that contain an opiate, beginning on July 1, 2021.

New Kentucky Legislation Addresses Emergency Dispensing, CS, Naloxone, and More

The following bills passed during the 2019 Kentucky Legislative Session and signed by Governor Matt Bevin are effective as of June 27, 2019, unless otherwise stated.

Pharmacist emergency dispensing: HB 64 allows a pharmacist to dispense more than a 72-hour supply of certain medications in emergency situations when the authorization for a refill may not be readily or easily obtained from the prescriber. The law allows a pharmacist to dispense up to a 72-hour supply of most medications if the prescriber cannot be reached for a refill authorization. This bill allows a pharmacist to dispense more than a 72-hour supply of insulin or medications used for the treatment of chronic respiratory diseases (eg, inhalers) if the standard unit of dispensing exceeds a 72-hour supply. The pharmacist can dispense an amount equal to the standard unit of dispensing, eg, one bottle of insulin or one inhaler.

Electronic prescribing of CS: HB 342 requires all CS prescriptions to be electronically prescribed, with some exceptions, by January 1, 2021. The exceptions are outlined in the Kentucky Board of Pharmacy’s June 2019 [Newsletter](#).

A practitioner may be granted a waiver on a year-to-year basis by the Kentucky Cabinet for Health and Family Services (CHFS) to comply. CHFS will promulgate administrative regulations about e-prescribing of CS.

Pharmacists dispensing naloxone as part of a harm reduction program: HB 470 allows pharmacists using the naloxone protocol to dispense naloxone to any person or agency that provides training as part of a harm reduction program, regardless of who the ultimate user may be. Documenting the naloxone dispensing as part of the harm reduction program satisfies the documentation required by administrative regulations.

Allowance for expedited partner therapy for a sexually transmitted gonorrhea or chlamydia infection: HB 237 allows a practitioner to provide expedited partner therapy for a sexually transmitted gonorrhea or chlamydia infection to a patient’s sexual partner(s). Therefore, if a patient is diagnosed with gonorrhea or chlamydia, the patient’s sexual

partner(s) may receive an antibiotic for treatment without being examined.

Regulation Changes in New Mexico Affect Inpatient Hospital Pharmacies

The medication must be prescribed by a licensed practitioner of the hospital. Language was added to New Mexico Administrative Code (NMAC) to allow an inpatient hospital pharmacy, not otherwise licensed as a retail pharmacy, to dispense medication to a patient upon hospital discharge, on a limited basis. Dispensing restrictions include, but are not limited to:

- The medication must be prescribed by a licensed practitioner of the hospital
- The medication must be dispensed by a pharmacist
- No CS may be dispensed
- The prescription or order may not be refilled or transferred

North Dakota Legislation Addresses Gabapentin, Collaborative Agreements, and Mail-Order Services

The North Dakota Legislature passed, and Governor Doug Burgum signed into law, the following bills.

HB 1113

The North Dakota State Board of Pharmacy requested the legislature to add gabapentin (Neurontin®) as a Schedule V drug in North Dakota. This request was made into law through HB 1113. Please note that since gabapentin is a state CS and not a federal CS, federal requirements related to electronic prescribing do not need to be followed.

SB 2231

North Dakota passed Senate Bill (SB) 2231 into law, which further streamlines the ability of a pharmacist to enter into a collaborative agreement with a practitioner for initiation and modification of therapy. This law essentially removes the requirement for a collaborative agreement to be formally approved by each administrative board that governs the licensees involved. Most of the other tenets of the law remain unchanged. It becomes effective on August 1, 2019.

HB 1498

North Dakota also passed HB 1498 into law, which broadens the ability of a pharmacist to administer medications to patients receiving emergency services including, but not limited to, emergency room or code situations in health facilities.

This law also removed the need for a pharmacist to receive a biannual certification issued by the Board to provide injections. It did, however, maintain the need for the Board to modify and expand on rules to govern the authority of a pharmacist to obtain and maintain the ability to administer drugs.

HB 1382

HB 1382 requires consent or notice prior to shipping prescriptions and will go into effect on January 1, 2020. It provides that if a pharmacy offers a prescription through home delivery or mail-order delivery services, the pharmacy may not initiate delivery of a refill unless the pharmacy obtains prior consent from the patient or the patient's authorized

representative; or the pharmacy provides the patient with notice of the upcoming delivery through more than one communication attempt, by different means, and the patient or the patient's authorized representative does not respond indicating the patient does not want the refill.

