

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

MINUTES OF MEETING

Date: Thursday, December 20, 2012

Time: 9:00 a.m.

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

Members Present: Mark E. Brown, Pharmacist, Chair
Garrett Lau, Pharmacist
Jill Oliveira Gray, Public Member
Todd Inafuku, Pharmacist
Lydia Kumasaka, Public Member
Carolyn Ma, Pharmacist

Excused: Patrick Adams, Pharmacist, Vice Chair

Staff Present: Lee Ann Teshima, Executive Officer ("EO")
Stephen Levins, Deputy Attorney General ("DAG")
Lisa Kalani, Secretary

Guests: Marcella Chock, Hawaii Pharmacist Association ("HPhA")
Fred Cruz, Careplus/CVS
Newton Chu, Torkildson, Katz, Moore, Hetherington & Harris
Albert Lau, Kaiser Permanente
Stacy Pi, Kaiser Permanente

Agenda: 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").

Call to Order: There being a quorum present, the Chair called the meeting to order at 9:01 a.m. and excused the Vice Chair.

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

The Chair asked the audience to introduce themselves.

UH College of Pharmacy – Accreditation and Residency Program
The Chair announced that UH Hilo College of Pharmacy received their three-year accreditation and that their residency program in community pharmacy is giving licensed pharmacist opportunities for further training. According to the article in the Big Island News Center, Anita Ciarleglio, assistant professor in the college's Department of Pharmacy Practice and the project's program director, five pharmacists have gone through the program at Maui Clinic Pharmacy and are able to get retroactive credit for being part of an accredited program. This pharmacy

residency program is providing licensed pharmacist the experience they need to get on with their careers and credentials to compete for jobs.

Medical Center Pharmacy Receives Accreditation from the Pharmacy Compounding Accreditation Board (PCAB)

The Chair congratulated Medical Center Pharmacy for their PCAB accreditation as this award signifies Medical Center Pharmacy's commitment to meeting the highest standards of quality and safety in its profession, especially as a compounding pharmacy. According to the press release, Medical Center Pharmacy is the first pharmacy in Hawaii to earn PCAB accreditation.

Report of Experience as Disaster Medical Assistant Team Hawaii Sent to New York City for Hurricane Sandy Relief

The Chair reported that he, along with another Hawaii licensed pharmacist Amy Baker and a team of 25 other medical staff were sent to New York City for 19 days for Hurricane Sandy relief efforts. The team assisted in the rescue of 125 people from a nursing home that was under water. They also went door to door checking to see if people needed medical care and acted as an emergency room back-up.

Additions/Additional Distribution to Agenda

The Chair stated that there is additional distribution for agenda item 5.b.a., letter from Mr. Chu.

Approval of the Previous Minutes – November 15, 2012

The Chair called for a motion to approve the minutes of the November 15, 2012 meeting.

There being no amendments or discussion, upon a motion by Dr. Ma, seconded by Mr. Inafuku, it was voted on and unanimously carried to approve the minutes of the November 15, 2012 meeting as circulated.

Executive Officer's Report:

2013 Legislature

The EO asked if the Board members were aware of any possible legislation that may affect Hawaii Revised Statutes, Chapter 461, to let her know as soon as possible.

Laws and Rules Committee Report:

Mr. Inafuku reported that the Laws and Rules Committee previously discussed an inquiry regarding prescription information left on a voice mail or answering machine and decided to bring this matter for discussion to the Board. He stated that the Committee contemplated if this is considered an oral prescription and subject to the requirements of Hawaii Administrative Rules (HAR) §16-95-82(b).

After some discussion, upon a motion by Mr. Inafuku, seconded by Dr. Ma, it was the Board's informal interpretation that prescription information for non controlled substances left on a voice mail or answering machine must meet the requirements under HAR §16-95-82(b) which states that "Only a pharmacist shall receive the oral prescription;" "The oral prescription is promptly reduced to writing and kept on file for five years;" and "The oral prescription contains all of the information required under subsection (a)."

