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

MINUTES OF MEETING

Date:	Thursday, August 15, 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 Julie Takishima-Lacasa, PhD, Public Member – Vice Chair Catalina Cross, Public Member Mary Jo Keefe, RPh, Pharmacist Sheri Tokumaru, Pharmacist
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:	Dean Yamamoto, Narcotics Enforcement Division Patrick Uyemoto, Times Stacy Pi, Kaiser Permanente Kellie Noguchi, Kaiser Permanente Marcella Chock, HPhA Tiffany Yajima, SanHi Government Strategies Katya Blissard, DEA Mihoko Ito, SanHi Government Strategies
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 called the meeting to order at 9:00 a.m.
Chair's Report	**Announcements and Introductions** The Chair excused Mr. VandenBussche and asked the audience to introduce themselves.

Approval of the Previous Minutes – July 18, 2019 Meeting

The Chair called for a motion for the minutes of the July 18, 2019 meeting.

There being no amendments, upon a motion by Ms. Keefe, seconded by the Vice Chair, it was voted on and unanimously carried to approve the minutes for the July 18, 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 the Chair, Ms. Cross and Ms. Tokumaru will be attending this orientation session and to remind the other members that this is open to all members whether you previously attended and to neighbor island members and that the deadline is September 6, 2019.

2019 Legislation

Act 183 – Return for Disposal – Can Hawaii Pharmacies "Ship" Drugs to the Mainland for Destruction?
The EO stated that she was previously informed by a reverse distributor in the mainland that in order to ship the drugs for disposal to a reverse distributor in the mainland, the pharmacy would have to apply for a special permit and that the U.S. DOT-SP 20499 refers to a permit for packaging, however, page 4 #9 only refers to modes of transportation as "Motor vehicle and rail freight" but no shipping by ship or by air.

She was also referred to the Federal Register, Vol. 79, No. 174 issued September 9, 2014 on the DEA, Disposal of Controlled Substances (Federal rules expanding the Secure and Responsible Drug Disposal Act of 2010) and that the Register covers the issue of transporting the controlled substance for disposal on pages 53527-28:
"[5] **Issue**: Five commenters asked the DEA to define the term ''common or contract carrier.''
Response: The DEA declines to define this term for the purpose of this rule. The DEA's primary concern regarding common or contract carriers is not about how these terms are defined, but whether there is adequate security to prevent diversion when controlled substances are being transported. As explained in § 1301.74(e), when shipping controlled substances, nonpractitioner registrants are responsible for selecting common or contract carriers that provide adequate security to guard against in-transit losses."

The Register doesn't mention that U.S. DOT prohibits the shipment of drugs but there may be issues related to hazardous materials.

She confirmed with Mr. Yamamoto that the Department of Public Safety, Narcotics Enforcement Division would not be able to take back drugs for disposal from a pharmacy.

Mr. Yamamoto explained that they have a secured bin to take back drugs at their office from consumers and practitioners but not from pharmacies.

The EO stated that she is unsure who would be able to provide guidance on this issue and confirm what is required for a Hawaii pharmacy to ship drugs to a reverse distributor in the mainland. She stated that she wants to provide guidance for pharmacies who wish to take back drugs for disposal purposes.

She asked what the current practice is for recalled, misbranded or expired drugs and that if there are conflicting rules between the U.S. Departments, then it seems that an option is for someone from U.S. DOT to provide the pharmacy board guidance. Under the Federal Register, DEA is explicit in stating that the use of a common or contract carrier is allowable.

Ms. Ito stated that a special waiver from the Department of Transportation would be required to ship drugs to a reverse distributor in the mainland by air or boat.

Ms. Keefe asked if the waiver Ms. Ito referred to includes only hazardous products or for all drugs?

Ms. Ito stated that it specifically for any drug take back programs products. She stated that here in Hawaii the only way we can get drugs to a reverse distributor in the mainland would be by air or boat, therefore both require the waiver.

Ms. Keefe stated that pharmacies who have the drug back take back program must have some knowledge on the requirements. She asked representatives from CVS/Longs what they currently have in place?

