

47 **Agenda Item 1- Review Agenda**

48

49 The Board reviewed the agenda with no changes.

50

51 **On a motion duly made by Ms. DeVito, seconded by Ms. Giessel and approved**
52 **unanimously, it was**

53

54 **RESOLVED to approve the agenda as is for Thursday April 3rd, 2014**

55

56 **Agenda Item 2- Minutes**

57

58 The Board reviewed the minutes from the January 29 – 31st, 2014 meeting.

59

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

62

63 **RESOLVED to approve the minutes from the January 29 – 31st, 2014**
64 **meeting with corrections as noted**

65

66 **Agenda Item 3- Ethics**

67

68 Chairman White called for any ethics disclosures to make. No ethics disclosures to
69 report.

70

71 **Agenda Item 4 – Investigative Report**

72

73 Investigator Kennedy presented the Investigative Report from January 29, 2014 to
74 April 2, 2014. Including cases, complaints, and intake matters, since the last report,
75 the Division opened 18 files and closed 23 Pharmacy Board matters.

76

77 Investigator Kennedy discussed with the board whether a pharmacy has the right to
78 fill a prescription or not, and is it up to that particular business. There is nothing in
79 the statutes or regulations that refer to this. Investigator Kennedy received a
80 complaint that a pharmacy refused to fill a prescription that they were not
81 comfortable with. Investigator Kennedy advised the person making the complaint
82 that the pharmacy has the right to do that. The person with the complaint requested
83 to know if that is in writing somewhere. Investigator Kennedy advised that it is not
84 necessarily in writing, but a pharmacy like any other business has the right to refuse
85 business that they are not comfortable transacting and that you as the customer
86 have options of going to another pharmacy that will fill the prescription. Mr. Altland
87 pointed out that depending on where you live in Alaska you may or may not have

88 another pharmacy to go to have your prescription filled. Ms. DeVito then asked if
89 there is another regulation somewhere or anything in Federal Regulation that
90 specifically addresses whether or not a pharmacy has to fill a prescription.
91 Investigator Kennedy advised that in his sweep of DEA Regulations he could not find
92 anything specifically relating to this circumstance. Mr. Cotter then stated that as far
93 as he is concerned that there are two reasons not to fill a prescription, 1- The
94 Professional component, that it is unhealthy and a danger to a patient to fill a
95 prescription, and 2- The Business component, I don't like you and I don't want to
96 your business. That is a business decision and Mr. Cotter believes this has the
97 potential for becoming a problem. Mr. Kennedy asked for guidance from the board
98 on how to proceed with this sort of complaint.

99
100 Mr. Cotter asked Investigator Kennedy if this complaint was in regard to a
101 controlled substance. Investigator Kennedy advised that is and it has to do with a
102 Methadone Clinic. Mr. Cotter referred Investigator Kennedy to the DEA regulations
103 that now specify that the pharmacist has a professional responsibility to make sure
104 that there is a true and accurate physician-patient relationship and that the
105 medication is being used for a direct medical diagnosis, not drug abuse, and that the
106 pharmacist is personally responsible for it all.

107
108 Mr. Cotter referred Investigator Kennedy to the DEA Pharmacy Handbook where the
109 DEA clarifies this subject now. Investigator Kennedy is going to research further,
110 and contact the DEA in Seattle if he cannot locate specific language about this.

111
112 Investigator Kennedy requested to speak with Chair Dirk White and Vice Chair Lori
113 DeVito in private.

114
115 Break at 9:42 a.m.
116 Back on the record at 9:50 a.m.

117
118 While waiting for the arrival of Investigator Howes to present his PDMP report, Ms.
119 Bellino addressed the board regarding the 12 "yes" answer applications that
120 Investigator Kennedy cleared right before the board meeting. The board and Ms.
121 Bellino agreed that upon her return she would post the "yes" answer applications to
122 the secure part of the board website for board review and approval. Ms. Bellino will
123 divide the applications and assign them to specific board members.