Correspondence: **National Association of Boards of Pharmacy (“NABP”)**

The Chair reported on the following:

NABP State News Roundup, November 2012

The Chair reported that:

- The Alabama State Committee of Public Health approved the scheduling of the anesthetic propofol to Schedule IV of the Alabama Controlled Substances List.
- A new Missouri law addresses receipts of legend drugs by licensees and controlled substance dispensing. Missouri regulations have also been updated to authorize school districts to obtain asthma rescue medications.
- The Ohio State Board of Pharmacy announced the launch of its new Board Web site on September 26, 2012. The Board encourages the public and current licensees to check out the new site and also to take advantage of the ability to “Subscribe to Updates”, which will automatically e-mail subscribers when one of the selected areas of interest is updated on the site.
- The South Carolina Protocol for Administration of Influenza Vaccine by Pharmacists is the only protocol that is approved for this state. Currently, in South Carolina the only legend products pharmacists can prescribe are the injectable and nasal influenza vaccines, and epinephrine or diphenhydramine for an allergic reaction from the vaccine given under South Carolina protocol. The Board of Medical Examiners recently approved the intradermal injection of flu vaccine to be included in the state protocol.

Board of Pharmacy Newsletters

Alabama – “September 2012 DEA Update – Pre-Populating (Faxed) Authorization Forms for Prescribers Not Allowed”; “New Board Rule”; “Information Regarding Disposal of Controlled Substances”

Alabama State Board of Pharmacy also reported on the DEA ruling relating to faxing refill request and indicated that pharmacies may not provide a partially or fully pre-populated form for the prescribing practitioner for controlled substance prescriptions. The Board also adopted a new rule effective November 1, 2012 regarding pharmacy services permits. The Board may issue on a case by case basis a Pharmacy Service Permit for the limited purpose of allowing pharmacists and pharmacy technicians to provide pharmacy services. Also reported, DEA regulations do not allow a registrant to accept controlled substances from anyone except a registrant. DEA regulations also do not allow a registrant to destroy medications in any manner except by a reverse distributor.

Idaho – “Prescription Delivery”; “Board Required Notifications”

Idaho State Board of Pharmacy Rule No. 503 details prescription delivery restrictions, mandating that filled prescriptions only be left at, picked up from, accepted by, or delivered to a pharmacy, a patient, the patient’s residence, the hospital, or other institutional facility in which the patient is convalescing, or if a non-controlled substance, to the patient’s licensed or registered health care provider. The Board also updated the list of required Board notifications, which first printed in the June 2012 Board Newsletter. Subsequently, the Board has authorized the Board staff to enter into stipulated order without the need for additional Board approval. Such order will include a penalty of \$50 for first-time offenses and \$100 for repeat offenders.

Iowa – “The Regulation of Compounding”; “False Patient Identities”

The Iowa Board of Pharmacy wants to remind all pharmacists who engage in sterile compounding of the importance of complying with the minimum standards of practice. The Board's rules for sterile compounding practices can be found in 657 I.A.C. Chapter 13, which is a 13 page document. Chapter 13 incorporates most of the United States Pharmacopeia Chapter 797 standards and was adopted by the Board after a long and thoughtful process, with patient safety being the number one concern. It was also brought to the Board's attention that some patients are providing false identification to physicians when obtaining prescriptions for controlled substances, thereby circumventing the prescription monitoring program. Pharmacists are encouraged to request a government issued photo ID from patients who pick up prescriptions for controlled substances, particularly those patients who are not known by the pharmacist.

Oregon – “No. 510: New Drug Outlet Conduct Rules”; No. 511: Comment Re: August 2012 Newsletter Article No. 509”; “Veterinary Prescriptions”

The Oregon State Board of Pharmacy adopted a new rule addressing the operation of Oregon pharmacies to ensure patient safety. Following is a summary of the significant provisions of OAR 855-041-1166:

1. Prohibits advertising or soliciting that may jeopardize patient health, safety, or welfare.
2. Prohibits advertising that is false, fraudulent, deceptive or misleading.
3. Prohibits the outlet from inciting or inducing the transfer of a prescription absent professional rationale.
4. Requires the outlet to provide sufficient personnel to prevent fatigue, distractions, or conditions that interfere with a pharmacist's ability to practice safely.
5. Requires the outlet to provide opportunities for uninterrupted rest periods and meal breaks.
6. Requires the outlet to provide adequate time for a pharmacist to complete professional duties and responsibilities; and
7. Prohibits introduction of external factors such as productivity quotas or programs such as time limits that interfere with the pharmacist's ability to provide appropriate professional services.

