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**STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND  
ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS,  
BUSINESS & PROFESSIONAL LICENSING  
BOARD OF PHARMACY**

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**MINUTES OF MEETING  
November 21 - 22, 2013**

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By authority of AS 08.01.070(2) and in compliance with the provisions of Article 6 of AS 44.62, a scheduled meeting of the Board of Pharmacy was held August 22 - 23, 2013, at 550 W. 7<sup>th</sup> Ave., Suite 602, Anchorage, Alaska.

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The meeting was called to order by Richard Holm, President, at 9:05 a.m.

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**Call to Order/Roll Call**

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45

Those present, constituting a quorum of the board, were:

Anne Gruening – Public Member – Juneau  
C. J. Kim – R. Ph. – Anchorage  
Taryl Giessel – Public Member – Eagle River  
John Cotter – R. Ph. – Fairbanks  
Lori DeVito- R. Ph. - Soldotna  
Richard Holm – North Pole  
Dirk White – R. Ph. - Sitka

In attendance from the Division of Corporations, Business & Professional Licensing, Department of Commerce, Community and Economic Development were:

Donna Burns, Licensing Examiner – Juneau  
Don Habeger, Division Director – Juneau  
Al Kennedy, Investigator - Anchorage  
Quinten Warren, Chief Investigator - Anchorage

**Agenda Item 1- Review Agenda**

The board reviewed the agenda and Ms. Burns informed Mr. Holm before the start of the meeting that Nancy Davis, Executive Director of the Alaska Pharmacist Association would not be attending as scheduled. Ms. Davis was scheduled to speak on Friday 11/22/13 at 9:30. Mr. Holm advised the board that the board may need to go into Executive Session at least twice while Mr. Kennedy presents his investigative report. Mr. Holm also mentioned to the board that the Legislative

46 Review that is scheduled has been set up to go over what legislative items the board  
47 needs to review in preparation for the February 2014 meeting in Juneau.

48

49 **On a motion duly made by Ms. DeVito, seconded by Mr. Kim and approved**  
50 **unanimously, it was**

51

52 **RESOLVED to approve the agenda with the change for Friday November**  
53 **22, 2013**

54

55 **Agenda Item 2- Minutes**

56

57 The Board reviewed the minutes from the August 22-23, 2013 meeting. There were  
58 a few typing errors noted for correction.

59

60 **On a motion duly made by Mr. Kim, seconded by Ms. DeVito and approved**  
61 **unanimously, it was**

62

63 **RESOLVED to approve the minutes of the August 22-23, 2013 meeting**  
64 **with corrections noted.**

65

66 **Agenda Item 3- Ethics**

67

68 Mr. Holm called for any ethic disclosures to make. No ethic disclosures to report.

69

70 **Agenda Item 4 - Division Update**

71

72 Director Don Habeger met with the board to review and discuss the 2013  
73 Professional Licensing Annual Report and Fee Analysis. A robust discussion ensued  
74 regarding direct vs. indirect costs and why the indirect expenditures have increased.  
75 Mr. Habeger then went on to review and discuss the fee analysis report that was  
76 provided to the board. Mr. Habeger recommended to the board to increase fees by  
77 approximately 20% for FY 14/15. Mr. Habeger then requested that the board  
78 consider this recommendation. Anything is open to renegotiation as far as Mr.  
79 Habeger is concerned, so if the board would like to come back with other fee  
80 recommendations that would be considered as part of the discussion. The board will  
81 review the fee analysis and take action before the board meeting comes to a close on  
82 Friday 11/22/13.

83

84

85

86

87 **Agenda Item 5 - Investigative Report - Investigator Kennedy**

88

89 Quinten Warren Chief Investigator was in attendance with Investigator Kennedy.  
90 Mr. Kennedy presented the Investigative Report for period August 22, 2013 to  
91 November 20, 2013. Including cases, complaints and intake matters since the last  
92 report, the Division opened 23 files and closed 22 Pharmacy Board matters. Mr.  
93 Kennedy advised the board that pharmacy investigations have been steady and  
94 busy. Mr. Kennedy advised that he made a change to the report under open  
95 investigations. The report now shows when an open case requires a follow-up  
96 inspection. Compliance inspections were done, but there were problems that have  
97 to be fixed, thus requiring a follow-up inspection. Now the board can review what  
98 cases are new, open, closed, and requiring follow-up inspections. Mr. Kennedy  
99 advised that there will be a consent agreement for the board to review. Probation  
100 Monitor reported to Mr. Kennedy that everyone is in compliance and there are no  
101 issues at this time.

102

103 Mr. Kennedy then briefed the board on the Sterile Compounding Inspection Training  
104 he attended at NABP headquarters in October for inspecting compounding  
105 pharmacies. Mr. Kennedy told the board that he had not really thought about how  
106 other states handle investigations and inspections. In other states, pharmacists and  
107 police are the investigators/inspectors, and they carry weapons. Mr. Kennedy who  
108 is not a pharmacist nor carries a weapon was surprised by this. The class at first  
109 was a little intimidating because it was geared for a pharmacist teaching other  
110 pharmacists and the language and acronyms used felt like a foreign language being  
111 spoken. Mr. Kennedy, who is very familiar with Chapter USP 797 and 71 that the  
112 instructors kept referring to, was able to utilize his smart phone and found a  
113 website that had a lot of the terms and acronyms that was being used. Mr. Kennedy  
114 did talk with the lead instructors and learned that there is a compounding boot  
115 camp in Colorado. The boot camp offers a week of intensive training on sterile  
116 compounding but it is expensive. The instructors also informed him that there is  
117 some basic compounding training available on line, and Mr. Kennedy will be taking  
118 advantage of that training in the first quarter of 2014.