124
125 **Agenda Item 5 - PDMP Report - Investigator Howes**

126
127 Investigator Howes and the board briefly discussed the current status of HB 324
128 regarding AKPDMP. The bill was pulled from the legislative calendar. Investigator

129 Howes and the Board had expected more action on the bill and were surprised by
130 this news.

131

132 Investigator Howes reviewed the PDMP Report with the Board. From January 1,
133 2014 through the beginning of April, 173,269 prescriptions were issued, then
134 Investigator Howes reviewed the current statistics, and he believes that PDMP is
135 doing pretty well. Investigator Howes then reviewed the Graph included in the
136 report regarding the Threshold of patients exceeding the established threshold. The
137 threshold established by the board is: 5 pharmacies/5 prescribers in a three month
138 time period. The breakdown includes total number of claims, total day supply, and
139 total quantity of dosage units. Investigator Howes does not make a judgment call
140 with the information, but he will notify those involved when the information
141 reported exceeds the threshold.

142

143 Investigator Howes and the Board also discussed how best to utilize the data that
144 PDMP collects and what exactly should and can be done with it. Also discussed was
145 how to continue to educate and inform the stake holders involved to utilize the
146 AKPDMP. The reporting is only as good as the compliance in using it. Investigator
147 Howes is considering putting together a survey to get an idea if medical
148 professionals like the program or not. Another graph that Investigator Howes
149 included in the report and reviewed with the board is allowing delegate access in
150 reporting to PDMP. The graph Investigator Howes included identifies States that
151 allow practitioners to designate an authorized agent to access the PDMP database.
152 Currently in Alaska this is an impediment to the program. Current bill HB 324 does
153 not go far enough in terms of allowing practitioners to delegate access to the
154 database. Also discussed was inter-state data sharing of PDMP information. There
155 is the capability for out-of-state providers to sign up for access to the AKPDMP and
156 Alaska should have the same access to other states PMP databases. Per Investigator
157 Howes, there has not been a definitive agreement to do so. Investigator Howes will
158 check with the PMP Director and ask further questions regarding inter-state sharing
159 of PMP data information and report back to the board.

160

161 Ms. Giessel shared the biggest push back that she has encountered to PDMP
162 reporting are privacy concerns and the lack of understanding or a true concept of
163 what information can be obtained from the PDMP. Some specific concerns
164 expressed to Ms. Giessel were, what information people will be able to see, will my
165 name be attached to this, can employers access this information, and can you be
166 prosecuted based on PDMP information. Ms. Giessel asked what would be the best
167 way to counteract these incorrect perceptions of the AKPDMP and increase
168 compliance with reporting. Investigator Howes advised that he has been very
169 involved with the legislative process this session, and is working hard to keep

170 AKPDMP going and to better define the aim of the program to provide the best
171 possible data back to the prescribers. There are still two weeks until the end of the
172 legislative session to find out the status of HB 324.

173

174 Break at 10:47 a.m.

175 Back on the record at 10:58 am

176

177 **Agenda Item 6 - Pharmacist to Technician Ratio**

178

179 Mr. Cotter led the discussion and provided the Board with Technician Ratio Talking
180 Points, and a White paper on Pharmacy Technicians 2002. Mr. Cotter received this
181 information from Dennis McAllister R.Ph., DPh., FASHP who is Senior Director,
182 Pharmacy Regulatory Affairs for Express Scripts. This information was emailed to
183 the board before the meeting and included in the meeting board packet.

184

185 Mr. Cotter walked the board through the talking points, and basically in summary
186 the ratios are all over the place, from a state like Alaska that does not have a
187 pharmacist to technician ratio, to other states that go as tight as a 1 to 1 ratio.

188

189 This topic came up after Walgreens presented their new pharmacy/dispensing
190 model to the board at the November 2013 meeting. The Board decided to research
191 this issue and discuss if instituting a technician ratio in Alaska would be beneficial.
192 Mr. Cotter advised that in the data provided from Mr. McAllister it is not debt
193 processes showing up as concerns, it is that the rate limiting step in the process
194 going on is the pharmacist because it depends on how many prescriptions they can
195 check and not necessarily the technician work flow. Typically states do not apply
196 ratios inside of hospitals, the VA or the Military.

197

198 In researching what other states do and in further reading, Mr. Cotter came to the
199 consensus that there are three decisions for the Board to consider regarding this
200 topic.