The Oregon State Board of Pharmacy would like to encourage employers to provide access to veterinary pharmacy education or pharmacists discover this education on their own. The education should not only cover the medications used in veterinary pharmacy, but should also consider the perspectives of veterinary practice, legal implication for dispensing to animals, and information regarding how we as pharmacists can best provide support to animal owners and veterinarians.

South Carolina – “Can Pharmacist Administer Influenza Vaccine Without a Prescription from a Practitioner?”; “DEA Ruling on Refill Authorization Forms Sent by Fax”; “Refill for Non-Controlled Legend Drugs by Fax”

The South Carolina Protocol for Administration of Influenza Vaccine by Pharmacists is the only protocol that is approved for this state. Currently, in South Carolina the only legend products pharmacists can prescribe are the injectable and nasal influenza vaccines, and epinephrine or diphenhydramine for an allergic reaction from the vaccine given under South Carolina protocol. The Board of Medical Examiners recently approved the intradermal injection of flu vaccine to be included in the state protocol.

Vermont – “Office Use Prescriptions”

A recent question asked to the Vermont Board of Pharmacy is whether an “office use” prescription is valid. The answer is no. Medications prescribed must be dispensed to a patient. When medication is sent from a pharmacy to a practitioner for administration, the transfer is actually a distribution.

Wyoming – “E-Prescribing: The Good, the Bad, and the Ugly”

Wyoming State Board of Pharmacy believed e-prescribing use by prescribers would improve the safety, quality, and efficiency of patient care. Electronic prescribing systems have been used to decrease inappropriate medication use as well as polypharmacy, specifically in the geriatric population. E-prescribing of prescriptions, along with computerized physician order entry, has helped to minimize the need to call physicians due to legibility on prescriptions and physician orders. However, many pharmacists have said that e-prescribing brings its own set of issues that result in calling the physician’s office several times a day. E-prescriptions auto-populate the fields that can be missed when prescriptions are entered. This allows for errors in the directions or even the drug itself. Also, the patient’s profile is not necessarily visible when the e-prescription comes through. A special effort must be taken to review the profile. Pharmacists must intervene on electronic prescriptions as often as they do on handwritten prescriptions because this technology still poses threats to both medication safety and effectiveness. E-prescription error rates are not lower than prescription error rates reported before the electronic era. However, while the overall error rate may not be lower, the serious error rate has decreased.

Recommendations of the Task Force on Pharmacy Practice Technology Systems

The task force recommended that NABP work with boards of pharmacy to recognize that pharmacy technology can be utilized to improve patient outcomes without states implementing specific, proscriptive laws or rules to oversee such technology. The task force also recommended that NABP encourage boards to adopt the following specific requirements to assist in the assessment of pharmacy technology systems:

- Training;
- Security and confidentiality;
- Record keeping and accountability;
- Quality assurance;
- Quality improvement;
- Workflow processes; and
- Emergency procedures.

New Jersey Board of Pharmacy Directive

The New Jersey Board of Pharmacy requested that NABP distribute information to provide guidance to address patient needs during the aftermath of Hurricane Sandy.

Model State Pharmacy Act and Model Rules of the NABP – Sections on Good Compounding Practices and Sterile Pharmaceuticals

In light of the many questions the NABP recently received regarding pharmacy compounding, particularly the compounding of sterile products, this serves as a reminder of the guidance provided by NABP to its member boards of pharmacy regarding these practices.

Regulation of Pharmacy Benefit Managers

Pursuant to Resolution 108-6-12, which was approved by the NABP membership at the 2012 NABP Annual Meeting, a "Pharmacy Benefits Manager" means a Person that Administers the Prescription Drug/Device portion of health insurance plans on behalf of plan sponsors, such as self-insured employers, insurance companies, and health maintenance organizations, and that engages in or directs the Practice of Pharmacy.