Mr. Komei stated that their participating pharmacies have received receptacles approved by the DEA, in addition, they had their licenses updated through DEA, to show that they can receive the drugs, however he would need to double check into the specifics on where and how they will be shipping back the drugs.

Ms. Yajima commented that she would think that CVS contracts with an entity, who would be responsible for carrying the permit to remove the drugs off the island and it would not be CVS who has the waiver. She stated that it is the third-party entity that is providing the reverse distribution service.

Mr. Komei stated that their pharmacists will not be the ones taking the bins out.

The EO asked Ms. Yajima when she refers to third party entity is she referring to the carrier or the reverse distributor?

Ms. Yajima stated that to her understanding there is a receptacle within a pharmacy. The third-party vendor who puts the receptacle in the pharmacy is responsible for taking the receptacle out. She stated it would be that entity that would hold he permit for disposal. Ms. Ito stated that the reverse distributor company must obtain both DEA approval to become a reverse distributor and a DOT waiver to be able to ship by air or boat.

The EO stated that on the permit she received from the inquirer it only refers to means of transport by motor vehicle or rail freight.

Mr. Yamamoto, stated, that the reason could possibly be due to where the distributor is located and that once it becomes known that it is for a Hawaii pharmacy, then DOT will grant the clearance to ship by air or boat, however, it would be up to the reverse distributor to gain the necessary exemptions.

The EO stated that since the act has passed, the Board should be able to let the reverse distributors know who they can go to in order to acquire the waiver.

Mr. Yamamoto stated that they would go to the federal DOT.

Ms. Isobe asked both the Board and the audience what pharmacies are currently doing with expired drugs.

Ms. Keefe stated that her pharmacy has Guarantee Returns, who is a reverse distributor. She stated that they will come in, inventory the drugs, pack it and ship it out.

Ms. Isobe asked if anyone else had a different process.

Ms. Cross stated that Times goes through a third-party reverse distributor through their wholesaler.

The EO stated that she will work on creating an info sheet for pharmacist who will be participating in the drug take back program.

Ms. Isobe volunteered to assist the EO in the project.

2020 Legislation

Relating to Health – Representative Mizuno's Bill on Placing Cap on Prescription Insulin

The EO reported that Representative Mizuno has drafted a bill to cap the co-pay for a 30-day supply of insulin to $100. According to the press release, the justification for this proposed measure is the "runaway drug costs" and that insulin prices have increased approximately 555% in the last decade and a half that have caused co-pays to sky-rocket to unaffordable rates for patients. Due to the cost, patients underuse insulin increasing the potential for emergency room visits and costly intervention health services rather than prevention health maintenance.

Revisions to Pharmacist's Corresponding Responsibility Guidance Statement – Status Report
The EO stated that she is still working on the updates.

Pharmacy FAQs – Status Report
The EO reported that she is still working on the FAQs.

Compounding for "Office Use"/ Outsourcing Facilities

Email Expressing Concerns for Veterinarians Not Being Able to Keep "For Office Use" Compounding Drugs for Emergencies
The Board discussed the following email inquiry:

"I am writing to you on behalf of the 16 Veterinarians at our hospital. This concerns not being able to keep "for in office use" compounds in house in the state of Hawaii.

We have some questions for you.

When we get a patient at 2am, who has lead toxicity, and there is no injectable Calcium EDTA in the hospital because we are not allowed to get a compound and keep it in the hospital for an emergency, what do we do?

When a patient ingests antifreeze, and we don't have Fomepizole in the hospital, how do we tell the client their pet may die because we have to wait for the Antidote?

When Acetylcysteine is back ordered, and the only way to get it is to compound it, how do we tell a client that their pet will have to just wait until we can order the meds in? AND that they'll have to pay an additional $50 of expedited shipping to get those meds there, which generally is a minimum of 24-48 hours(depending on what day it is)?

When we must perform emergency surgery on a pet who has a bleeding disorder, and there is no Desmopressin in the hospital, what is your suggestion?