201

- 202 1. leave things status quo, and do not institute a pharmacist to technician
203 ratio
- 204 2. Consider instituting a pharmacist to technician ratio, or
- 205 3. Consider competency requirements for technicians requiring some type
206 of certification

207 Mr. Cotter advised the Board that in researching this topic he believes that the state
208 might be better served by not addressing the ratio and let the Pharmacist in Charge
209 determine the appropriate way to manage staff. There is a liability component to all

210 that, although guidance could be provided. The other aspect to this discussion is
211 whether the Board should on the record discuss Pharmacy Technician competency
212 requirements. Currently to obtain a pharmacist technician license in Alaska you are
213 not required to have any certifications. In other states the requirements vary in
214 obtaining a pharmacist technician license. For example, Colorado does not require
215 technicians to register with the Board of Pharmacy, to some states that have
216 Pharmacy Technician levels I, II and III. In Washington State they have licenses for
217 Pharmacy Assistants and Pharmacy Technicians. Other states require certification
218 after completing a year of on the job training.

219
220 One of the most interesting and educational items revealed in the information
221 researched is that there is no evidence that supports having a ratio has any bearing
222 on patient safety.

223
224 Ms. Gruening asked how often problems arise with Pharmacy Technicians regarding
225 diversion, theft, etc., because she as a board member has reviewed a number of
226 pharmacy technician applications where the applicant has had problems with a DUI
227 or theft, and is there a case to be made by increasing the requirements to become a
228 pharmacy technician. Ms. Gruening also asked would a tech have a more vested
229 interest in the job if they had higher competency requirements and had to obtain
230 certification.

231
232 Mr. Cotter surmised that in his years as a pharmacist in Alaska, and in doing this
233 recent research, he understands the constraints and push back from the off road
234 communities in Alaska if the board were to require through a regulation change,
235 certification after a year of on the job training. The larger metropolitan areas like
236 Anchorage/Fairbanks/Juneau, and the larger villages could more easily adapt to this
237 requirement. Mr. Cotter also stated he was in support of the concept, before doing
238 any type of compounding a pharmacist technician would be required to get national
239 certification like in some other states.

240
241 A short discussion ensued on how to delineate between technicians that provide
242 more entry level type support to the pharmacy, i.e. running a cash register, stocking
243 shelves to the pharmacy technician that is more involved in filling prescriptions and
244 in some cases compounding. Is there a need to have different technician levels to
245 accommodate the varying responsibility levels.

246
247 In summary, the board decided not to proceed with the pharmacy to technician ratio
248 at this time, and proceed to focus on researching how best to establish requirements
249 for certification and the best way to implement it. A "grandfather" clause will be
250 considered before any implementation.

251 Chairman White suggested that this weekend when the Board is attending the
252 AKPHA Convention, to reach out and talk to other pharmacists and technicians and
253 float the idea of requiring certification and the best way to implement it would be.
254

255 Ms. Bellino will research Idaho, Wyoming, North Dakota, and South Dakota
256 regulations for their Pharmacy Technician requirements to assist the board in
257 establishing criteria for certification for the next board meeting in August. Lis
258 Houchen will forward to Ms. Bellino a report she has from the National Association
259 of Chain Drug Stores that lists by state requirements for pharmacy technicians.
260

261 Josh Bolin from NABP arrived and the board decided to switch agenda items 7 & 8
262 when the board reconvenes from lunch and discuss DQSA first.
263

264 Break for lunch at 11:46 a.m.

265 Back on the record at 12:58 p.m.
266

267 **Agenda Item 8 – DQSA(Drug Quality Security Act)**
268

269 Josh Bolin from NABP joined the board in their discussion of the Drug Quality
270 Security Act. Josh provided the board with a brief report from the FDA meeting
271 regarding DQSA that took place in Washington D.C. on March 20 – 21, 2014. All 50
272 Board of Pharmacy’s were invited to attend this meeting along with NABP to discuss
273 initiatives that NABP has been working on with the FDA.
274

275 Mr. Bolin who did not attend the meeting was briefed by Carmen Catizone,
276 Executive Director for NABP who did attend the meeting. There were three
277 primary issues that were discussed that Mr. Catizone felt the board would most be
278 interested in. The first was relative to the office use issue. Although there is not an
279 official position or statement on this issue there has not been anything that NABP
280 has heard from the FDA or other experts that have looked at the DQSA that would
281 indicate that office use is going to be permitted. This is consistent with other things
282 that NABP has heard and was further affirmed at APHA this past weekend where
283 some of the attorney’s and experts they have looking at the issue have also affirmed
284 that the FDA doesn’t appear to have any flexibility relative to the office use issue. If
285 that changes NABP will message any updates out to the state boards.
286