119

120 Overall it was a good two day course and Mr. Kennedy thought it was a great  
121 opportunity to network with the other state investigators/inspectors, and he gained  
122 insight into how other states are handling inspections. Mr. Holm, Board Chair  
123 inquired as to how realistic it would be for Mr. Kennedy to attend the boot camp in  
124 preparation for future inspections, and is this something that could be worked into  
125 the job description and training for an investigator who has been assigned to the  
126 pharmacy board to help achieve longevity in a position such as this.

127 Chief Warren responded and agreed and stated there are no guarantees when it  
128 comes to longevity.

129

130 Mr. Kennedy is working on identifying how many "High Risk" pharmacies are in the  
131 state. The board offered their assistance with inspections of "High Risk" pharmacies  
132 to shorten the learning curve. Mr. Kennedy did advise the board that if a board  
133 member was to accompany him on an inspection and the pharmacy was found not  
134 to be in compliance, then that particular board member would have to recuse  
135 themselves from the investigation and it is much cleaner not to have a board  
136 member participate so that particular pharmacy cannot make any accusations of  
137 conflict of interest.

138

139 Mr. Cotter then raised the question how will one person handle all of the inspections  
140 in a two year period come the next renewal cycle once these pharmacies are  
141 identified, and are we putting all of our eggs in one basket, especially if Mr. Kennedy  
142 was to leave for any reason in the middle of these inspections. Mr. Cotter's concern  
143 is not to box ourselves into a corner and find that required inspections cannot be  
144 completed within the necessary time frame. Mr. Cotter also asked if there was any  
145 way to have another person trained to help Mr. Kennedy with the "High Risk"  
146 pharmacy inspections and have some back up. Chief Warren answered that he  
147 believed the Division did not have the resources for such a request. Ms. Giessel  
148 asked Chief Warren relating to training, what do other boards with dedicated  
149 investigators like the pharmacy board do should their investigator leave, and what  
150 is the contingency plan that they have decided is wise? Chief Warren responded  
151 that the contingency plan with all the boards is to fill the vacancy as soon as possible  
152 and get those persons up to par as quickly as possible. Chief Warren also shared  
153 that if needed, he could utilize the Probation Monitor as a secondary back-up to Mr.  
154 Kennedy since the Probation Monitor would be the one to monitor if a pharmacy is  
155 found not to be in compliance and put on probation. Chief Warren addressed the  
156 mind-set of the inspector vs the investigator believes Mr. Kennedy handles the role  
157 very well and there are thresholds set by the board as to what issues are  
158 unacceptable and compliance is required.

159

160 Mr. White asked the question to Mr. Kennedy - With states trying to continue to hold  
161 on to state's rights while the federal agencies dictate policies, what can the board of  
162 pharmacy do to support the pharmacies and hospitals that are determined to be  
163 "High Risk" become and remain in compliance, and if Chapter 797 is to be used as  
164 the "gold standard" it would be cost prohibitive to convert a compounding area or  
165 I.V. room in a small hospital for example that does not have a big budget.

166

167 Mr. Kennedy responded that the overall take away from the meeting he attended  
168 was to have what our state would like to do in writing, and have policies in place.  
169 If you know the direction the feds are going or what they are trying to do, and our  
170 policies are in place that touch on it, he believes we will be ok. The states that do  
171 not agree with the federal policies and do not want to cooperate will have a more  
172 difficult time being in compliance with inspections now that the standard through  
173 NABP has been established and is being implemented.

174  
175 Mr. Kennedy advised of a Consent Agreement Case #898201300898 for the board to  
176 review.

177  
178 **On a motion duly made by Mr. White, seconded by Ms. DeVito and approved**  
179 **unanimously, it was**

180  
181 **RESOLVED to go into executive session in accordance with AS**  
182 **44.62.310(c)(2), for the purpose of discussing case number #898201300898**  
183 **Consent Agreement**

184  
185 Off the record at 10:45 a.m.

186 Back on the record at 10:55 a.m.

187

188 **On a motion duly made by Mr. White, seconded by Ms. Giessel and approved**  
189 **unanimously, it was**

190

191 **RESOLVED to approve the Consent Agreement on Case #898201300898**  
192 **Pharmacy Technician License for Jamie Wakefield.**

193

194 Off the record at 11:00 a.m.

195 On the record at 11:12 a.m.

196

197 **Agenda Item 6-PDMP Report – Investigator Howes**

198

199 The Board was informed that Mr. Howes was not in and out sick for the rest of the  
200 week.

201

202 **Agenda Item 7 – Legislative Review**

203

204 In preparation for the upcoming legislative session and the February board meeting  
205 in Juneau. The board reviewed information taken from the annual report on the  
206 proposed legislation that the board is putting forward.