The local human pharmacies are not willing to part with their supply, that is if they even carry it.

These are only a few of the many compounds needed at our Emergency and Specialty Center.

We are a referral hospital, so other hospitals on the island send their cases to us. We need to be able to accommodate them.

What is your recommendation please?"

The EO asked if Veterinarians know what drugs to use, why can't they compound on their own?

Ms. Keefe stated that they can compound.

The EO asked if Ms. Keefe was referring to sterile compounding drugs.

Ms. Keefe stated that if the drugs are IV or injectable then they need to be sterile, however, she stated that the drugs that are mentioned in the inquiry, such as Acetylcysteine are injectable already. Therefore, she is unsure why they cannot make a dose out of what they have. She asked as an emergency hospitable why wouldn't they have these medications in stock?

The EO stated that they are relying on a pharmacist/pharmacy to compound the medications for them.

Ms. Keefe stated that these drugs are a liquid and don't need to be compounded. Therefore, if they need to adjust the dose it would just be a simple math problem to figure out what the dose would be.

Ms. Tokumaru stated that some of the drugs indicated in the email are human drugs that may be diluted for IV that would require sterile compounding.

Ms. Cross stated that one thing she noticed about the inquiry is that they specify they are unable to have office use compounds in house in the state of "Hawaii." Ms. Cross stated that the inquirer may be alluding to other states that do allow for office use compounding. Ms. Cross stated that she did do some research and saw that many of the other states have different levels of what they allow. However, she too is unclear of what they are asking for.

Ms. Keefe stated that some sterile compounding drugs may have a specific shelf life and that the FDA regulations on outsourcing only applies to human drugs. Ms. Keefe mentioned that in her research she read an article that stated the FDA will release guidelines greenlighting certain use office compounding as long as the 503A pharmacies register as 503B outsourcing facilities.

Ms. Isobe stated that although we don't have "office use" now, what if there was someone to do a pilot project.

The EO cautioned that as defined in Chapter 461, "drugs" mean articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or animals. Therefore, although FDA does not regulate drugs for animals, she stated that in the Board's laws and rules the term "drug" is defined to include both humans and animals.

Mr. Edwards stated that the DOH did an Expeditated Partner Therapy which allowed a prescription to be dispensed without a patient name which was a big shift. Therefore, if a patient specific script or labeling was the hurdle, there has been a precedence set that may allow the Board to write a narrow exception.

The EO stated that she needed to consult with the DAG regarding a question she had.

Executive Session: At 9:35 a.m., upon a motion by the Vice Chair, seconded by Ms. Keefe, it was voted on and unanimously carried to move into executive session in accordance with HRS §92-4 and §92-5(1) and (4), ""To consider and evaluate personal information relating to individuals applying for licensure;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities;", Board will vote in Open Meeting.)

At 9:45 a.m., upon a motion by the Vice Chair, seconded by Ms. Keefe, it was voted on and unanimously carried to move out of executive session.

It was the consensus of the Board that currently the pharmacy laws and rules do not allow pharmacies to compound for office use, however, the Board would consider a pilot project proposed by a pharmacy to compound products for "office use."

The following agenda item was moved out of order:

Chapter 91, HRS Adjudicatory Matter(s) At 9:45 a.m., the Chair called for a recess of the meeting to discuss and deliberate on the following adjudicatory matter:

In the Matter of the Pharmacy Miscellaneous Permit of **Benecard Central Fill of PA, LLC; PHA 2018-53-L** Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1"

Upon a motion by Ms. Keefe, seconded by Ms. Cross, 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 9:47 a.m.

Executive Officer's Report: **Upcoming Renewal**

The EO reported that information on the upcoming renewals was posted on the Board's web page that includes general information on the continuing education requirements for pharmacists.

Correspondence: **NABP – State News Roundup**
The Board reviewed the August 1, 2019 State News Roundup that included the following:

New Minnesota Legislation Addresses Limits on Opiate Prescriptions
The following provisions took effect on July 1, 2019, in Minnesota. Below are summaries of portions of House File (HF) 400 - Opioids.