287 The second issue, the MOU(Memorandum of Understanding) process with the FDA.
288 There is a MOU process underway where the FDA is going to look to execute an
289 MOU with the relative state regulatory entity, and in doing this would allow
290 hopefully for the exchange and sharing of information and things of that nature.
291

292 NABP had heard previously that the FDA was going to release this MOU for public
293 comment in advance of the March meeting and that did not happen. The MOU was
294 discussed at the FDA meeting and the next step is that the FDA will be releasing it
295 out to states for public comment. They will then review the comments, and then
296 they will be releasing the MOU back out to be executed. NABP has heard from other
297 State Boards of Pharmacy that they will likely review the MOU, make their
298 comments back to the FDA and decide if they want to execute that agreement with
299 the FDA. Initial indications are the majority of boards will pursue the MOU because
300 of what it could mean from an information sharing perspective.

301
302 In terms of what the FDA will actually share with the states is still a matter of
303 debate. It will vary from state to state depending on the relationship that state has
304 with the local FDA office. At the meeting NABP was really trying to understand what
305 the FDA will release, and what they will share, and also what the Boards will be
306 permitted to do with information that is shared. There is information and
307 documents the FDA releases and publishes on their website, such as observation
308 reports that are permitted to be used, but it is the additional investigative
309 information that that the FDA can share with the Board, but then question is
310 whether the boards can actually do anything with it. So a board could receive
311 investigative information, review the information, but whether the board could
312 actually use the information as evidence in a case against a pharmacy would be
313 something different all together.

314
315 The third primary issue discussed at the meeting was in regard to what states are
316 doing to hone in on their non-resident pharmacy licensing standards. How states
317 have been evolving, how the states have changed, and what the states have been
318 doing when they actually get that application from a non-resident pharmacy. Mr.
319 Bolin will talk about this further in his presentation at Friday's meeting regarding
320 NABP's Verified Pharmacy Program. Another item discussed at length is how the
321 FDA is handling the Outsourcing designation in the DQSA.

322
323 Mr. Bolin provided some background on what led to this being included in the
324 DQSA. With all that happened in 2012 with NECC, was the fact that you had the
325 practice of pharmacy compounding pursuant to a prescription for an individual on
326 one side, then you had drug manufacturing non patient specific on the other side,
327 and then there was a gray area in the middle for non-patient specific compounding
328 that was occurring in a pharmacy. This set up obviously could bleed over into what
329 the board regulates and what the FDA regulates. So it was decided to establish an
330 outsourcing registration where if you don't fall under manufacturing or the practice
331 of pharmacy you would register as an outsourcing facility with the FDA. Because of
332 this new requirement to register as an outsourcing facility, the question now

333 becomes if the facilities are registering with the FDA can they, should they, will they
334 still be regulated by a state board of pharmacy. There are some states that would
335 like to couch these facilities in with wholesale drug distributors because they
336 believe they are more “akin” to a manufacturer than a pharmacy. Other states are
337 creating a separate registration within their pharmacy statutes and regulations to
338 issue this outsourcing registration to a pharmacy. From a state perspective there are
339 many different ways to go about doing this, and the Board may have to address the
340 question of where do you put these outsourcing facilities. In advance of the FDA
341 meeting, NABP put together some talking points of general questions, guidance and
342 information that NABP received from the State Boards of Pharmacy on what to do
343 with this group that falls into the outsourcing facility category. Mr. Bolin will
344 forward a copy to Ms. Bellino and she will make sure the Board receives a copy.
345 Mr. Bolin briefly reviewed a section within the talking points that Mr. Bolin believes
346 will help the Board with some guidance or some direction if a state would like to
347 move forward with a new category of licensing or registration for these outsourcing
348 facilities, the outsourcing facility must be registered with the FDA. This is a non-
349 negotiable with the FDA. Another specific DQSA requirement is that each
350 outsourcing facility must have a licensed pharmacist in charge to oversee the
351 operations. There is an angle there, and it’s just a matter of what your current
352 regulatory structure is and what makes sense. Right now registering with the FDA
353 is voluntary, but eventually this may become mandatory. The Board will need to
354 decide what bucket to put these outsourcing facilities in.

355
356 Chairman White advised there has been previous discussion on requiring the
357 pharmacist in charge from a non-resident pharmacy to be licensed in the State of
358 Alaska, but they were not able to ascertain how the board would enforce or mandate
359 that. Mr. Bolin will do some research and advise the board how many other states
360 require this.