207

208 The two issues that the board would like to primarily cover with the legislators are:

209

210 1- Out of State Wholesale Distributors

211 2- Adding pharmacist's to the States Anti-Discrimination Insurance Law

212

213 The board would like to meet with legislators to ask if they have any questions and  
214 encourage them to sponsor these bills since currently there are no sponsors. Ms.  
215 Giessel asked Mr. Holm if the board is looking for sponsors would he like for her to  
216 contact some individuals regarding these two issues to see if they would be  
217 interested in sponsoring. Mr. Holm said yes absolutely that the board would like to  
218 see if the bills could be introduced into both houses.

219

220 Mr. Holm advised that he is going to try and meet with all the interior legislators as a  
221 group before the session begins in January 2014 to go over the two items with them.

222

223 Out of State Wholesale Distributors -

224 Alaska remains only one of two states that do not license Out of State Wholesale  
225 Distributors. It is critical that Alaska have this authority and gain control over this  
226 growing business sector. In 2006/2007 the board did write regulation for this and  
227 were told that they could not do it since it did not have statutory authority. The  
228 board would now like to go back to the legislators and get the statutory authority to  
229 regulate these wholesalers to help assure the safe delivery of controlled, non-  
230 counterfeit medications to Alaska residents.

231

232 Add Pharmacists to the State's Anti-Discrimination Insurance Law: (Housekeeping  
233 Legislation) -

234 The state's Insurance Code AS 21.36.090(d) needs to include pharmacists and  
235 pharmacies in its list of healthcare entities which "cannot be discriminated against  
236 in group policies that extend coverage on an expense-incurred basis or under a  
237 group service, or indemnity-type contract, issued by an HMO, or non-profit  
238 corporation, if the service is within the scope of provider's occupational license".  
239 Currently pharmacist and pharmacies are not listed and this is an oversight which  
240 needs correction as soon as possible. The parallel federal law in the Public Health  
241 Service Act 42 U.S.C. 1320d of the Social Security Act does include pharmacists.  
242 There appears to be no valid reasons not to have pharmacists included. This is  
243 house-keeping, but very important in terms of protection for the pharmacy  
244 community.

245

246 The other item that Mr. Holm would like for the board members to touch on with  
247 the legislators would be the Pharmacy Audit Bill. Mr. White informed the board  
248 that it was suggested by the legislative committee to re-date the letter from last

249 February that the board sent and resend it showing that the board is still in support  
250 of this bill. Mr. White will work on getting a copy of the letter for board review at  
251 the Friday meeting.

252

253 Since there were only a few minutes before the board will break for a lunch, Mr.  
254 Holm wanted to review the previous dates set for the upcoming February board  
255 meeting. The dates of February 13<sup>th</sup> and 4<sup>th</sup> were scheduled at the August board  
256 meeting, but due to a scheduling conflict Mr. Holm is not available to meet on those  
257 dates and requested for the board to relook at dates and reschedule the February  
258 meeting. After much back and forth, and when the majority of the board would be  
259 available to meet, the meeting will be January 29<sup>th</sup> – January 31<sup>st</sup>. The board will  
260 meet at 9:00 a.m. on Wednesday 1/29/14, recess until 1:00 p.m. on Thursday  
261 1/30/14 and meet again 9:00 a.m. to 12:30 p.m. on Friday 1/31/14.

262

263 Off the record for lunch for lunch at 12:00 p.m.

264 On the record at 1:10 p.m.

265

266 1:10 p.m. Ms. Gruening not present

267 1:18 p.m. Ms. Gruening arrived.

268

269 **Agenda Item 8 – Walgreens “Well Experience” Presentation**

270

271 Justin Coyle, Rph, Regional Pharmacy Director, Pacific Northwest, presented  
272 Walgreens “Well Experience” Pharmacy Program to the board. Mr. Coyle provided a  
273 hand out of the presentation for the board’s referral. Mr. Coyle introduced Daiana  
274 Huyen, Walgreens District Supervisor for Alaska and Eric Sherf, Walgreens District  
275 Manager for Alaska.

276

277 The goal of the presentation is to introduce the board to The “Well Experience”  
278 Pharmacy and seek the board’s approval for the “Well Experience” Pharmacy model  
279 in Alaska.

280

281 This program brings the pharmacist up to the front of the pharmacy counter instead  
282 of being back behind the counter. The reason that Walgreens is doing this is that  
283 their research shows patients interact much differently when the pharmacist is  
284 front and center in the pharmacy. Pharmacies are changing pharmacists are taking  
285 on new roles by giving immunizations, health testing and all the other things that  
286 pharmacists are now doing to serve patients. The problem though is that the  
287 pharmacists were tied to the product in the back. What the new layout in  
288 Technology does is bring the pharmacist out to the front where they can interact  
289 more closely with their patients. Walgreen’s reported thus far the result of this new

290 pharmacy model is very encouraging. The "Well Experience" Pharmacy model is up  
291 and operating in over 30 states and Walgreens will be introducing this new  
292 pharmacy model to Walgreens pharmacies in Alaska. Mr. Coyle reported that from  
293 the states that this model is operational and the pharmacist is now up front they  
294 have seen the interaction and the consultation with the pharmacist go up.  
295 Walgreens own studies show that in a typical store about 1 in 10 people will  
296 approach to speak with a pharmacist on a new prescription. In a store that has the  
297 "Well Experience" pharmacy model that number increases to 1 in 4 people.