NAPLEX/MPJE Testing Limits

In response to enhanced security measures and in conformance with best practices in the field of testing, the NABP is implementing maximum limits regarding the total number of times an examinee may take the NAPLEX and the MPJE.

- On or after March 1, 2013, a candidate who has attempted to pass the NAPLEX or MPJE five or more times will have one final opportunity to pass the applicable examination. On or after March 1, 2013, a candidate who has attempted to pass the NAPLEX or MPJE less than five times is subject to the five-attempt limitation.
- Notwithstanding the NABP limits on examination attempts, NABP member boards retain authority to determine a candidate's eligibility to test for the NAPLEX and MPJE. For example, some jurisdictions have more stringent standards and require candidates to pass the NAPLEX and MPJE in less than five attempts. NABP will abide by the more stringent requirements of these jurisdictions. If a candidate has not passed the NAPLEX or MPJE within five attempts and a member board deems this candidate eligible to take the NAPLEX or MPJE after the fifth attempt, NABP will deliver the NAPLEX or MPJE to the candidate in accordance with the NABP standards.

Pharmacy Support Services from a Mainland Facility

Mr. Inafuku recused himself.

The Chair stated that this matter was deferred from the November meeting for more information and that a letter from Mr. Newton Chu was subsequently submitted, clarifying the inquiry and understands that Mr. Chu is present to address the Board.

Mr. Chu introduced himself and apologized for any confusion for his original inquiry. He clarified the "workflow" scenario that would include both in-state and out-of-state pharmacies and pharmacists and that the pharmacists working in the out-of-state pharmacies would also hold a Hawaii pharmacist license and that all prescription drugs would be dispensed from the in-state (Oahu) pharmacy.

He explained that the pharmacies would have access via a LINKS system and that the out-of-state pharmacies, who would hold a Hawaii miscellaneous permit as an out-of-state pharmacy would be utilized to assist the local pharmacy by reviewing/verifying/adjudicating the prescriptions before they are filled and dispensed by the in-state pharmacy.

After a brief discussion, it was the consensus of the Board that the workflow is consistent with the Board of Pharmacy Laws and Rules.

Drug Topics Article – “DEA settles \$50 million penalty with LTC pharmacy provider”

The United States Department of Justice recently reached a settlement with Omnicare Inc., a long-term-care (LTC) pharmacy provider, in which the organization paid a \$50 million civil penalty to resolve claims that its various pharmacies improperly dispensed controlled substances to patients at LTC facilities across the country.

Remote Medication Order Processing, Kevin Jones

The Chair asked Mr. Lau to lead the discussion on the email from Mr. Jones in which he asks if there are any specific requirements for the provision of remote medication order processing. Specifically can a pharmacist review electronic images of an inpatient's medication orders and enter the medication orders into the hospital pharmacy information system from a remote location, the remote location being the pharmacists' home office.

Dr. Ma questioned if this process was done in state.

Mr. Inafuku stated the physical presence of a pharmacist is not required if Nurse staff can access medications by protocol.

The EO questioned how medications are released when a pharmacy is closed.

Dr. Ma stated that a pharmacist is always on call to release medications

Dr. Lau stated the review by the pharmacist is done during the PIXIS entry so a Nurse can dispense. However, the review is not done at a pharmacy but at a home office.

The Chair asked the guests for their opinion on the protection of the public on this topic.

The guests believed a Pharmacy or Miscellaneous Permit (out of state pharmacy) is required.

The EO stated the company submitting the inquiry would not meet the license requirements for a pharmacy or miscellaneous permit since there is no physical location of a pharmacy, in state or out of state. The order processing is done by the pharmacist at a home office.

After much discussion, it was the consensus of the Board that a Pharmacy or Miscellaneous Permit (out of state pharmacy) is required for the out-of-state entity and that any pharmacist providing the remote order entry, which falls under the definition of the “Practice of pharmacy” must also be a Hawaii licensed pharmacist.

Required Pharmacy Equipment/Reference Materials, Stacy Murakami

The Chair asked Ms. Kumasaka to lead the discussion on the email from Ms. Murakami asking if a prescription balance and mortar and pestle is required for a nuclear pharmacy.

