

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

MINUTES OF MEETING

Date: Thursday, June 20, 2019

Time: 9:00 a.m.

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

Members Present: Mary Jo Keefe, RPh, Pharmacist, Chair Pro Tem
Julie Takishima-Lacasa, PhD, Public Member – Vice Chair
Alanna Isobe, Pharmacist
Carolyn Ma, Pharmacist
Sheri Tokumaru, 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: Ashok Kota, Foodland
Kellie Noguchi, Kaiser Permanente
Catalina Cross, Times Pharmacy
Stacy Pi, Kaiser Permanent
Tiffany Yajima, SanHi/Walgreens
George Hetherington, Torkindson Katz

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 9:01 a.m.

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

The Chair Pro Tem excused Mr. VandenBussche and announced that today was Dr. Ma and Mr. Weinberg's last meeting. She then asked the audience to introduce themselves.

Approval of the Previous Minutes – May 16, 2019 Meeting

The Chair Pro Tem called for a motion for the minutes of the May 16, 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 May 16, 2019 meeting as circulated.

Executive Officer's Report:

Conferences/Seminars/Meetings

No report.

2019 Legislation

The EO provided information on the following bills:

Opioid Antagonist

SB 535, SD1, HD1, CD1, Relating to Pharmacists Prescribing and Dispensing of Opioid Antagonist – This bill passed out of conference committee with a CD1, amending the effective date to “upon approval” and was enrolled to the Governor on 5/6/2019.

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. The bill was enrolled to the Governor on 4/18/2019

Return for Disposal

HB 1272 HD1, SD1, Relating to Prescription Drugs – This bill was transmitted to the Governor on 4/26/2019.

Pilot Projects

SB 540, SD1, HD1, CD1, Relating to the Board of Pharmacy – This bill was enrolled to the Governor on 5/6/2019.

Reimbursement (Insurance)

SB 25, SD2, HD1 Relating to Insurance – This bill was signed by the Governor on 6/7/2019, Act 70, SLH 2019.

Amendments to Title 16, Chapter 95

Return for Disposal, HAR §16-95-87 – Status

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 – Status

The EO reported that the “new” laws pertaining to opioids should be included in this guidance statement so this project is on hold until HB 1272, SB 535 and other bills amending HRS Chapter 329 are enacted.

Working Conditions Survey – Status Report

The EO reported that she will start working on this for the upcoming renewal to see if a link to the survey can be added to the online renewal and/or the Board's web page.

Pharmacy FAQs – Draft

The EO reported that she started on the FAQs and will be working with Ms. Isobe and should have a “draft” for the Board's consideration at the July meeting.

Correspondence:

NABP – State News Roundup

The EO reported on the following State News Roundup:

5/31/2019

Alabama Implements Change to Supervising Pharmacist Rule

The Alabama State Board of Pharmacy has implemented changes to the Board's administrative code, including rule 680-X-2-.12, which concerns supervising pharmacists.

The rule now includes the following statement.

“ . . . it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder.”

This rule change was made expressly to reinforce the authoritative position of the supervising pharmacist when the permit holder (who is not the supervising pharmacist) is advising/advocating/pressuring a supervising pharmacist to act or allow the pharmacy to act in any way that is outside of legal parameters. AZ – Arizona Governor Doug Ducey signed HB 2075 into law, which covers e-prescribing, exceptions, and deadlines. It is an emergency measure made retroactive to December 31, 2018. HB 2075 delays e-prescribing requirements for all counties until January 1, 2020. Additionally, the bill reinstates a board-certified physician assistant's ability to issue a 30-day prescription for Schedule II, III, IV, and V controlled substances (CS) that are opioids and benzodiazepines.

Massachusetts Requires Licenses for Pharmacy Technician Trainees

Regulation 247 Code of Massachusetts Regulations (CMR) 8.03 now requires pharmacy technician trainees (PTTs) to be licensed by the Massachusetts Board of Registration in Pharmacy. No individual may work as a technician trainee without holding a valid PTT license. The Board's existing regulations impose certain qualifications for PTTs and limit the number of hours that an individual may be employed as a PTT. The license also provides prospective employers the ability to see if a trainee applicant has ever been involved in diversion or other misconduct.

An individual may not work as a PTT for more than 1,500 hours or for more than one year, whichever period is shorter, unless the Board grants an extension.

Massachusetts Establishes CDTM Experience Equivalency

According to 247 CMR 16.02 and Massachusetts General Law Chapter 112 §24B1/2, a pharmacist must have five years of experience as a licensed pharmacist before participating in a collaborative drug therapy management (CDTM) agreement. However, the Board has recently released an advisory regarding education that would be considered equivalent to five years of experience.