If a pharmacy delivers a refill in violation of this law, then within thirty days of the patient's or the patient's authorized representative's notification of the pharmacy of the unwanted refill, the pharmacy shall refund all payments it received relating to the unwanted refill. Also, within thirty days of the pharmacy's, patient's, or patient's authorized representative's notification of the health plan or the pharmacy benefits manager (PBM) of the unwanted refill, the health plan and PBM must refund all payments received relating to the unwanted refill.

Tennessee Updates Opioid Limiting Law

Governor Bill Lee approved changes to Public Chapter (PC) 1039 regarding the TN Together opioid law on April 9, 2019, and he designated these changes as PC 124. Some of those updates are as follows.

- All prescriptions (written/printed/electronic) for a Schedule II CS must contain all the legal requirements, including a signature on the day the prescription is issued.
- Emergency prescriptions are not specifically mentioned in PC 124. However, this legislation does mention that verbal orders are permitted when following the proper requirements. Therefore, an emergency verbal prescription is still allowed.
- Updated language clarifies that the ICD-10 code on no more than a three-day supply of opioid treatment and a maximum of 180 morphine milligram equivalent (MME) dosage is not required.
- Starting January 1, 2021, it will be mandatory for Schedule II through Schedule V CS prescriptions to be sent electronically. If issued by an advanced practice nurse or physician assistant, the prescription must include the name, address, and telephone number of the collaborating physician.
- Regarding partial fills, any subsequent fill must remain and be completed at the pharmacy in which it was originally initiated. A partial fill must be completed within the six-month time frame from the date of issuance (unless required to be filled in less time under federal law).
- The requirement to fill opioids for "more than minimally invasive" procedures has been increased from the maximum of 20 days/850 MME to a maximum of 30 days/1200 MME.
- Opioid-containing preparations for cough and upper respiratory symptoms, approved by FDA for such use, may now be prescribed for a maximum of 14 days with no requirements regarding MME. The ICD-10 codes for these preparations are no longer required to be recorded on the prescription.

West Virginia Establishes Reciprocity for Pharmacy Technicians

A pharmacy technician who has obtained a national certification and practiced in another jurisdiction for at least a year is eligible to apply for reciprocity in West Virginia. The individual must be in good standing in the original state of jurisdiction. He or she must still apply as a pharmacy technician trainee and complete the 20-hour, site-specific training program. The applicant will then apply to be a pharmacy technician by providing

satisfactory proof to the West Virginia Board of Pharmacy of his or her licensure status with the board of pharmacy in the state in which the individual was licensed and proof of national certification. In states where there is no technician licensure, a notarized document with proof of satisfactory employment by the previous PIC is sufficient.

West Virginia Establishes Laws Impacting Conversion of Prescriptions and Emergency Fills, Tobacco Cessation Therapy, Family Planning Access, and Pharmacy Audits

The West Virginia Legislature established the following laws that impact the practice of pharmacy.

HB 2524 is now in effect and has three parts: 30-day to 90-day conversions, dosage substitutions, and emergency prescriptions for life-sustaining medications. For a prescription that has been previously filled for a patient for a maintenance drug for a chronic condition, a drug taken on a regular basis to prevent disease, or a contraceptive, the pharmacist may consult with the patient and determine if he or she is stabilized and if conversion is desired. Regarding the first section of the bill, the pharmacist can make certain changes without consulting the prescriber. For example, if the prescription is written for a 30-day supply with five refills, the pharmacist could change the prescription to a 90-day supply with one refill. This conversion authority excludes CS prescriptions.

The second section of this bill covers dosage substitutions. If the pharmacist is unable to dispense a drug in the prescribed dosage, the pharmacist may substitute the same drug in a different dosage, as long as the aggregate dosage of the prescription remains the same and the pharmacist counsels the patient on the differences and notifies the patient's prescriber of the drug product substitution within five business days of the substitution. This dosage substitution language does not require the health plan to provide coverage for the substitution. For example, if the pharmacist could not dispense amoxicillin suspension of one concentration (400mg/5mL versus 250mg/5mL), the pharmacist could dispense a covered concentration with the appropriate directions and quantity, notify the provider within five business days, and counsel the patient.

The final section in this bill is related to emergency prescriptions for life-sustaining medications. It allows a pharmacist to provide up to a 30-day supply or the standard unit of dispensing (eg, an inhaler or vial of insulin) if specific conditions are met.