298  
299 Mr. Coyle went on to walk the board through the new pharmacy model layout  
300 showing the desk out front where the pharmacist will sit. There is a divider to  
301 protect privacy and there are drawers up front that are lockable so when the  
302 pharmacist has patient information it can be locked up if they have to step away.  
303 The model also has a sound masking system. White noise has been installed upfront  
304 and there are speakers that pump out white noise to cancel out noise and keep  
305 conversations private when in consultation with a pharmacist or at the counter. The  
306 pharmacist would sit at this desk checking prescriptions via a computer screen. The  
307 pharmacist computer screen has a privacy filter so unless you are sitting in front of  
308 the screen you cannot see what is on it. When the pharmacy is not open there is a  
309 gate that goes straight across pharmacy and includes the pharmacist station.

310  
311 Mr. Coyle provided images that the pharmacist has available via their computer  
312 screen. This allows the pharmacist a comprehensive view of what is happening in  
313 the pharmacy, the filling counter, the drive thru window, cashier area, and the  
314 express pick up window. The express pick up window is another way for patients  
315 who have been on the same medication and do not need consultation can just pick  
316 up the prescription and go from the technician.

317  
318 Mr. Coyle then went through the cycle of a prescription. Walgreens scans all  
319 prescriptions that they fill and has its own proprietary system that was developed  
320 years ago. Scanning the prescriptions gives Walgreens the ability to have other folks  
321 help type in that prescription as well, either from the store or from another location.  
322 This is a key element for this pharmacy model, taking work out of the store where  
323 the prescription is reviewed and then typed in from another technician that is not  
324 inside your store. That is what this technology allows Walgreens to do. Once  
325 scanned, it is now available for a centralized process. This could happen in the store  
326 or outside of the store. The prescription then is data entered then would go to an  
327 upfront DUR prescription review. Before anything prints the pharmacist would  
328 check the image against what is typed and would check to see if it is the right  
329 patient, the right drug, is it appropriate, and complete the full DUR. Now that  
330 prescription is available to go to the fill counter in the pharmacy.

331 Mr. Coyle then reviewed how the prescription would be filled via a proprietary  
332 machine Walgreens developed to practice within this model.

333

334 This machine via a camera verifies the correct medication by weight and tablet  
335 marking. It counts the quantity and loads the medication into a hopper to be  
336 released into a bottle and a label is printed out. High definition pictures are then  
337 taken of the open bottle with the pills inside, with the label and include an image of  
338 the medication from the manufacturer. From this point the technician takes the  
339 prescription, bags it then puts it on the belt to be sent down to go into the bins. At  
340 this point the prescription is now in filled status and cannot leave the pharmacy  
341 until the pharmacist checks it. This is a one prescription process.

342

343 One prescription is done at a time. The timing of this state of the art machine will  
344 only allow it to be one to one. You cannot switch out products, you have to follow  
345 the process and complete it or the machine times out. All final checks on the  
346 prescription are done by the pharmacists who are working at the pharmacy where  
347 the prescription is received. Mr. Coyle then concluded his presentation that this is  
348 how this pharmacy model can take the pharmacist out of the back and put them in  
349 the front and practice at the top of their license and utilize their clinical and  
350 counseling skills to better help the patients.

351

352 The board had a lot of questions after the presentation. Mr. Holm asked Mr. Coyle,  
353 what is the typical pharmacist to technician ratio, and is this model set up the same  
354 for every pharmacy? If so, what is the volume that would dictate that this model  
355 would be successful? Mr. Coyle replied this model would be implemented in a  
356 pharmacy that fills 250 – 300 prescriptions per day. The pharmacist to technician  
357 ratio at that volume would be 1 to 3(one pharmacist to three technicians). Mr.  
358 Cotter asked the question if a pharmacy is using this model, filling 300 prescriptions  
359 per day, what is the percentage of prescriptions checked by the pharmacist on site  
360 and what is the percentage of prescriptions that are checked remotely? Mr. Coyle  
361 could not provide an exact answer and that it would vary from pharmacy to  
362 pharmacy, so Mr. Cotter asked if the prescriptions are checked remotely what is the  
363 geographical location? Mr. Coyle responded that with central processing Walgreens  
364 has the ability to have pharmacists available in Alaska, Scottsdale, Arizona, and in  
365 Florida to support the pharmacist in the store to check the prescriptions. Ms. DeVito  
366 asked if the remote pharmacists would be licensed in the state they are practicing in.

367

368 Mr. Coyle asked what licensing requirements are necessary to allow for central  
369 processing pharmacists to support Alaska pharmacies remotely. There are Alaskan  
370 licensed pharmacists in each facility; the challenge would be to have all pharmacists  
371 be licensed in Alaska.

372 Mr. Coyle advised that the accountability would be the product and the product  
373 review and that is done inside the pharmacy by the pharmacist. Walgreens is not  
374 centralizing the product, they are centralizing some of the clinical review and the  
375 data, but they would still be doing the final product check on site in Alaska. Mr.  
376 Cotter asked whose initials would be on the final approval of the prescription. Mr.  
377 Coyle advised there would be four sets of initials on a prescription. The initials of  
378 who typed it, initials of who did the clinical review, initials of who filled the  
379 prescription, and initials from the pharmacist who did the final product check. The  
380 pharmacist at the pharmacy would be the final set of initials on that prescription.