Pharmacists without five years of experience who wish to participate in a CDTM agreement must meet specific requirements involving certification, education, and experience.

If a pharmacist does not meet these requirements but would still like to be considered for a CDTM agreement, he or she can petition the Board for consideration of other education, residency, or experience.

Massachusetts Pharmacists May Administer Certain Medications for Substance Use Disorder and Mental Illnesses

Under 105 CMR 700.004(B)(9) and Circular: Drug Control Program 19-2-105, Massachusetts pharmacists and pharmacy interns are permitted to administer certain medications for mental illness and substance use disorder. Guidance on how to proceed has been given for both prescribers and pharmacists/pharmacy interns who wish to provide this optional service, including requirements such as training, CPR, and counseling, and a list of approved medications that may be administered to patients 18 years of age or older.

Ohio Establishes a New Process for Reporting a Theft or a Significant Loss of Dangerous Drugs

Ohio Administrative Code Rules 4729:5-3-02 and 4729:6-3-02 now require all terminal distributors and drug distributors (manufacturers, wholesalers, third-party logistics providers, repackagers, and outsourcing facilities) to report the theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) and drug documents via the State of Ohio Board of Pharmacy's online portal.

More information on the new rules and the submission of reports is available in the Board's publication, "Reporting Theft or Loss of Dangerous Drugs and Drug Documents."

Ohio Naltrexone Dispensing Information Is Now Reported to OARRS

Starting March 19, 2019, naltrexone dispensing information is now reported to the Ohio Automated Rx Reporting System (OARRS). The collection of naltrexone dispensing information will assist prescribers and pharmacists to identify individuals who may be receiving treatment for substance use disorder. This information can be useful for health care providers who are considering the use of controlled substances (CS) to treat patients.

For more information about this change, the Board has developed a [frequently asked questions document](#).

Utah's 2019 General Session Passes Laws Regarding Pharmacy

The 2019 Utah General Session holds the record for the number of bills passed in a session at 574, and several bills focused on CS and health care transparency. The following summary of bills relate to the practice of pharmacy and health care.

Senate Bill 170: Pharmacy and Pharmaceuticals Amendments

This bill makes several changes, including amending the definition of a closed-door pharmacy to include pharmacies that engage exclusively in the practice of telepharmacy and do not serve walk-in retail customers. The definition of the practice as a licensed pharmacy technician was also amended to remove the definition of a licensed pharmacy technician's scope of practice, so it can be defined in rules, and so licensed pharmacy technicians have the ability to adapt more easily to the changing field of pharmacy.

Next, aripiprazole lauroxil was added to the list of long-acting injectable medications that can be administered intramuscularly by a properly trained pharmacist.

This bill also reschedules certain drugs that are Food and Drug Administration-approved and contain a certain component of cannabis. These drugs will be scheduled to reflect the federal Controlled Substances Act and to be in accordance with Drug Enforcement Administration.

Lastly, this bill added board-certified urologists to the list of individuals who are qualified to be dispensing medical practitioners. Board-certified urologists are now authorized to dispense cancer drug treatment regimens.

House Bill (HB) 251: Drug Diversion Reporting Requirements

This bill makes it a class B misdemeanor for a practitioner to knowingly fail to report a known or suspected drug diversion of a significant amount to law enforcement. The term "drug" in this bill is defined as a Schedule II or Schedule III CS, and a "significant amount" is defined as an aggregate amount greater than or equal to 500 morphine milligram equivalents. Reporting the loss of a significant amount to law enforcement is required, unless reporting it would violate the Health Insurance Portability and Accountability Act.

HB 370: Pharmacy Benefit Manager Amendments

This bill amends provisions and creates requirements for pharmacy benefits managers (PBMs). This bill requires the Utah Insurance Department to license entities that act as PBMs in Utah. The PBM license required to practice in Utah is valid for one year. This bill also creates operating and reporting requirements for PBMs pertaining to their rebates and administrative fees. These reporting requirements are to be reported to the Utah Insurance Department, and certain values that are reported to the Utah Insurance Department will be published on an annual basis to help establish and maintain a degree of transparency and regulation.

HB 449: Controlled Substances Amendments

This bill rescheduled tramadol from Schedule V to Schedule IV. This bill also allows for a list of non-CS to be created by the Utah Division of Occupational and Professional Licensing in collaboration with the Utah Controlled Substance Advisory Committee.