After a brief discussion, it was the consensus of the Board that a prescription balance, mortar and pestle are required for any pharmacy permitted in this State.

Pharmacist Administration of Vaccines with Collaborating Physician, Steven Fukumoto

The Chair asked Dr. Ma to lead the discussion on the email inquiry from Mr. Fukumoto asking if the following procedures are in compliance with the Board's immunization policies:

The pharmacy currently has a standing order with a collaborating physician to administer the following vaccines:

Pneumococcal vaccine: 18y/o and older per protocol

Tetanus-containing vaccines: 18 y/o and older per protocol

Influenza vaccines: 14 y/o and older per protocol

Measle-containing vaccines: 18 y/o and older per protocol

Hepatitis B-containing vaccine: 18 y/o and older per protocol

Varicella-containing vaccine: 18 y/o and older per protocol

Hepatitis A-containing vaccine: 18 y/o and older per protocol

HPV: 18 y/o and older per protocol

Meningococcal: 18 y/o and older per protocol

The current Vaccine Information Statement for each vaccine will be discussed and given to each patient prior to the immunization. Written informed consent will be obtained for each patient prior to vaccination. In the course of treating adverse events following immunization, the pharmacist(s) is/are authorized to administer epinephrine, diphenhydramine, and other emergency medications as required by state law (as per Kmart Immunization Handbook), by appropriate routes pending arrival of emergency medical services. The pharmacist will maintain current certification in cardiopulmonary resuscitation training, which includes AED training.

It is the sole responsibility of the pharmacist to appropriately screen patients for the need of vaccine including previous adverse events after immunization and other contraindications to receipt of the vaccine. The pharmacist shall maintain perpetual immunization registry as required by state law. The pharmacist will notify the patient's primary care physician or the protocol physician, of the immunization within 14 days of immunization.

After some discussion, it was the consensus of the Board that a patient specific prescription is required to "dispense" the prescription drug in order for the pharmacist to administer the drug to the patient and that administration of any prescription drug by a pharmacist must be in compliance with the pharmacy laws and rules and any other applicable state or federal laws and regulations.

Housing Investigational Drugs for Clinical Trials, Sandra Sinclair

The Chair asked Ms. Oliveira Gray to lead the discussion on the inquiry from Ms. Sinclair asking if any license or permit is required for the University of Hawaii Cancer Center to house investigational products at a central location, monitor them per National Cancer Institute rules (temperature, security) and then transport to institutions when they are needed in use in a clinical trial.

Dr. Ma stated that investigational products may be administered from a facility that is licensed by the Department of Health. However, if products are being transferred to another location a Prescription Wholesale Distributor (PWD) license may be required.

After some discussion, it was the consensus of the Board to inform Ms. Sinclair that she should check with the Department of Health to see if their clinic is allowed to house investigational drugs and that a PWD license may be required in order to transport the investigational prescription drugs.

Miscellaneous Permits

This inquiry was deferred.

Pharmacist View and Interpret Lab Results, Sindhu Sambandam

The Chair asked Mr. Inafuku to lead the discussion on the email from Sindhu Sambandam asking if a consultant pharmacist can view and interpret lab results.

Mr. Inafuku stated that there is insufficient information to respond to this inquiry.

APRNs Prescribing Authority for Compounded Drugs, Marshall Meringola

The Chair lead the discussion on the email inquiry from Mr. Meringola asking if a pharmacy can compound and dispense a prescription order for compounded or "off-label" medications, issued by an APRN. Mr. Meringola had two specific questions:

1. May a licensed pharmacy compound and dispense controlled substance and non-controlled substance medications that are ordered by a qualified/licensed/registered APRN without an accompanying signature of a collaborating physician?
2. So long as the prescription order meets the requirements listed at Hawaii Administrative Rule (HAR_ § 16-95-82, and does not violate Hawaii's exclusionary formulary, may a qualified/licensed/registered APRN with prescriptive authority issue a "valid prescription" order for "off-label" (i.e., compounded) drugs?

It was the consensus of the Board to refer this matter to the Board of Nursing in respect to the nursing practice/prescriptive authority.

The DAG leaves at 10:43 a.m.