381  
382 Ms. DeVito asked if there are standards in place based on the volume of a given  
383 pharmacy. Mr. Coyle responded that there are standards built into the labor model  
384 to make sure that demand is being met. Walgreens has engineers that measure this.  
385 Ms. Huyen spoke up and advised the board regarding the technician ratio that  
386 Walgreens will follow the guidelines of whatever the state board of pharmacy has in  
387 place. For example in Washington State they have a 1 to 3 ratio and that is how they  
388 operate. Mr. Holm advised that Alaska does not have a restriction on pharmacist to  
389 technician ratio so how will Walgreens handle that with the pharmacies in Alaska.  
390 Mr. Coyle advised that this is not a model to reduce pharmacist payroll or take  
391 pharmacist out of the store and use them remotely, this is not a business decision to  
392 have more technicians and less pharmacists. This model is about getting pharmacist  
393 doing more pharmacist type things and getting technicians to do technician things.  
394 This is not a way to put more technicians in a store.

395  
396 Ms. DeVito asked a question about the increase in the amount of counseling and  
397 checking on the computer how will the pharmacist handle the amount of questions  
398 they may get now they are in front of the counter that are not related to  
399 prescriptions and is it distracting. Mr. Coyle said that they have not had an issue  
400 with this. There is a room off to the side that the pharmacist can bring in a patient  
401 to council if needed so there aren't any interruptions.

402  
403 Mr. Holm brought up to Mr. Coyle a report that was sent to each board member from  
404 Change to Win a retail watch group that investigated this model and pointed out a  
405 lot of deficiencies with this model. The report also provided pictures showing that  
406 things were not happening in the way that was just described to the board and as a  
407 result Mr. Holm has some apprehension with the "Well Experience" model.

408  
409 Mr. Coyle addressed the report and stated that Change to Win is an organization  
410 that's mission is unionization and Walgreens is not sure who Change to Win is trying  
411 to unionize. Mr. Coyle told the board that the deficiencies in the model that were  
412 pointed out in the report in fact did happen in the stores where the pictures were

413 taken. As a result of the CTW report Walgreens has made modifications to the  
414 model that correct the deficiencies exposed.

415

416 Mr. Coyle asked the board if there were any questions that they had to take back to  
417 Walgreens to address. Mr. Holm wanted to have Mr. Coyle address the report  
418 received from CTW and told him that the board's main concern is the public safety.  
419 Mr. Holm advised Mr. Coyle that the board will sit down and review further the  
420 information presented and see if there is anything that the board has to address  
421 from a regulatory standpoint. The board would not provide a final decision on the  
422 model and did not believe that the model is contrary to state law and the board very  
423 much appreciated that Walgreens wanted to meet with the board to review the  
424 "Well Experience" pharmacy model.

425

426 The board continued to discuss the presentation and discussed the pros and cons of  
427 the Walgreens model. As a result, the board has decided to implement an onsite  
428 technician to pharmacist ratio of 1 to 4. No more than four technicians to one  
429 pharmacist on duty. A regulation project will be started to implement this change.  
430 Currently Alaska does not have a regulation that specifies a technician to pharmacist  
431 ratio.

432

433 The board took a 15 minute break.

434

435 Off the record at 2:35 p.m.

436 Back on the record at 2:50 p.m.

437

438 Following up from the earlier discussion under Legislative Review regarding the  
439 Pharmacy Audit Bill, HB-259, Mr. White was able to obtain a copy of the letter  
440 previously sent. The board reviewed the letter, and as requested agreed to resend  
441 the letter out again. Ms. Burns will update the letter and resend it out to  
442 Representative Kurt Olson and send a copy to Representatives Cathy Munoz, Peggy  
443 Wilson, and Representative Mike Chenault, House Speaker. A copy will also be sent  
444 to the Alaska Pharmacist Association and Karen Robinson lobbyist for the  
445 Association.

446

447 **Agenda 9 "High Risk" Inspections Form/Checklist -**

448

449 Ms. DeVito and Mr. Cotter spent some time reviewing other states inspection forms  
450 and Ms. DeVito found that the California Compounding Self-Assessment form to be  
451 similar to what she is envisioning that a form for Alaska "high risk" pharmacies  
452 should look like. The new form could be used as a check list geared to "High Risk"  
453 pharmacies for the investigator to utilize when in-state inspections are done, the

454 current self-inspection form is not geared to "high risk" pharmacies. Mr. Cotter, for  
455 the January board meeting will review the California Compounding form against  
456 Alaska statutes and regulations and to make sure current authority would support  
457 such a check list. The form/checklist would be instituted for the coming 2014  
458 renewal period. Hospital pharmacies that have certifications such a PCAB and Joint  
459 Commission may not have to be on the mandatory inspection list. There could be a  
460 sub goal set that irrespective if a pharmacy has certification, 50% of those  
461 pharmacies would be inspected in addition to all of the pharmacies that have  
462 identified themselves as "high risk". This could help to streamline the amount of  
463 mandatory inspections for the one investigator that will be doing the in-state  
464 inspections.