**FDA Webinar: Introduction to the Office of Orphan Products Development,
Tuesday, June 18, 2019**

Information about the webinar was distributed to the members as information only.

Out-patient Automated Dispensing Cabinets

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

“Dear BOP Member(s) of Hawaii,

Hi from Florida Society of Health System Pharmacists (FSHP).

We are requesting your state's regulatory language on *out-patient* automated dispensing cabinets.

Here is a prototype of one.

<https://www.firstcoastnews.com/article/news/health/jacksonville-kiosk-will-dispense-prescription-drugs-offer-live-video-chats-with-pharmacist/77-12be999e-c605-44d9-8662-224e0dd2d4cd>

If you could please provide us with a link to either your regulatory or legislative language we would be grateful.

Additionally, if the use of these machines are not allowed in your state currently, we would be grateful to know that as well.

Also, very happy to share results with you, if you are interested and let us know.”

Dr. Ma stated that the pharmacy laws and rules do not specifically address or prohibit the use of automated dispensing cabinets described where a patient is able to retrieve his/her own medications via a secured system, however, Dr. Ma did indicate that this may be permissible if the cabinet was included as part of a licensed/permitted pharmacy and that drugs could only be dispensed while the pharmacy was open and a pharmacist was present.

The Board agreed with Dr. Ma's response and determined that 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 on the Board.

Widespread Misapplication by Physicians, Pharmacies of CDC Guidelines – Dr. David J. Barton

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

“Aloha,

I am writing to ask the MEDICAL BOARD and the PHARMACY BOARD: What are you doing to mitigate the damages done and continue to be done to stable long-term pain Hawaiian patients by mis-informed physicians and pharmacies in Hawaii, who continue to lie to patients, errantly blaming the state government and DEA, and errantly citing CDC guidelines as a justification for forcing opioid dosage limits and tapers in stable long-term pain patients?

At this point, both boards need the to emergently inform all physicians and pharmacies against such practices since the CDC justification has been found to be groundless, and in my opinion, does constitute medical malpractice. It is immoral and goes completely against ADA statutes that protect the disabled.

I will again cite recent CDC warnings against such practices: ““In 2016, the Centers for Disease Control and Prevention (CDC) issued prescribing guidelines to reduce the risks associated with long-term opioid therapy for chronic pain. What followed, however, was **widespread misapplication by physicians, as well as insurers, government agencies, pharmacy chains**, and health employers, which invoked the guideline as grounds to involuntarily reduce — and in some cases cease — opioid treatment for many chronic pain patients.” (<https://www.aei.org/press/chronic-pain-patients-to-benefit-as-centers-for-disease-control-and-prevention-reexamines-opioid-prescription-guidelines/>)

I write this as a member of the Oahu medical community who has direct knowledge that such widespread misapplication practices continue by physicians who must be ill-informed or lacking common sense. I hear it in the cries of patients being forcibly reduced or completely off their pain meds, even though they are long term stable patients. They also inform me of the practice of forced invasive procedures and surgeries as a requirement for opioid medical management. These are practices that need to be condemned immediately. It certainly has in many cases led to patient abandonment by physicians. Worse, it has led to an increase in suicides in chronic pain patients.

You can read the most recent full CDC response here: <https://www.aei.org/wp-content/uploads/2019/04/CDC-Director-Response-Letter-to-Dr.-Satel.pdf>. The CDC does not condone the misapplication of their guidelines meant for new pain patients and not stable long-term patients. Physicians who continue in these errors are put at legal risks for medical malpractice and damages done to patients by the cited errant policies which have resulted in real harm to patients suffering from chronic pain.

Sincerely,

David J Barton MD
HIPPPC, Waimanalo"

Dr. Ma stated that the CDC guidelines appear to be for new patients.

The Chair Pro Tem stated that patients who have been on opioids should be tapered off and not cut off abruptly.

The Vice Chair stated that as a behavioral health provider, cutting a patient's opioids can be detrimental to the patient.

The EO stated that when the Board of Nursing discussed this matter, one of the members reported on a letter from the CDC that Dr. Barton referred to in which the CDC states in part, "The Guidelines does *not* endorse mandated or abrupt dose reduction or discontinuation, as these actions can result in patient harm. The Guideline includes recommendations for clinicians to work with patients to taper or reduce dosage **only** when patient harm outweighs patient benefit of opioid therapy."

After careful consideration, it was the consensus of the Board to post the CDC April 10, 2019 letter on their web page in conjunction with the CDC Checklist on prescribing opioids for chronic pain.