Telephonic Medication Therapy Management Services, Leonard Partanna

The Chair asked Mr. Lau to lead the discussion on the inquiry from Mr. Partanna, a pharmacist licensed in New Jersey, who was asked by a national health insurance company, to provide Medication Therapy Management services over the telephone. Mr. Partanna wants to know if he is able to perform this activity over the phone.

After some discussion, it is the consensus of the Board that to perform the above mentioned activity with someone residing in this State, the out-of-state pharmacist must also hold a Hawaii pharmacist license and that the activity may be performed out of an out-of-state pharmacy that holds a Hawaii miscellaneous permit.

Center for Medicare and Medicaid Services no longer reimburse Pharmacies for Patient-Specific Compounded Medications used in Implanted Intraspinal Pumps

A copy of the new CMS policy that states pharmacies must sell such prescription medications to the prescribing physician who in turn would resell the medications to the patient or the patient's insurance, was distributed to the Board members for their information.

Pharmacist Providing Immunization to Minors, not in a Pharmacy, Leslie Rodriguez

The Chair asked Dr. Ma to lead the discussion on the email from Leslie Rodriguez stating that she will be working under a collaborative practice agreement with a physician at a health center (not a pharmacy) and providing immunizations to individuals under 18 years of age.

Dr. Ma reminded the Board that a pharmacist/pharmacy intern who has received the appropriate training and met all the requirements to administer immunizations was allowed to administer immunizations at a health or wellness fair.

The EO stated she will add the pharmacist information to the list of participating pharmacies/pharmacist immunizing persons 14-17 years old.

Remote Order Entry by Pharmacist Working from Private Resident Based Offices, Linda Stevens

The Chair asked Ms. Oliveira Gray to lead the discussion on the email inquiry from Ms. Stevens asking if the Board would allow their out-of-state pharmacists to provide remote medication order processing private resident based offices as a pilot project.

After some discussion, it is the consensus of the Board that the activity must be performed by a Hawaii licensed pharmacist in a pharmacy that holds a Hawaii miscellaneous permit and that the Board does not authorize pilot projects.

Informing Hawaii Pharmacists of the Food and Drug Administration's Statement on Compounding of Hydroxyprogesterone

The Board reviewed and discussed a letter Ther-Rx Corporation regarding the recent FDA statements on the compounding of hydroxyprogesterone caproate injection.

The FDA has publicly stated that their June 2012 statement changes their position on compounding of hydroxyprogesterone, which should be limited to a medical need for individual patients. The Model Act Appendix B "Good Compounding Practices Applicable to State Licensed Pharmacies" states the following: Based on the existence of a Pharmacist/patient/Practitioner relationship and the presentation of a valid Prescription Drug Order or Medical Order, Pharmacists may Compound, in reasonable and justified quantities, Drug products that are commercially available in the marketplace when they are different from the FDA-approved product and there is a specific, documented medical need for this variation for a particular patient.

Old Business: **HAR Title 16, Chapter 95 – Status Report**

No report.

Open Forum: The EO reported that according to a survey she acquired, Pharmacists are number 2 on a list of most honest and ethical professionals. Nurses are number 1.

Applications: **Ratification List**

Upon a motion by Dr. Ma, seconded by Ms. Kumasaka, it was voted on and unanimously carried to approve the attached ratification list.

Executive Session: At 11:17 a.m., upon a motion by Dr. Ma, seconded by Dr. Lau, it was voted on and unanimously carried to move into executive session pursuant to §92-5(a)(1), HRS, "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;"

At 11:24 a.m. upon a motion by the Chair, seconded by Ms. Kumasaka, it was voted on and unanimously carried to move out of executive session.

Chapter 91, HRS, Adjudicatory Matters: At 11:24 a.m. the Chair called for a recess from the Board's meeting to discuss and deliberate on the following adjudicatory matter, pursuant to Chapter 91, HRS:

The Chair recused himself and left the meeting.

In the Matter of the Pharmacist's License of Dennis R. Birk, PHA 2008-38-L, Compliance with Board's Final Order – Deferred for Additional Information

Upon a motion by Mr. Inafuku, seconded by Mr. Lau, it was voted on and unanimously carried to accept the WRAPP monitoring program for compliance with the Board's Final Order.