465

466 **Agenda Item 10 – Application Approvals - Routine –**

467

468 The board reviewed non yes answer applications for approval.

469

470 **On a motion duly made by Mr. White, seconded by Ms. DeVito and approved**  
471 **unanimously, it was**

472

473 **RESOLVED to approve the following Collaborative Practice Plans**

474

475 **Target Store T-2371/ PHA R #450**

476 **Costco Pharmacy #107 PHA R #465**

477 **Sam's Club PHA R #369**

478 **Sam's Club PHA R #487**

479

480 **On a motion duly made by Mr. White, seconded by Ms. Gruening and approved**  
481 **unanimously, it was**

482

483 **RESOLVED to approve the Drug Room Application for Alaska**

484 **Dermatology and Laser Center, LLC in Anchorage**

485

486 **On a motion duly made by Mr. White, seconded by Ms. DeVito and approved**  
487 **unanimously, it was**

488

489 **RESOLVED to approve the Shared Pharmacy Services Applications for**

490

491 **Pipeline RX, Rosemont, IL., with Mat-Su Regional Medical Center**

492 **Geneva Woods Mat-Su Medset Pharmacy, Wasilla with Geneva Woods**

493 **Pharmacy in Anchorage, AK**

494

495 Mr. Cotter wanted to review the financial statement that Mr. Habeger  
496 reviewed in the morning and have the board look at the fees and come up  
497 with recommendations.  
498

499 **Here is the board's response to the division's fee proposal:**  
500

501 **On a motion duly made by Mr. White, seconded by Mr. Cotter and approved**  
502 **unanimously, it was**  
503

504 **RESOLVED to approve the following fee changes:**  
505

- 506 1) \$75.00 for Collaborative Practice Plan Applications. Currently no fee is charged.  
507 2) Increase the cost of the PIC Change (Pharmacist-In- Charge) from \$5.00 to \$50.00.  
508 3) Increase initial and biennial wholesale drug distributor licensing fee from \$300.00  
509 to \$500.00.  
510 4) Charge out of state wholesale drug distributors in anticipation of legislation being  
511 passed \$1200 for out of state registration.  
512

513 The board recessed until 9:00 a.m. November 22, 2013  
514 Off the record at 4:40 p.m.  
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**Friday November 22, 2013**

The meeting was called to order by Richard Holm, President, at 9:15 a.m.

**Call to Order/Roll Call**

Those present, constituting a quorum of the board, were:

Anne Gruening – Public Member – Juneau  
Taryl Giessel – Public Member – Eagle River  
John Cotter – R. Ph. – Fairbanks  
Lori DeVito- R. Ph. - Soldotna  
Richard Holm R. Ph. – North Pole  
Dirk White – R. Ph. - Sitka  
C.J. Kim – Anchorage

In attendance from the Division of Corporations, Business & Professional  
Licensing, Department of Commerce, Community and Economic  
Development were:

Donna Burns, Licensing Examiner - Juneau  
Jay Paff, Investigator – Anchorage  
Don Habeger – Juneau

**Agenda Item 12 Review Agenda -**

Meeting started late due to inclement weather and Mr. Holm falling on the ice on his way to the Atwood Building. Mr. Holm received some scrapes, but appeared to be okay. Mr. Holm reviewed the agenda and reminded the board that Nancy Davis from AKPhA could not attend as planned.

**On a motion duly made by Mr. Kim, seconded by Ms. DeVito and approved unanimously, it was**

**RESOLVED to approve the agenda as is.**

578 **AGENDA ITEM 13 - Correspondence**

579

580 **Report of Theft -**

581 The board reviewed four reports that were received since the last board meeting in  
582 August. The reports advised of small quantities that were short and no indication of  
583 any issues.

584

585 **Walmart -**

586 Walmart sent a letter to the board regarding pharmacy operations when a new  
587 pharmacy license is issued. Walmart wanted to make sure that they are in  
588 compliance with new store openings. Based on their correspondence and recent  
589 grand openings of Walmart and Sam's Club pharmacies in Anchorage, the board  
590 confirmed that they are in compliance with pharmacy operations.

591

592 **NABP CORRESPONDENCE -**

593 NABP sent follow up correspondence from the Sterile Compounding Inspector  
594 Training that took place in October. NABP advised that there was additional  
595 material available via a link that can be downloaded. The link expires on November  
596 30, 2013.

597

598 NABP advised of two free sterile compounding webinars that will be available to  
599 state boards coming up in December 2013 and February 2014.

600

601 Ms. DeVito brought a brief summary of 2010 Accreditation standards for ACHC and  
602 thought Mr. Kennedy may want to review the information. Mr. Holm will review the  
603 standards and forward on to Mr. Kennedy.

604

605 Since the board was ahead of schedule and to keep public comment at the  
606 designated time, Mr. Holm asked Ms. Burns to go ahead and give her overview from  
607 the NABP meeting Ms. Burns attended in September.

608

609 **Agenda Item 14 Overview from NABP Executive Forum held in September -**

610

611 Ms. Burns attended the NABP Executive Forum held in Northbrook, IL., 9/24 -  
612 9/25/2013. Ms. Burns thanked board chair Mr. Holm for his support to attend the  
613 meeting. Ms. Burns provided the board an overview and stated that purpose of the  
614 meeting was creating new tools to maintain and enhance board authority. In  
615 addition to creating new tools, the compounding bill was a hot topic. Ms. Burns  
616 provided the board in their board packets a copy of the Federal Regulatory Update  
617 on the bill that was provided at the October meeting.