Compounding with CBD Compliance Question

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

"To whom it may concern,

My name is Steven and I'm a practicing pharmacist in southern Oregon. I'm writing you today to ask for your help. I'm working on a project to gauge the precedence surrounding pharmaceutical compounding with CBD oil in different parts of the county. My questions to you are as follows:

1. Is compounding with CBD oil legal in Hawaii?
2. If so are there any special restrictions? Or do the rules and regulations just follow the general USP requirements for non-sterile compounding?
3. If so does your state have specific requirements around shipping or dispensing to patients in a different state? "

It was the consensus of the Board that because CBD is a derivative of marijuana, which is a Schedule 1 controlled substance, compounding and dispensing by a pharmacy of any drug containing CBD oil is prohibited.

Water Quality for Reconstitution

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

"My name is Ursula Chizhik and I am a pharmacist and the Vice President of Quality and Regulatory Affairs for FLAVORx and Fillmaster. I am reaching out to you today, only to better understand your state's position on water quality and reconstitution (not to sell our product or services). I was hoping you could provide me your educated opinion, in light of the recent published revision of USP 795 a few days ago. As I'm sure you know, the

new USP 795 chapter has added a provision to the chapter that reconstitution of a conventionally manufactured nonsterile product in accordance with the manufacturer's approved labeling is not required to meet the standards in the chapter. That being said, I have a few comments/questions I thought you might be able to weigh in on.

1. In my discussion with **USP**, they confirmed the following:

General Chapter <795> Pharmaceutical Compounding – Nonsterile Preparations states that reconstitution is out of the scope of the chapter. As such, the chapter does not specify the quality of water to be used for reconstitution. They suggest that compounders reach out to other resources, such as the regulatory bodies in their jurisdictions or the manufacturer of the products, for additional information.

2. In reaching out to some **Manufacturers** (a few examples below), I have received the following feedback:

MANUFACTURER NAME	POSITION
TEVA	<i>"We do not have a recommendation on the quality of water used for reconstitution one way or another. It is up to the facility to determine water source."</i>
LUPIN	<i>"We do not specify the type of water or make a recommendation. We leave it up to the healthcare provider doing the reconstituting to decide."</i>
SANDOZ	<i>"After some further research of package insert and other medical resources available, we conclude that the type of water required for reconstitution is left to the discretion of the provider. If distilled water was <u>required</u>, it would specify on the label."</i>

3. Here is an example that I found of such an inquiry posed to the **North Carolina BOP**:

Frequently Asked Questions for Pharmacists on Reconstituting Antibiotics

Q: Is it ok to use tap water to reconstitute antibiotic granules?

*A: The Board has from time to time received inquiries about what type of water should be used to reconstitute antibiotic formulations. The Board believes that the **best practice is to use purified or distilled water.** Many areas in North Carolina are still served by well water, which could contain various pollutants or contaminants. Accordingly, **reconstitution with purified or distilled water should minimize any possible risk to patients receiving antibiotic therapy.***

SO MY QUESTION IS THIS...

- USP doesn't want to specify the quality of water for reconstitution.
- Manufacturers don't want to specify the quality of water for reconstitution.
- It seems to me that anyone can just use tap water or any type of water they want for reconstitution?

- It also seems that individual state BOPs will need to weigh in on this matter and will likely be asked more frequently than ever before. What will you recommend?
- Given your insight, has your state BOP made any comment on the type of water that should be used for reconstitution moving forward?
- Do you think or know if most states will err on the side of caution and side with the position of North Carolina and recommend purified or distilled water as best practice?"

After some discussion on best practices and standards of practice, it was the consensus of the Board to respond to the questions as follows:

It seems to me that anyone can just use tap water or any type of water they want for reconstitution?

Response: Unless specified on the label.

It also seems that individual state BOPs will need to weigh in on this matter and will likely be asked more frequently than ever before. What will you recommend?

Response: The water quality for reconstitution is not specified in the pharmacy practice act and that although Hawaii's water systems are not chlorinated, the Board concurs with the North Carolina Board of Pharmacy's recommendation that best practice is to use purified or distilled water for reconstitution.

Given your insight, has your state BOP made any comment on the type of water that should be used for reconstitution moving forward?

Response: No, not until now.

Do you think or know if most states will err on the side of caution and side with the position of North Carolina and recommend purified or distilled water as best practice?

Response: Can't speak for other states.

Dispensing Prescription Devices and Sterile Saline

The Chair Pro Tem led discussion on the followings email inquiry:

"Ms Teshina,

Good day. I am happy that you were able to respond to my May 29 inquiry.