361
362 With the upcoming renewal for Pharmacy at the end of June the Board discussed
363 with Mr. Bolin how best to proceed to identify with our out-of-state pharmacies that
364 are registered as a 503B outsourcing facility. It was decided to check and see if a
365 question can be added to the renewal application that would ask, if you do sterile
366 compounding are you registered with the FDA as a 503b outsourcing facility. Ms.
367 Bellino will work with her supervisor to see if this can happen in time for this
368 renewal.

369
370 Mr. Bolin advised the Board that currently there are 14 states that require the
371 Pharmacist in Charge to be licensed in a state that they are applying for out-of-state
372 registration in.

373

374 **Agenda Item 7 Annual Report FY 2015 -**

375

376 The board reviewed and discussed what is required for the Annual Report.
377 Chairman White will write the narrative and will work with Vice Chair Lori DeVito
378 on the legislative and budget recommendations and forward to Ms. Bellino.

379

380 **AGENDA ITEM 9 - CE Audits and Consent Agreement Review/Paralegal Charles**
381 **Ward**

382

383 The board did not vote on the record at the January Board meeting regarding two
384 consent agreements and had to do a full re-evaluation for:

385

386 1) CA Case No. 2013-002246

387 2) CA Case No. 2013-002244

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

390

391 **RESOLVED to approve Consent Agreement No. 2013-002244 for**
392 **Pharmacist Steven Schaber**

393

394 **On a motion duly made by Mr. Cotter and seconded by Ms. Giessel and**
395 **approved unanimously, it was**

396

397 **RESOLVED to approve Consent Agreement No. 2013-002246 for**
398 **Pharmacist William McCormick**

399

400 Break: 3:06 p.m.

401 Back on the record at 3:10 pm

402

403 Charles Ward joined the meeting telephonically to review and discuss three more
404 consent agreements.

405

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

408

409 **RESOLVED In accordance with the provisions of Alaska Statute**
410 **44.62.310(c), Ms. DeVito moved to go into executive session for**
411 **the purpose of discussing the consent agreements, Licensing**
412 **Examiner to remain during session.**

413

414 Off the record at 3:11 pm

415 Back on the record at 3:23 pm

416

417 **On a motion duly made by Ms. DeVito and seconded by Ms. Giessel and**
418 **approved unanimously, it was**

419

420 **RESOLVED to approve Consent Agreement No. 2013-002238 for**
421 **Pharmacist Steven Van Wagoner**

422

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

425

426 **RESOLVED to approve Consent Agreement No. 2013-002234 for**
427 **Pharmacist Louise Lovrich**

428

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

431

432 **RESOLVED to approve Consent Agreement No. 2013-002237 for**
433 **Pharmacist Lola Frederick**

434

435 **Agenda Item 10 Application Review -**

436

437 Ms. Bellino discussed with the board Out-of-State Pharmacy applicant Entirely Pets.
438 This application was tabled at the November 2013 meeting where the Board
439 requested additional information from the applicant. The information the Board
440 requested was received from Entirely Pets and included Probations Agreement with
441 California, quarterly probation reports and their Stipulated and Disciplinary Order.
442 Due to the amount of information received from the applicant the board decided
443 and agreed to have Ms. Bellino post all of the information to the secure part of the
444 website where the board can review all of the documents.

445

446 The board reviewed the following "yes" answer applications for approval.

447

448 **On a motion duly made by Mr. Cotter and seconded by Mr. Kim and approved**
449 **unanimously, it was**

450

451 **RESOLVED to approve the Out-of-State Pharmacy application with "Yes"**
452 **answer for Rood & Riddle Veterinary Pharmacy**

452

453 **On a motion duly made by Mr. Cotter and seconded by Mr. Kim and approved**
454 **unanimously, it was**

455 **RESOLVED to approve the Pharmacy Intern application with “Yes”**
456 **answer application for Hazel Danielle Neal**
457
458 **On a motion duly made by Mr. Cotter and seconded by Ms. DeVito and**
459 **approved unanimously, it was**

460
461 **RESOLVED to approve the Pharmacy Intern application with “Yes”**
462 **answer application for Jamie Endebrock**
463
464 **On a motion duly made by Mr. Cotter and seconded by Ms. DeVito and**
465 **approved unanimously, it was**