618 Ms. Burns shared with the board that she did have a chance to go to NABP  
619 headquarters and received a tour and participated in a meet and greet there.

620

621 Another item that Ms. Burns felt was important for the board to be aware of and  
622 included in the board packet was a report from NABP called: Wholesale Drug  
623 Distribution: Protecting the Integrity of the Nation's Prescription Drug Supply

624 Mr. Holm concurred and requested that the board keep this report and become  
625 familiar with it for the January board meeting. This report supports that states have  
626 regulations in place for Wholesale Drug Distribution. Currently Alaska is only one of  
627 two states that do not regulate out of state wholesale drug distributors.

628

629 Ms. Burns also reviewed NABP's presentation on expanding uniformity and  
630 simplifying license transfer among states through the Verified Pharmacy Program  
631 also known as VPP that NABP is building. This program would provide verification  
632 of facility licenses, verification of RPh licenses, and verification that a qualified  
633 inspection has occurred (based on board of pharmacy established standards),  
634 report any disciplinary action. The VPP program is not about NABP rendering  
635 licensing decisions, that is the board's job.

636

637 Ms. Burns also included and briefly discussed articles from NABP newsletters that  
638 supported the topics above.

639

640 Time allowed for Ms. Burns to continue with her follow up from the August board  
641 meeting regarding Automated Dispensing Systems. Ms. Burns was requested to do  
642 some research on how other states regulate this technology. Ms. Burns provided an  
643 article from a NABP newsletter on laws and regulations for safe use of pharmacy  
644 technology systems. NABP put together a task force for Pharmacy Technology  
645 Systems. Also included in the boards packet on this topic is an article from the  
646 Washington State Board of Pharmacy on Controlled Substance and Automated  
647 Dispensing registration, Oregon's Application for Registration for Automated  
648 Pharmacy System, and Oregon's statutes and regulations on automated dispensing  
649 machines. The board of pharmacy is researching how to proceed with regulations  
650 for ADS in Alaska.

651

652 **Agenda Item 14 – Public Comment –**

653

654 Mr. Holm called for public comment at 10:00. No one in person addressed the  
655 board, but the board received a request from Jim Delker, DVM to call in  
656 telephonically regarding veterinarians and the PDMP program as it applies to  
657 veterinarians.

658 Dr. Delker is the Legislative Liaison for AKVMA. Dr Delker is seeking clarification  
659 how and if veterinarians (DVMs) can legally comply with the PDMP program. The  
660 American Veterinary Medical Association has recommended that DVMs request  
661 deactivation of any previously issued NPI numbers, as DVMs are not eligible to  
662 obtain an NPI number. NPI numbers are used as the primary provider identifier in  
663 all PDMP programs.

664  
665 Alaska PDMP statutes are not clear referencing how to track pet patients. AK Statute  
666 refers to documenting the "name, address, DOB of the person for whom the  
667 prescription is written." The statute does not clarify if DVMs are to document the  
668 patient (Dog, cat) on PDMP forms or the owner of the pet? If tracking the "person",  
669 are we required to collect the DOB and other personal data for all pet owners as  
670 well? What if another family member or pet caretaker wants to pick up the meds?  
671 Many states have exempted Veterinarians from PDMPs due to similar issues with  
672 tracking along with support that veterinary drug diversion is not presently a  
673 common occurrence. Dr Delker then went on to site a Minnesota Board of Pharmacy  
674 Study that concluded DVMs should be excluded from the MN PDMP due to low risk  
675 of occurrence of "Dr. Shopping" in veterinary medicine.

676  
677 Dr. Delker went on to advise that states that do require DVMs to participate have  
678 little data to suggest there is a problem with diversion in veterinary medicine.  
679 Idaho recently exempted DVMs by inserting two words to PDMP statute clarifying  
680 that "prescribers that dispense controlled substances to humans" must participate  
681 in monitoring. Dr. Delker believes this would be feasible and a simple legislative  
682 option for Alaska if there were support of the AK Board of Pharmacy and AKVMA.

683  
684 In summary, at present the Alaska Veterinary Medical Association does not feel  
685 there is sufficient data to support that veterinarians should be included in PDMP.  
686 Present Alaska Statutes are not clear on how veterinarians can legally comply and  
687 provide accurate and useful data and recommend that veterinarians be excluded  
688 from the PDMP program in the State of Alaska. Ideally the association would like  
689 the support of the Alaska Board of Pharmacy as they pursue legislative remedies.  
690 Dr. Delker thanked the board for their time and attention to their concerns.

691  
692 Mr. Holm, board chair advised Dr. Delker that board would take his comments  
693 under consideration until the January meeting. Dr. Delker will send via email to Ms.  
694 Burns documentation supporting the information that Dr. Delker referenced.

695  
696 The board took a short ten minute break.

697 Off the record at 10:32 a.m.

698 Back on the record at 10:45 a.m.

699 **Agenda Item 15 License Applications with "Yes" Answers**

700

701 Investigator Paff came to address the board on one of the "yes" answer applications.  
702 Investigator Paff believed that information discovered in his review of this applicant  
703 warranted further explanation to the board.