This emergency supply may only be provided one time per drug per 12 months, and the pharmacist is required to maintain a list of specific records for one year. The pharmacist must notify the prescriber within 72 hours.

HB 2525 and HB 2583 enables pharmacists to provide protocol-driven, direct patient care for tobacco cessation therapy and self-administered hormonal contraceptives. Both programs use protocols that are currently in development and standing orders from the West Virginia State Health Officer. HB 2525 enables a pharmacist to initiate non-controlled prescription and over-the-counter medications and other professional services for tobacco cessation with Board-approved training. The patient's primary care provider

must be notified within two days of service initiation.

HB 2583 is similar, but for self-administered hormonal contraception for individuals 18 years and older. This contraceptive medication can be provided for 12 months, and the primary care provider must be notified if indicated. Check the Board website for the latest information.

SB 489 provides additional amendments to a law passed last session to increase transparency and integrity in the pharmacy audit process. The law now requires PBMs to be licensed by the West Virginia Offices of the Insurance Commissioner and imposes reimbursement standards on 340B medications. The law will also impose quarterly reporting requirements on the PBM regarding the amount paid to the pharmacy provider per claim for the West Virginia Public Employees Insurance Agency and limits allowable fees and adjustments during audits.

Other Pharmacy Bills in West Virginia

Two other pharmacy-related bills from this West Virginia Legislative Session are SB 518: Sale of Dextromethorphan and HB 2509: Felony for Prohibited Acts. SB 518 requires a purchaser of dextromethorphan to be 18 years old. The product does not need to be behind the counter. HB 2509 makes it a felony to acquire or obtain possession of any amount of a CS by misrepresentation, fraud, forgery, theft, deception, or subterfuge. While the possession will now be considered a felony versus a misdemeanor, it will still be at the discretion of the prosecutor to determine how to charge the individual.

Wyoming Amends Laws to Better Regulate Opioids and CS

Wyoming Statute (W.S.) 35-7-1030: updates opioid prescription limits and states that no practitioner should prescribe or dispense any opioid or combination of opioids for acute pain to an opioid-naive patient for more than a seven-day supply in a seven-day period. Wyoming amended several pharmacy-related bills during its most recent legislative session.

The following summarizes recent amendments to the Wyoming Statutes.

- W.S. 33-24-121: requires 1.5 hours of continuing education related to the responsible prescribing of CS annually.
- W.S. 35-7-1030: requires that starting January 1, 2021, except when dispensed directly by a practitioner other than a pharmacy to an ultimate user, no CS included in any schedule should be dispensed without the electronic prescription of a practitioner. The prescription for a CS included in Schedule III or IV should not be filled or refilled more than six months after the date of the prescription or be refilled more than five times unless renewed by the practitioner. The Wyoming State Board of Pharmacy may, by rule and regulation, provide exemptions from these requirements including exemptions for emergencies and technical failures.
- W.S. 35-7-1060: states that unless stated otherwise, when a practitioner, other than a veterinarian, prescribes a Schedule II, III, IV, or V CS, the practitioner or his or her delegate shall search the prescription tracking program for prior prescriptions issued

to the patient before first issuing the prescription and should repeat the search every three months from then on for as long as the CS is a part of the patient's treatment. A practitioner who prescribes a Schedule V CS is only required to search the program in this way if the substance is an opioid.

Letter from Jay Shin, Pharmacist, Jays Drug in Los Angeles – Drug Costs and PBMs

The Chair Pro Tem summarized a letter to President Trump from Mr. Shin, expressing his concerns as an independent pharmacy owner and the cost of doing business due to the high costs of drugs and the “abusive” pharmacy auditing by PBMs.

Chapter 91, HRS
Adjudicatory Matter(s)

At 9:35 a.m., the Chair Pro Tem called for a recess of the meeting to discuss and deliberate on the following adjudicatory matters:

In the Matter of the Pharmacy Miscellaneous Permit of **Advantage Pharmacy, LLC, dba Advantage Medical Pharmacy: PHA 2018-63-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits “1” – “9”.

Upon a motion by Ms. Keefe, 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 decision in these matters, pursuant to Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled meeting at 9:41 a.m.

Executive Session:

At 9:41 a.m., upon a motion by Mr. VandenBussche, seconded by Ms. Keefe, it was voted on and unanimously carried to move into Executive Session in accordance with HRS, 92-5(a) (1), “To consult with the board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities”.