466
467 **RESOLVED to approve the Pharmacy Technician application with “Yes”**
468 **application for Mindy R. Lapham**
469
470 **On a motion duly made by Mr. Cotter and seconded by Ms. DeVito and**
471 **approved unanimously, it was**

472
473 **RESOLVED to approve the Pharmacy Technician application with “Yes”**
474 **answer for Candice Metcalf**
475
476 **On a motion duly made by Mr. Cotter and seconded by Ms. DeVito and**
477 **approved unanimously, it was**

478
479 **RESOLVED to approve the Pharmacist application with “Yes”**
480 **answer for Johanna Ellerup**
481
482 **On a motion duly made by Mr. Cotter and seconded by Ms. DeVito and**
483 **approved unanimously, it was**

484
485 **RESOLVED to approve the Pharmacist application with “Yes”**
486 **answer for Melissa Horgan**
487
488 **On a motion duly made by Mr. Cotter and seconded by Ms. Giessel and**
489 **approved unanimously, it was**

490
491 **RESOLVED to approve the Pharmacist License applications for the**
492 **following pharmacists:**
493 **Michael Blanch – Pending receipt of transcript and passing MPJE score**
494 **Michael Brown – Complete application**
495 **James Coder – Pending passing MPJE score**

496 **Randie McAllister – Pending Proof of completed intern hours, passing**
497 **MPJE score and VOL from South Carolina**
498 **Kib R. Mickelson – Pending MPJE score**
499 **Donna M. Northcote – Pending MPJE score**
500 **Ann M. Stout – Complete application**

501
502 **AGENDA ITEM 11 – Correspondence**

503
504 The board reviewed correspondence received. The board received a termination
505 letter regarding a pharmacist from a hospital in Anchorage and requested that Ms.
506 Bellino forward the letter to Investigator Kennedy for his review and input if further
507 action may be required.

508
509 The Board reviewed a letter received about Hospital Dispensing from a Director of
510 Pharmacy who requested a ruling from the Board of Pharmacy. This request is
511 based on a question from the Medical Director of their medical clinic that the
512 hospital owns. The Medical Director would like the hospital pharmacy to stock a
513 select group of medications in a prepackaged unit of use not to exceed a 24 hour
514 supply to dispense to the clinic patients during expanded hours of operation. The
515 clinic expanded their hours on Tuesday and Thursday until 8:00 p.m. Local
516 pharmacies close at 7:00 p.m. and require all new prescriptions to be submitted by
517 6:00 p.m. to receive medication before closing.

518
519 The board discussed this in length and advised Ms. Bellino to send a letter advising
520 that the Hospital Pharmacy is authorized to prepackage and transfer to the clinic,
521 medications prepared for physician dispensing from their physician license. Per
522 **Regulation 12 AAC 52.720 Emergency Outpatient Medications** is not applicable
523 to your operation as described.

524
525 NABP correspondence was discussed. NABP sent information regarding upcoming
526 Annual Meeting in Phoenix, AZ May 17 – 20, 2014. NABP also notified the Board of
527 an Internet Drug Outlet Fraudulently Claiming NABP Accreditation.

528
529 The board reviewed the remaining correspondence.

530
531 **The board recessed until 9:00 a.m. on April 4th.**

532
533 **Off the record at 4:20 pm**

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Friday April 4, 2014

The meeting was called to order by Dirk White, Board Chair, at 9:08 a.m.

Call to Order/Roll Call

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

- Anne Gruening – Public Member – Juneau
- John Cotter – R. Ph. – Fairbanks
- Dirk White – R. Ph. - Sitka
- C.J. Kim – Anchorage
- Bill Altland – Craig
- Lori DeVito - Soldotna
- Taryl Giessel – Public Member – Eagle River

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

- Donna Bellino, Licensing Examiner – Juneau

Visitors Present:

- Barry Christensen - AKPHa
- Leah Scadden
- Melissa Horgan
- Richard Holm

Agenda Item 1 Review Agenda –

The board reviewed the agenda and no changes were made.

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

RESOLVED to approve the agenda for today’s meeting with no changes

Agenda Item 13 Public Comment –

Chairman White called for Public Comment. No one addressed the board with comments.