Limits on Filling Dates
No prescription for an opiate or narcotic pain reliever listed in Schedules II through IV may be initially dispensed more than 30 days after the date that the prescription was issued. No subsequent refills indicated on a prescription for a Schedule III or IV opiate or narcotic pain reliever may be dispensed more than 30 days after the previous date that the prescription was initially filled or refilled. After the authorized refills for Schedule III or IV opiate or narcotic pain relievers have been used up or are expired, no additional authorizations may be accepted for that prescription. If continued therapy is necessary, a new prescription must be issued by the prescriber.

Limits on the Quantity of Opiates Prescribed
HF 400 - Opioids also states that when used for the treatment of acute pain, prescriptions for opiates or narcotic pain relievers listed in Schedules II through IV may not exceed a seven-day supply for an adult and a five-day supply for a minor under 18 years of age. When used for the treatment of acute dental pain, including acute pain associated with wisdom teeth extraction surgery or refractive surgery, prescriptions for opiate or narcotic pain relievers listed in Schedules II through IV may not exceed a four-day supply.

In this context, “acute pain” means pain resulting from disease, accidental or intentional trauma, surgery, or another cause that the practitioner reasonably expects to last only a short period of time. Acute pain does not include chronic pain or pain being treated as part of cancer care, palliative care, or hospice or another form of end-of-life care. If, in the professional clinical judgment of a practitioner, more than the limit specified here is required to treat a patient’s acute pain, the practitioner may prescribe the quantity needed to treat the patient’s acute pain.

Minnesota Requires More Frequent ID Checks for CS Prescriptions
Minnesota now requires more frequent checks of IDs when controlled substances (CS) are dispensed.

According to HF 400 - Opioids, no person may dispense a CS included in Schedules II through V without requiring the person purchasing the CS to present a valid photo ID. The purchaser does not need to be the patient receiving the CS prescription. The dispenser may make an exception to the rule if he or she knows the purchaser. A veterinarian who dispenses a CS also must comply with this rule.

Minnesota Pharmacists Now Allowed to Administer Certain Injectable Drugs
Specifically, HF 400 - Opioids amends the definition of “practice of pharmacy” to include the administration of additional types of drugs. The practice of pharmacy now includes intramuscular and subcutaneous administering of medication used to treat alcohol or opioid dependence (eg, Vivitrol®) and mental illnesses. This is permitted if certain conditions are met.

Minnesota Updates Rules for Emergency Prescription Refills
In Minnesota, pharmacists will be allowed to refill emergency prescriptions, even if no refills remain, provided that certain conditions are met. A list of special conditions are provided in the Board's July 2019 Newsletter.

The Board notes that if those conditions are met, the amount of the drug dispensed by the pharmacist to the patient must not exceed either a 30-day supply or the quantity originally prescribed, whichever is less. If the standard unit of dispensing for the drug exceeds a 30-day supply, the amount of the drug dispensed or sold must not exceed the standard unit of dispensing. Also, a pharmacist cannot dispense or sell the same drug to the same patient, as allowed under this new provision, more than once in any 12-month period.

The pharmacist must also notify the practitioner who issued the prescription drug order no later than 72 hours after the drug is sold or dispensed. The pharmacist must request and receive authorization before any additional refills may be dispensed. If the practitioner declines to provide authorization for additional refills, the pharmacist must inform the patient of that fact. In addition, insurers and pharmacy benefits managers are required to pay for these emergency refills, even though no refills were remaining.

New Hampshire Creates a License for a Licensed Advanced Pharmacy Technician
In October 2018, the New Hampshire Board of Pharmacy endorsed the creation of a license for a licensed pharmacist assistant, which was changed to licensed advanced pharmacy technician during the legislative process. New Jersey Governor Chris Sununu signed House Bill 463 on June 5, 2019, and it became law on July 1, 2019.

The law requires the Board to write rules regarding the requirements for licensure, renewing the license, and the duties allowed to be performed by new licensees.