704

705 **On a motion duly made by Mr. White, seconded by Ms. Gruening, and approved**  
706 **unanimously, it was**

707

708 **RESOLVED to go into executive session in accordance with AS**  
709 **44.62.310(c)(2), for the purpose of discussing a Pharmacist application**  
710 **with a "Yes" answer.**

711

712 Board and staff remained during executive session.

713

714 Off the record at 11:15 a.m.

715 On the record at 11:31 a.m.

716

717 **On a motion duly made by Mr. White, seconded by Ms. Gruening, and approved**  
718 **unanimously, it was**

719

720 **RESOLVED to approve Out of State Pharmacy applications for:**

721

722 **Vicksburg Special Care Pharmacy and Compounding**

723 **CVS Pharmacy-Hawaii**

724 **KVP Supply LLC**

725 **Propac**

726

727 **On a motion duly made by Mr. White, seconded by Ms. DeVito, and approved**  
728 **unanimously, it was**

729

730 **RESOLVED to table Entirely Pets Out-of-State Pharmacy Application**  
731 **pending additional information to be submitted, and resolution of their**  
732 **appeals**

733

734 Ms. Giessel requested to take a separate vote on the pharmacist applications.

735

736 **On a motion duly made by Mr. White, seconded by Ms. Gruening the board**  
737 **took a roll call vote:**

738

**Yeas – Holms, White, Cotter, Kim, Gruening**

739

**Nays – Giessel, Abstention, DeVito**

740           **RESOLVED to approve the application for Jeffrey Mosely Pharmacist**  
741 **Application with "Yes" answer**

742  
743 **On a motion duly made by Mr. White, seconded by Ms. Giessel and approved**  
744 **unanimously, it was**

745  
746           **RESOLVED to approve the application for Allie Monkhantha Pharmacist**  
747 **Application with "Yes" answer**

748  
749 **On a motion duly made by Mr. White, seconded by Ms. Giessel and approved**  
750 **unanimously, it was**

751  
752           **RESOLVED to approve the application for Craig Skinner Pharmacist**  
753 **Application with "Yes" answer**

754  
755 **On a motion duly made by Mr. White, seconded by Ms. Gruening and approved**  
756 **unanimously, it was**

757  
758           **RESOLVED to approve the application for Theresa Ann Wojcik**  
759 **Pharmacist Technician Application with "Yes" answer**

760  
761 **On a motion duly made by Mr. White, seconded by Ms. Giessel and approved**  
762 **unanimously, it was**

763  
764           **RESOLVED to approve the application for Theresa Ann Wojcik**  
765 **Pharmacist Technician Application with "Yes" answer**

766  
767 The board reviewed the fees that were discussed and voted on at Thursday's  
768 meeting to make sure that it is on the record that the 20% fee adjustment on the  
769 other license fees for the upcoming license period are included.

770  
771 **On a motion duly made by Mr. White, seconded by Ms. Giessel and approved**  
772 **unanimously, it was**

773  
774           **RESOLVED to approve the list of license fee adjustments as amended**  
775

776 **Agenda Item 16 - Office Business**

777  
778 Travel authorizations distributed to Board members for signature.

779  
780 Wall certificates signed by Board Chair, Richard Holm and Vice Chair, Dirk White

781 The board set and confirmed dates for the balance of 2014 Board of Pharmacy  
782 meetings. 2014 Board of Pharmacy meeting are scheduled as follows:

783

784 January 29<sup>th</sup> – January 31<sup>st</sup> to be held in Juneau

785 April 3<sup>rd</sup> - April 4<sup>th</sup> to be held in Anchorage

786 July 31<sup>st</sup> - August 1<sup>st</sup> to be held in Anchorage

787 November 20<sup>th</sup> -November 21<sup>st</sup> to be held in Anchorage

788

789 The board held officer elections. Mr. Holm's term expires in March 2014 and he is  
790 off the board after the next meeting in January.

791

792 **On a motion duly made by Mr. Holm, seconded by Ms. Gruening and approved**  
793 **unanimously, it was**

794

795 **RESOLVED to approve the following officer elections:**

796

797 **Dirk White –Board Chair**

798 **Lori DeVito – Vice Chair**

799 **John Cotter – Secretary**

800

801 Mr. Holm made a motion to adjourn the meeting. All in favor.

802

803 The meeting adjourned at 12:00 p.m.

804

805

Respectfully submitted:

806

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\_\_\_\_\_  
Donna Burns  
Licensing Examiner

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Approved:

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Dick Holm, R. PH., Chair

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Date: \_\_\_\_\_

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790 off the board after the next meeting in January.

791

792 **On a motion duly made by Mr. Holm, seconded by Ms. Gruening and approved**  
793 **unanimously, it was**

794

795 **RESOLVED to approve the following officer elections:**

796

797 **Dirk White -Board Chair**

798 **Lori DeVito – Vice Chair**

799 **John Cotter – Secretary**

800

801 Mr. Holm made a motion to adjourn the meeting. All in favor.

802

803 The meeting adjourned at 12:00 p.m.

804

805

Respectfully submitted:

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809

Donna Burns

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Licensing Examiner

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Approved:

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Dirk White, R. PH., Chair

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Date: 1/29/14

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