I have been in contact with Hawaii State Department of Health and Ms. Susan K. Makamura MPH, RD, LS was kind enough to refer me to you.

The disposable prescription / legend devices I listed below, and that you have reviewed, do not meet the definition of Durable Medical Equipment defined under **Act 137. (Seen in the link you sent me)**

If you compare the items (disposable) listed below and what is stated under the first bullet point of “that can stand repeated use”.

THESE ITEMS CANNOT STAND REPEATED USE

Under Act 137, durable medical equipment 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;

Additionally, a few state boards of pharmacy consider that **Sterile Saline for Irrigation** and **Sterile Water for Irrigation** (not listed below) contain a prescription drug and require a non-resident pharmacy license.

So these two items do not meet the requirement of the fifth bullet point listed under the definition of DME of Act 137.

- Does not contain any prescription drug; a

Please, again,

1. **is a pharmacy license needed to dispense these disposable prescription/legend devices (RX only) directly to patients in Hawaii?** Yes, if device requires a “prescription”
2. **Is a pharmacy license needed to dispense Sterile Saline for Irrigation and Sterile Water for Irrigation directly to patients in Hawaii?** Yes if solution requires a “prescription”...does Sterile Water require a prescription?

If you are unable to address my inquiry it would be appreciated if you would please provide me a specific name of who I may contact (compliance officer/ attorney for the department) to obtain a definite answer.”

After careful consideration, it was the consensus of the Board to respond to the questions as follows:

Is a pharmacy license needed to dispense these disposable prescription/legend devices (RX only) directly to patients in Hawaii?

Response: Yes, if the device requires a “prescription”

Is a pharmacy license needed to dispense Sterile Saline for Irrigation and Sterile Water for Irrigation directly to patients in Hawaii?

Response: Yes, if the solution requires a “prescription”.

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 **Amber Enterprises, Inc., dba Amber Pharmacy; PHA 2018-5--L**, Settlement Agreement After Filing of Petition for Disciplinary Action and Board’s Final Order and Petition for Disciplinary Action Against Pharmacy Miscellaneous Permit; Demand for Disclosure

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.

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 Ms. Isobe, seconded by Dr. Ma, 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 10:09 a.m., upon a motion by Ms. Isobe, seconded by Dr. Ma, it was voted on and unanimously carried to move out of executive session.

Applications:

Ratification Lists

Upon a motion by the Vice Chair, seconded by Ms. Isobe, it was voted on and unanimously carried to approve the ratification lists.

Application(s)

Miscellaneous Permit

Upon a motion by the Vice Chair, seconded by Ms. Isobe, it was voted on and unanimously carried to deny the request to withdraw the following application:

Absolute Veterinary Compounding Pharmacy, LLC, dba NexGen Compounding Pharmacy

The Vice Chair stated that withdrawal request is the exception rather than the norm, and thus the Board did not find that the evidence provided was compelling enough to rise to the level of exceptional.

Mr. Heatherington asked if the definition of "exceptional" is defined in the statutes or is it a board standard?

The Vice Chair stated that it was a case by case determination.

Next Meeting:

Thursday, July 18, 2019
9:00 a.m.

PVL Examination Room, 3rd Floor- New Location

King Kalakaua Building
335 Merchant Street
Honolulu, Hawaii 96813

The Chair Pro Tem announced the next meeting and asked if everyone would be able to attend.

Everyone stated that they would be able to attend.

Adjournment: There being no further business to discuss, the meeting was adjourned at 10:12 a.m.

Taken and recorded by:

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

6/20/19

Minutes approved as is.

Minutes approved with changes; see minutes of _____

Board of Pharmacy Ratification List for June 20, 2019

Pharmacist (PH)

PH	4420	GEORGINA C NEWTON
PH	4421	KRISTEN J TAKARA
PH	4422	JASON H WOO
PH	4423	MARY ELIZABETH J ROTTMAN
PH	4424	LIH-WERN WANG
PH	4425	DONALD M VAN BUSKIRK
PH	4426	LENA YANG
PH	4427	TERESA C NGUYEN
PH	4428	CHAO R COX
PH	4429	MACY A FORMAN
PH	4430	LINDSEY K HEW
PH	4431	JENNIFER D SUITOR
PH	4432	DIANA J SPENCER
PH	4433	JIN H KIM
PH	4434	RACHEL E SIVILS
PH	4435	JESSICA M PENARANDA

Miscellaneous Permit (PMP)