At 9:56 a.m., upon a motion by Ms. Keefe, seconded by Mr. VandenBussche, it was voted on and unanimously carried to move out of executive session.

Applications:

Ratification Lists

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

Application(s)

Miscellaneous Permit

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

Walgreen Arizona Drug Co., dba Walgreens #06666

Upon a motion by Mr. VandenBussche, seconded by Ms. Keefe, it was voted on and unanimously carried to enter into a settlement agreement with the following miscellaneous permit applicant:

Absolute Veterinary Compounding Pharmacy, LLC, dba NexGen Compounding Pharmacy

Election of Chair: The EO asked if anyone was interested in serving as the Chair.

Ms. Keefe nominated Ms. Isobe and commented how prepared and informed Ms. Isobe is during all the meetings. Mr. VandenBussche seconded the motion, it was voted on and unanimously carried to elect Ms. Isobe as the Chair of the Board of Pharmacy.

Next Meeting: The Chair announced the next Board meeting and asked if everyone was able to attend.

Thursday, August 15, 2019
9:00 a.m.
Queen Liliuokalani Conference Room, First Floor
King Kalakaua Building
335 Merchant Street
Honolulu, Hawaii 96813

Everyone said they would be present.

Adjournment: There being no further business to discuss, the meeting was adjourned at 10:02 a.m.

Taken and recorded by:

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

7/18/19

Minutes approved as is.

Minutes approved with changes; see minutes of _____

Board of Pharmacy Ratification List for July 18, 2019

Pharmacist (PH)

PH	4436	LYNNETT T TRAN
PH	4437	GRACE M GOMES
PH	4438	SANDY A BAR
PH	4439	RICHARD GUTOSKI
PH	4440	JENNA LEAH K BELDEN
PH	4441	ALVIN BLACKMON III
PH	4442	KATHERINE S POST

Miscellaneous Permit (PMP)

PMP	1615	108 SAUSALITO BLVD	CASSELBERRY	FL	32707	GRAHAM-SEGO CORPORATION
PMP	1616	1225 GARDEN ST	TITUSVILLE	FL	32796	GRAHAM-SEGO CORPORATION
PMP	1617	305 MERCHANT LN	PITTSBURGH	PA	15205	SUMMIT ACCESS SOLUTIONS
PMP	1618	132 FAIRMONT ST	CLINTON	MS	39056	1ST AMERICAN INFUSION SERVICES LLC
PMP	1619	711 E LAMAR BLVD STE 106	ARLINGTON	TX	76011	DEVRON SYSTEM INC
PMP	1620	4200 BUCKINGHAM RD STE 105B	FORT WORTH	TX	76155	MEDPRO PHARMACY, LLC
PMP	1621	12631 WESTLINKS DR STE 1	FORT MEYERS	FL	33913	AON PHARMACY, LLC
PMP	1622	7830 W GRAND PKWY S	RICHMOND	TX	77406	GRAND RX, LLC
PMP	1623	310 EAST DAVIS STE 100	CONROE	TX	77301	RELIEF MED PHARMACY LLC

**Board of Pharmacy – Ratification List
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Pharmacy/Miscellaneous Permits:

Closures/Cancellation

Park Irmat Drug Corp.(PMP 915)
dba Irmat Pharmacy
2 Park Avenue
New York, NY 10016
Closed: 7/27/2017

Apothecary by Design Acquisition Co LLC (PMP 1272)
dba Apothecary by Design
141 Preble Street
Portland, ME 04101
Closed: 1/6/2018

Food Pantry Ltd (PHY 837)
dba Napili Market Pharmacy
5095 Napilihau Street, #105
Lahaina, Hawaii 96761
Closed: 2/25/2018

Foodland Super Market Ltd (PHY 907)
dba Foodland Pharmacy
1450 Ala Moana Blvd., Ste. 8000, Ewa Wing
Honolulu, Hawaii 96814
Closed: 2/5/2018

Desai Drugs Inc. (PMP 1341)
dba Guardian Pharmacy
1823 Commercenter West
San Bernadino, CA 92408
Closed: 4/24/2018

Downing Labs LLC (PMP 1105)
4001 McEwen Rd., Ste. 110
Dallas, TX 75244
Closed: 5/28/2019

Leehar Distributors LLC (PMP 1346)
dba LDI Specialty Pharmacy
701 Emerson Road, #332
Creve Coeur, MO 63141
Closed: 5/31/2019