The Chair returned to the meeting.

In the Matter of the Miscellaneous Permit of Benecard Central Fill of PA, LLC, PHA 2011-20-L, Settlement Agreement After Filing of Petition for Disciplinary Action and Board's Final Order; Exhibit "1" and Petition for Disciplinary Action Against Pharmacy Miscellaneous Permit and Demand for Disclosure

Upon a motion by Dr. Lau, seconded by Ms Oliveira Gray, it was voted on and unanimously carried to accept the Board's Final Order.

In the Matter of the Pharmacist License of Lauren C. Hudson; PHA 2012-10-L, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

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

**In the Matter of the Pharmacist License of Ronald J. Di Giambattista; PHA 2010-50-L,
Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final
Order**

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

Following the Board's review, deliberation and decision on these matters, pursuant to Chapter 91, HRS, The Chair announced that the Board was reconvening its scheduled meeting at 11:44 a.m.

Applications:

Applications

Miscellaneous Permit

It was the consensus of the Board to defer the following application:

4th Street Pharmacy Inc. dba University Compounding Pharmacy

Upon a motion by Mr. Lau, seconded by Mr. Inafuku, it was voted on and unanimously carried to deny the following change of Pharmacist in Charge based on their encumbered Florida pharmacist license pursuant to HRS §461-15(a)(7):

One Stop Pharmacy, Inc.

Next Meeting:

Thursday, January 17, 2013
9:00 a.m.
King Kalakaua Conference Room
King Kalakaua Building, First Floor
335 Merchant Street
Honolulu, Hawaii 96813

Adjournment:

With no further business to discuss, the Chair adjourned the meeting at 11:45 a.m.

Reviewed and approved by:

Taken and recorded by:

Lee Ann Teshima
Lee Ann Teshima,
Executive Officer

/s/ Lisa Kalani
Lisa Kalani,
Secretary

12/27/12

[] Minutes approved as is.
[x] Minutes approved with changes; see minutes of 1/17/13

LTYPE	LIC NUM	BP NAME PART 1
PH	3450	CHANTELLE T <UYEHARA<
PH	3451	CAROLE S <GOLDEN<
PH	3452	KETANKUMAR A <PATEL<
PH	3453	JADEAN H J <PEKELO<
PH	3454	MICHAEL T <KRISTIE<
PH	3455	PAIGE A T <KUROSAWA<
PH	3456	ALICE L Y <YIP<
PH	3457	STACY L <PETOT<
PH	3458	DARREN K <SHIMANUKI<

LTYPE TEMP LIC NUM VAM_BPR_LEGAL_NAME_1

PHI 3249 TARRAH-LYN L M <FERNANDEZ<

LTYPE	LIC NUM	LIC NAME PART 1	BUSN ADDR 1	BUSN CITY	BUSN		
					ST	BUSN ZIP	BP NAME PART 1
PHY	825		525 KOKEA ST STE B2	HONOLULU	HI	96817	CARDINAL HEALTH 414 LLC
PHY	826	MINA PHARMACY #18	81-6629 MAMALAHOA HWY	KEALAKEKUA	HI	96750	MINA CORPORATION
PHY	827	FOODLAND PHARMACY	4850 KAPOLEI PKWY	KAPOLEI	HI	96707	FOODLAND SUPER MARKET LIMITED
PHY	828	FOODLAND PHARMACY	2100 KANOELEHUA AVE	HILO	HI	96720	FOODLAND SUPER MARKET LIMITED

LTYPE	LIC NUM	LIC NAME PART 1	BUSN ADDR 1	BUSN CITY	BUSN		
					ST	BUSN ZIP	BP NAME PART 1
PMP	806	DAVIITA RX	2616 COMMERCE PARK DR #500	ORLANDO	FL	32819	DAVITA RX LLC
PMP	807		1849 W REDLANDS BLVD #102	REDLANDS	CA	92373	ASCEND PHARMACEUTICALS INC
PMP	808	ENCINO CARE PHARMACY II	16001 VENTURA BLVD STE 135	ENCINO	CA	91436	ENCINO CARE PHARMACY INC