PMP	1602	2503 S MAIN ST STE O	STAFFORD	TX	77477	UNIVERSAL HEALTH NETWORK, LLC
PMP	1603	1812 CENTRE CREEK DR SUI 115	AUSTIN	TX	78754	SINFONIARX INC
PMP	1604	4637 INTERSTATE DR	CINCINNATI	OH	45246	PREMIER RX WHOLESAL
PMP	1605	2058 FENTON LOGISTICS PARK	FENTON	MO	63026	SKIN SPECIALTY SOLUTIONS INC
PMP	1606	2235 THOUSAND OAKS DR #102	SAN ANTONIO	TX	78232	THOUSAND OAKS HEALTHCARE LLC

PMP	1607	3251 CRAIG ROAD	NORTH LAS VEGAS	NV	89032	CRAIG ROAD PHARMACY LLC
PMP	1608	4500 W 107 ST	OVERLAND PARK	KS	66207	ARX PATIENT SOLUTIONS PHARMACY
PMP	1609	1516 KIMBERLY AVE	FULLERTON	CA	92831	MEDI-PHYSICS, INC
PMP	1610	420 INDUSTRIAL RD	SAN CARLOS	CA	94070	ALPHASCRIP, INC
PMP	1611	16316 FM 529 STE D	HOUSTON	TX	77095	SEM PHARMACY & MEDICAL SUPPLY, LLC
PMP	1612	2084 OTAY LAKES RD	CHULA VISTA	CA	91913	SOLARA MEDICAL SUPPLIES, LLC
PMP	1613	7172 COLUMBIA GATEWAY DR	COLUMBIA	MD	21046	BIOMATRIX SPECIALTY PHARMACY OF MARYLAND, LLC
PMP	1614	641 KOLTER DR	INDIANA	PA	15701	INNOVASCRIP LLC

PHARMACY (PHY)

PHY	929	41-1295 KALANIANAOLE HWY	WAIMANALO	HI	96795	WAIMANALO HEALTH CENTER
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**Board of Pharmacy – Ratification List
June 20, 2019**

Pharmacy/Miscellaneous Permits:

Closures/Cancellation

Kohl's Pharmac7y & Homecare (PMP 538)
dba Essential Pharmacy Compounding
620 N 114th Street
Omaha, NE 68154
Effective: 9/1/2018

Farmacia Libertad LLC (PMP 1373)
dba Farmacia Libertad
9414 Parkfield Dr. Unit A
Austin, TX 78750
Effective: 1/7/2019

Lake City Pharmacy LLC (PMP 1446)
33389 Van Dyke
Sterling Heights, MI 48312
Effective: 1/11/2019
Longs Drug Stores California, LLC (PHY 883)
dba Longs Pharmacy #10850
1251 Kilauea Ave., Ste. 190C
Hilo, HI 96720
Effective: 2/23/2019

One Stop Rx LLC (PMP 1012)
10106 S. Sheridan Rd.
Tulsa, OK 74133
Effective: 2/28/2019

Riverside Scripts Pharmacy LLC (PMP 1398)
60 Bridge Street, Ste. A
Milford, NJ 08848
Effective: 3/18/2019

K & C Pharmacy Depot LLC (PMP 1497)
5686 Silver Hill Rd.
District Heights, MD 20747
Effective: 3/19/2019

American Homecare Federation Inc. (PMP 968)
dba Diplomat Specialty Infusion Group
31 Moody Rd.
Enfield, CT 06083
Effective: 3/27/2019

UPS Supply Chain Solutions Inc. (PMP 1054)
1840 Outer Loop Rd.
Louisville, KY 40219
Effective: 3/27/2019

UPS Supply Chain Solutions Inc. (PMP 568)
1860 Outer Loop Rd.
Louisville, KY 40219
Effective: 3/27/2019

Pharmaceutical Technologies Inc. (PMP 556)
dba Integrated HMO Pharmacy
13660 California Street
Omaha, NE 68154
Effective: 3/29/2019

Cystic Fibrosis Services LLC (PMP 1143)
dba Alliancerx Walgreens Prime #15663
6931 Arlington Road, Ste. 400
Bethesda, MD 20814
Effective: 3/29/2019

Longs Drug Stores California, LLC (PHY 879)
dba Longs Pharmacy #10845
1401 S Beretania St., Ste. 110
Honolulu, HI 96814
Effective: 4/1/2019

Longs Drug Stores California, LLC (PHY 880)
dba Longs Pharmacy #10847
1441 Kapiolani Blvd., Suite 510
Honolulu, HI 96814
Effective: 4/1/2019

Pro Scripts Solutions Pharmacy, LLC (PMP 1554)
dba Pro Script Solutions Pharmacy
6730 Atascocita Rd, Ste. 111
Humble, TX 77346
Effective: 4/5/2019