The law allows the Board to assign any duty or function allowed by federal and state law, including verifying products, processing refills, verifying repackaged drugs, completing final checks, and any other task not specifically required to be performed by a pharmacist. A licensed advanced pharmacy technician may perform duties that either a certified or registered pharmacy technician can do. The only functions the law specifically prohibits are interpreting or evaluating a prescription or drug order, verifying or validating a compounded drug or medication, and counseling or advising an individual on the clinical use of a medication.

The Board notes that a key factor in establishing this new category of licensure is that the licensee will be accountable to the Board and not to the pharmacist on duty for the duties he or she performs allowed by the Board. This is comparable to a licensed practical nurse who works under the supervision of a registered nurse. The licensee will be required to have liability insurance. More details on the creation of this license category is provided in the Board's July 2019 Newsletter.

New Jersey Holds Its First Narcan Distribution Day
Overdose deaths in New Jersey rose to over 3,000 in 2018. To address this ongoing public health emergency, the New Jersey Department of Human Services (DHS), New Jersey Cares, and the New Jersey Department of Community Affairs requested and received the New Jersey State Board of Pharmacy's approval of a pilot program. The purpose of the pilot program is to distribute opioid antidotes to anonymous recipients at no cost, at pharmacies that have obtained naloxone standing orders from the New Jersey Commissioner of Health or a New Jersey-licensed physician. The first Narcan® distribution day occurred on June 18, 2019, and the approved pilot program allows for additional distribution days over the next 12 months, as DHS advises. The opioid antidotes will be made available through state and/or federal funding and be administered by DHS.

Participating pharmacies will be required to have a valid standing order and must agree to specific conditions set forth in the pilot program, such as separating the opioid antidotes provided for the program from regular pharmacy drug stock, having a process for the anonymous distribution of opioid antidotes, record keeping, and counseling obligations.

Enhancing Well-being and Resilience Among the Pharmacist Workforce: A National Consensus Conference

The Board was provided a copy of the document that included recommendations related to the improvement of pharmacist work conditions and patient safety. Although indicating recommendations for employers, the recommendation for State Boards of Pharmacy is, "evaluate legislative and regulatory requirements to streamline and remove unnecessary burden on pharmacists and their ability to safely provide patient care."

The EO stated that she believes that the Board does consider the workload issue for pharmacists especially when considering any legislation or admin rule changes and that's why the definition of scope of practice is "permissive" and not mandatory.

Applications:

Ratification Lists

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

Applications

Pharmacist
Upon a motion by the Vice Chair, seconded by Ms. Tokumaru, it was voted on and unanimously carried to approve the application for pharmacist license after passing exam(s):

Manal Arafat

Miscellaneous Permit
Upon a motion by Ms. Cross, seconded by the Vice Chair, it was voted on and unanimously carried to approve the following application for a miscellaneous permit:

VFC Pharmacy #101, LLC, dba Covetrus Maine

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

Thursday, September 19, 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 9:53 a.m.

Taken and recorded by:

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

8/17/19

[X] Minutes approved as is.

[ ] Minutes approved with changes; see minutes of _____

Board of Pharmacy Ratification List for August 15, 2019

Pharmacist (PH)

PH	4443	FELICIA D KARNADI
PH	4444	JUDY P HAN
PH	4445	KURT A WILLIS
PH	4446	DALSTON T MIYASATO
PH	4447	HALEY J COOK
PH	4448	DREW M PANSING
PH	4449	MICHAEL D LAND
PH	4450	HOA K TANG
PH	4451	MARIA CHIARO

Miscellaneous Permit (PMP)

PMP	1624	2880 N CENTRE CT	PRESCOTT VALLEY	AZ	86314	WALGREEN ARIZONA DRUG CO
PMP	1625	2331 WEST ROYAL PALM RD	PHOENIX	AZ	85021	ROMAN HEALTH PHARMACY LLC
PMP	1626	2815 NW 13TH ST SUITE 204	GAINSVILLE	FL	32609	SINFONIARX, INC
PMP	1627	5013 SOUTH 110TH ST	OMAHA	NE	68137	VETS FIRST CHOICE, LLC
PMP	1628	711 EAST CAREFREE HWY STE 140	PHOENIX	AZ	85085	ROADRUNNER PHARMACY, INC
PMP	1629	380 OSER AVE	HAUPPAUGE	NY	11788	DELIVER MY MEDS CORP
PMP	1630	5962 STATE ROUTE 31	CICERO	NY	13039	PROPEL PHARMACY, LLC