HiCare Pharmacy LLC (PMP 1475)
7814 Alameda Rd.
Houston, TX 77054
Closed: 6/10/2019

Whiteville Community Pharmacy LLC (PMP 1392)
2060 Highway 64, Ste. G
Whiteville, TN 38075
Closed: 7/13/2019

**Board of Pharmacy – Ratification List
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Change of PIC

Humana Pharmacy Inc., (PMP 473)

New PIC: Nathan Hunnell

Effective: 11/2/2017

Prime Therapeutics Specialty Pharmacy LLC
(PMP 1407)

dba AllianceRx Walgreens Prime #16567

New PIC: Catherine Ronalder

Effective: 11/15/2017

Veterinary Pharmacies of America LLC (PMP
1408)

New PIC: Arreiva Benson-Papillion

Effective: 11/22/2017

Pro Care Pharmacy Direct Inc. (PMP 195)
dba CVS/Specialty

New PIC: Jeffery Muehlbauer

Effective: 4/15/2019

Express Scripts Pharmacy Inc. (PMP 962)
dba Express Scripts

New PIC: Lana DeLong

Effective: 5/28/2019

MAH Pharmacy LLC (PMP 745)

New PIC: James Rundo

Effective: 5/28/2019

Enclara Pharmacia Inc. (PMP 504)

New PIC: Angela Scarborough

Effective: 5/31/2019

McKesson Specialty Pharmacy LP (PMP 487)

New PIC: Maricela Lara-Nevarez

Effective: 6/3/2019

Tel-Drug Inc. (PMP 19)

dba Cigna Home Delivery Pharmacy #1

New PIC: Chad Sherard

Effective: 6/3/2019

Arizona Board of Regents (PMP 510)

dba The University of Arizona College of
Pharmacy

New PIC: Kwyn Morales

Effective: 6/10/2019

Wells Specialty Pharmacy Inc. (PMP 1329)

New PIC: Mary Paula Stevens

Effective: 6/14/2019

Wells Specialty Pharmacy Inc. (PMP 1329)

New PIC: Mary Paula Stevens

Effective: 6/14/2019

**Board of Pharmacy – Ratification List
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Relocation

RX Biotech Pharmacy LLC (PMP 1417)
dba Meijer Specialty Pharmacy
2514 N. Ontario Street, Ste. 102
Burbank, CA 91504
Effective: 1/15/2018

Blink Health Pharmacy LLC (PMP 1542)
14515 North Outer 40 Rd., Ste. 350
Chesterfield, MO 63017
Effective: 4/5/2019

Brian W. Truax (PMP 790)
dba Truax Patient Services
1112 Railroad St., Ste. 4
Bemidji, MN 56601
Effective: 5/17/2018

Right Value Drug Stores Inc. (PMP 1337)
dba Carie Boyd's Prescription Shop
8400 Esters Blvd, Ste 190
Irving, TX 75063
Effective: 5/22/2019

Nudak Ventures, LLC (PMP 998)
dba Nudak Pharmacy #1
1900 James Street, Ste. 10-B
Coralville, IA 52241
Effective: 9/1/2018

Vetcara LLC (PMP 594)
dba Vet Rx Direct
1900 James Street, Ste. 11
Coralville, IA 52241
Effective: 9/1/2018

McKesson Specialty Pharmacy LP (PMP 487)
845 Regent Blvd., Ste. 100A
Irving, TX 75063
Effective: 11/16/2018

US Bioservices (PMP 353)
5025 Plano Parkway, Ste. 100
Carrollton, TX 75010
Effective: 3/4/2019

Lincare Pharmacy Services Inc. (PMP 334)
dba Reliant Pharmacy Service
3985 Gateway Centre Blvd., Ste. 200
Pinellas Park, FL 33782
Effective: 4/10/2019

Lumicera Health Services LLC (PMP 1269)
310 Integrity Drive
Madison, WI 53717
Effective: 3/13/2019

**Board of Pharmacy – Ratification List
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Name Change

RX Biotech Pharmacy LLC (PMP 1417)

dba RX Biotech Specialty Pharmacy

New Name: RX Biotech Pharmacy, LLC
dba Meijer Specialty Pharmacy

Effective: 1/15/2018

Oncology Rx Care Advantage, LP (PMP 487)

New Name: McKesson Specialty Pharmacy

LP

Effective: 11/16/2018