Compound Care Plus, LLC (PMP 701)
dba Compound Care Pharmacy
1410 Hwy 98, Unit G
Effective: 4/10/2019

Professional Rx Pharmacy LLC (PMP 1388)
2560 E Sunset Rd, #120

Las Vegas, NV 89120
Effective: 4/19/2019

ASAP Pharmacy, Inc. (PMP 1555)
1361 Main Street
Dunedin, FL 34698
Effective: 4/26/2019

McKesson Patient Care Solutions Inc. (PMP 474)
2 Twosome Drive
Moorestown, NJ 08057
Effective: 4/30/2019

Pineland Pharmacy LLC (PMP 1560)
dba Pineland Pharmacy
502 Business Parkway
Richardson, TX 75081
Effective: 5/8/2019

Community Healthcare Services Inc. (PMP 688)
24747 Redlands Blvd #D
Loma Linda, CA 92354
Effective: 5/20/2019

Petco Wellness LLC (PMP 1121)
dba Doctors Foster and Smith Pharmacy
2253 Air Park Road
Rhineland, WI 54501
Effective: 5/31/2019

Change of PIC

Longs Drug Stores California LLC (PHY 742)

dba Longs Drugs #9954

New PIC: Lauryn Furumoto

Effective: 4/30/2017

Walgreens Pharmacy Services Midwest LLC (PMP 1053)

dba Walgreens #1109-2

New PIC: Stephen Smith

Effective: 12/9/2017

Express Scripts Specialty Distribution Services Inc. (PMP 1068)

New PIC: Tara Wesselmann

Effective: 3/12/2018

Tomeldon Co Inc. (PMP 921)

dba Pharmacy Solutions

New PIC: Michael Smith

Effective: 4/9/2018

Longs Drug Stores California LLC (PHY 742)

dba Longs Drugs #9954

New PIC: Kurtis Nakamura

Effective: 4/15/2018

laomai 4, LLC (PHY 806)

dba Lifeway Pharmacy (Koloa)

New PIC: Lianne Malapit

Effective: 4/18/2018

Longs Drug Stores California LLC (PHY 726)

dba Longs Drugs #9835

New PIC: Dawn Yara

Effective: 6/8/2018

Express Scripts Specialty Distribution Services Inc. (PMP 1068)

New PIC: Carolyn Bast

Effective: 6/29/2018

MAH Pharmacy LLC (PMP 745)

dba CHD Pharmacy

New PIC: Lana DeLong

Effective: 6/29/2018

Kapiolani Medical Center for Women and Children (PHY 185)

dba Medical Center Pharmacy

New PIC: Kyle Tadaki

Effective: 8/20/2018

Avella of Orlando, Inc. (PMP 1197)

New PIC: Nicole M. Rosenke

Effective: 11/1/2018

Avella Patient Access Program, Inc. (PMP 1391)

New PIC: Mary Paula Stevens

Effective: 11/1/2018

Pharmacare International Inc. (PHY 873)

dba Aiea Medical Pharmacy

New PIC: Rachel Fujinaka

Effective: 11/19/2018

Longs Drug Stores California LLC (PHY 882)

dba Longs Drugs #10849

New PIC: Kimberly Sprenkel

Effective: 1/13/2019

Knipperx Inc. (PMP 1439)

New PIC: Patrick Southall

Effective: 2/7/2019

Optime Care Inc. (PMP 1299)

New PIC: Brandon L. Salke

Effective: 2/8/2019

Talca Pharmaceuticals Inc. (PMP 1413)

New PIC: Elizabeth B. Peak

Effective: 2/11/2019

American Service and Product Inc. (PMP 1521)

New PIC: Marquita Cook

Effective: 2/22/2019

Venice Pharmacy LLC (PMP 1525)

New PIC: Colleen May Parker

Effective: 3/6/2019

Knipperx Inc. (PMP 1439)

New PIC: Ronald Benjamin Koehler

Effective: 3/14/2018

FFP Acquisition II LLC (PMP 858)

dba Medex Biocare

New PIC: Bret Koertge
Effective: 3/18/2019

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

New PIC: Andrew J. Wilhelm
Effective: 3/23/2019

Biorx LLC (PMP 1565)
dba Diplomat Specialty Infusion Group

New PIC: Thaddeus Szeligowski
Effective: 3/28/2019

ESI Mail Pharmacy Service Inc. (PMP 298)
dba Express Scripts

New PIC: John Pierce
Effective: 3/31/2019

US Compounding Inc. (PMP 467)