Board of Pharmacy – Ratification List
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Pharmacy/Miscellaneous Permits:

Closures/Cancellation

Preferred Compounding Pharmacy Inc. (PMP 402)
17547 Chatsworth St.
Granada Hills, CA 91344
Effective: 7/1/2019

Advanced pharmacy Inc. (PMP 1378)
dba Avella of Houston
9265 Kirby Drive
Houston, TX 77054
Effective: 7/5/2019

Anh Tan Vo (PHY 439)
dba Chinatown Pharmacy
70 N. Hotel Street
Honolulu, HI 96817
Effective: 7/17/2019

Leiter's Enterprises Inc. (PMP 1500)
6541-B Bia Del Oro
San Jose, CA 95119
Effective: 7/18/2019

Commcare pharmacy -FTL LLC (PMP 591)
dba Commcare Pharmacy – FTL
855 SW 78th Ave. C100
Plantation, FL 33324
Effective: 7/22/2019

Acro Pharmaceutical Services LLC (PMP 626)
313 Henderson Drive
Sharon Hill, PA 19074
Effective: 7/22/2019

Procare Pharmacy Care LLC (PMP 1264)
dba Procare Rx
7660 S. Dean Martin Drive, Ste. 203
Las Vegas, NV 89139
Effective: 8/1/2019

Change of PIC

Foodland Super Market Limited (PHY 828)
dba Foodland Pharmacy
New PIC: Aaron Chun
Effective: 1/1/2017

Optumrx Inc. (PMP 495)
dba Optumrx
New PIC: Carl R. Black
Effective: 5/10/2019

Ameripharm (PMP 386)
dba Medvantx Pharmacy Services
New PIC: Slater Nash
Effective: 5/20/2019

Meijer Stores Limited Partnership (PMP 1437)
dba Meijer Specialty Pharmacy
New PIC: Allison Liao
Effective: June 1, 2019

McKesson Specialty Pharmacy LP (PMP 487)
New PIC: Maricela Lara-Nevarez
Effective: 6/3/2019

Fresenius Medical Care Pharmacy Services Inc. (PMP 187)
dba FMC Pharmacy Services – East
New PIC: Tamara D. Estrill
Effective: 7/1/2019

Express Scripts Pharmacy Inc. (PMP 305)
dba Express Scripts
New PIC: Dawn Cardamone
Effective: 7/1/2019

Walgreen of Hawaii LLC (PHY 819)
dba Walgreens #13972
New PIC: Son Nam H. Nguyen
Effective: 7/5/2019

Board of Pharmacy – Ratification List
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Walgreen of Hawaii LLC (PHY 858)
dba Walgreens #15945

New PIC: Kelly Kwok
Effective: 7/11/2019

Foodland Super Market Limited (PHY 705)
dba Foodland Pharmacy
New PIC: Paige Kurosawa
Effective: 7/20/2019

Biorx LLC (PMP 1565)
dba Diplomat Specialty Infusion Group
New PIC: Rose Feaver
Effective: 7/23/2019

Keystone Choice Pharmacy LLC (PMP 1204)
New PIC: Vito Schiavone
Effective: 7/26/2019

Relocation

Procare Pharmacy Care LLC (PMP 1263)
dba Procare Rx
2650 SW 145th Avenue
Miramar, FL 33027
Effective: 7/1/2019

Name Change

Wellspring Compounding Pharmacy (PMP 1334)
dba Wellspring Compounding Pharmacy
2461 Shattuck Ave
Berkeley, CA 94704
New name: Valor Compounding Pharmacy
Effective: 5/6/2019