New PIC: Rhonda Johnson
Effective: 4/1/2019

Fresenius Medical Care Rx LLC (PMP 606)

New PIC: Rudyea Woodberry
Effective: 4/2/2019

Biorx LLC (PMP 1565)
dba Diplomat Specialty Infusion Group

New PIC: Hillel Shand
Effective: 4/15/2019

Puget Sound Drug Corp (PMP 316)

dba Key Compounding Pharmacy
New PIC: Hee-Joo Park
Effective: 4/30/2019

Longs Drug Stores California LLC (PHY 759)

dba Longs Drugs #2406
New PIC: Naima Fazel
Effective: 5/1/2019

Costco Wholesale Corporation (PMP 623)

dba Costco Pharmacy \$562
New PIC: Cherice Cuthbert
Effective: 5/1/2019

Gulf Coast Scripts LLC (PMP 1351)

New PIC: Hanna Murphy

Effective: 5/1/2019

FFP Acquisition II LLC (PMP 858)

dba Medex Biocare

New PIC: Kimberly Dunagan-Epps

Effective: 5/2/2019

Costco Wholesale Corporation (PHY 511)

dba Costco Pharmacy #140

New PIC: Lisa Diane Bryant

Effective: 5/17/2019

Relocation

Kroger Specialty Pharmacy Inc. (PMP 171)
dba Kroger Specialty Pharmacy FL
3200 Lake Emma Road, Ste. 1000
Lake Mary, FL 32746
Effective: 12/4/2017

Mobimeds, inc. (PMP 1310)
dba The Pill Club
969 Industrial Road, Suite G
San Carlos, CA 94070
Effective: 1/22/2018

McKesson Specialty Pharmacy (PMP 487)
845 Regent Blvd. Ste. 100A
Irving, TX 75063
Effective: 6/27/2018

MAH Pharmacy LLC (PMP 745)
dba CHD Pharmacy
4867 Dixie Highway
Fairfield, OH 45014
Effective: 6/29/2018

Henry Ford Pharmacy Advantage Southfield (PMP 933)
1191 South Blvd. E
Rochester Hills, MI 48307
Effective: 7/23/2018

Specialty Pharmacy Management LLC (PMP 1133)
dba Reliance Rx
15 Earhart Dr. #101
Amherst, NY 14221
Effective: 10/19/2018

Injectable Therapy Services Inc. (PMP 979)
dba BiologicTx
7959 Deering Avenue
Canoga Park, CA 91304
Effective: 11/21/2018

Agropec Trading LLC (PMP 1534)
dba Allivet
14540 NW 60th Avenue
Miami Lakes, FL 33014
Effective: 1/23/2019

Accredo Health Group Inc. (PMP 380)

41 Rachel Drive, Suite 1
Nashville, TN 37214
Effective: 2/8/2019

Imprimisrx NJ LLC (PMP 1210)
dba Imprimisrx
1705 Route 46, Suite 4
Ledgewood, NJ 07852
Effective: 2/11/2019

Agropec Trading LLC (PMP 1534)
dba Allivet
14540 NW 60th Avenue
Miami Lakes, FL 33014
Effective: 2/14/2019

Gardens Pharmacy LLC (PMP 1108)
dba Lovelace Drugs
801 Washington Avenue
Ocean Springs, MS 39564
Effective: 2/25/2019

US Bioservices (PMP 353)
5025 Plano Parkway, Suite 100
Carrollton, TX 75010
Effective: 3/25/2019

Aeroflow Inc. (PMP 1119)
65 Beale Road
Arden, NC 28704
Effective: 4/17/2019

BriovaRx of Texas (PMP 499)
5627 University Heights, Suite 108
San Antonio, TX 78249
Effective: 4/8/2019

BriovaRx of Texas (PMP 499)
5627 University Heights, Suite 108
San Antonio, TX 78249
Effective: 4/29/2019

Name Change

Prime Therapeutics Specialty Pharmacy LLC (PMP 1407)

dba AllianceRx Walgreens Prime #16567

Effective: 3/31/2018

Prime Therapeutics Specialty Pharmacy LLC (PMP 1381)

dba AllianceRx Walgreens Prime #20579

Effective: 3/31/2018

McKesson Specialty Pharmacy (PMP 487)

Effective: 6/27/2018

Gardens Pharmacy LLC (PMP 1108)

dba **Lovelace Drugs**

Effective: 2/25/2019

Liberty Medical LLC (PMP 1184)

dba AptivaRx

Effective: 5/9/2019