578 **Agenda Item 14 Josh Bolin/NABP Verified Pharmacy Program Presentation –**

579

580 Before Mr. Bolin discussed NABP's VPP, Chairman White asked Mr. Bolin for an
581 update on .Pharmacy. gTLD Program. Mr. Bolin gave a brief status update. NABP
582 reached another milestone on its way to becoming the registry operator of the
583 .pharmacy generic Top-Level Domain (gTLD). The Internet Corporation for
584 assigned Names and Numbers (ICANN) notified NABP on February 12, 2014, that
585 .pharmacy is now eligible for contracting the first step in the transition to
586 delegation and gTLD launch.

587

588 Mr. Boling gave a power point presentation on the Verified Pharmacy Program to
589 the Board. In the wake of the New England Compounding Center (NECC) tragedy,
590 member state boards of pharmacy spoke out very clearly about the need to build
591 regulatory uniformity among the states and enhance the services offered by NABP.

592

593 VPP or Verified Pharmacy program is an inspection service and information sharing
594 network the boards of pharmacy may use to share critical inspection and licensing
595 data with their fellow boards. Similar to the Electronic Licensure Transfer Program
596 for pharmacists, VPP also facilitates what could be described as the nonresident
597 pharmacy licensure transfer process.

598

599 VPP creates e- profiles for each pharmacy and links these facility e-profiles to key
600 personnel e-profiles, including those of the pharmacist-in-charge (PIC) in the state
601 of domicile as well as any nonresident PICs. The program is meant to enhance what
602 the state boards of pharmacy are already doing in terms of determining
603 qualifications for pharmacy licensure and ensure that the boards have complete and
604 accurate information for making licensure decisions on nonresident pharmacy.

605

606 The boards can recognize VPP and/or require that nonresident pharmacies apply
607 through VPP when seeking to obtain or renew licensure. Recognizing and/or
608 requiring VPP does not necessarily mean that the board is requiring that an
609 inspection be conducted by NABP. When a VPP application from a pharmacy is
610 received, NABP reviews and verifies the data submitted by the pharmacy. This
611 includes any recent inspection reports if available. Should an applicant submit a
612 "qualified" inspection report and/or already have a qualified inspection report
613 attached to the pharmacy e-Profile through the Inspection Clearinghouse, that
614 pharmacy will not require a new inspection and all qualifying information is pushed
615 directly to the state board of pharmacy where the pharmacy is seeking licensure. In
616 addition, the information will be provided to any other states where the pharmacy
617 holds a license in order to provide additional data for the states to utilize when
618 making licensing decisions. If an applicant does not have a "qualified" inspection, an

619 inspection will be scheduled through NABP. All VPP Inspections are conducted by
620 licensed pharmacists.

621
622 NABP provides all data directly to the applicable state boards of pharmacy and does
623 not render any judgment on an applicant, as this authority is left to the state boards.
624

625 The benefits to Nonresident pharmacies:

626
627 *One inspection that meets the needs of multiple states
628 The resident state inspection is reviewed to determine if it meets VPP
629 criteria – timeliness, inspection content, and using trained inspectors.
630 If the inspection is not approved, NABP will perform the inspection
631

632 *Uniform standards accepted by the states makes a level playing field for all
633 pharmacies operating in multiple states.
634

635 *Costs are lower than if every state had to send their own inspectors and
636 Require the pharmacy to cover costs (California model).
637

638 Agenda Item 15 Regulation Review –

639
640 Ms. Bellino advised the board that there has not been an update yet on the current
641 regulation projects.
642

643 Ms. Bellino did receive from Regulation Specialist, Jun Maiquis, a copy of **12 AAC**
644 **52.100 Temporary pharmacist license** with the changes as the board requested.
645 The board reviewed the changes and approved.
646

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

649
650 **RESOLVED to approve 12 AAC 52.100 Temporary pharmacist license as**
651 **amended.**
652

653 The board reviewed the **NOTICE OF PROPOSED CHANGES IN THE REGULATIONS**
654 **OF THE STATE MEDICAL BOARD.** This notice was included for board review and
655 input.
656

657 Mr. Altland requested that the board discuss proposed regulation change number 2
658 – **12 AAC 40.981 Exemptions for persons who practice in an Alaska tribal**
659 **health program,** in a proposed new section that establishes standards for board

660 recognition of a federal licensing exemption for practitioners working in tribal
661 health programs. This regulation is out for public comment and closes end of day on
662 4/10/14. This regulation would require a person who practices medicine, podiatry,
663 or osteopathy, or who practices as a physician assistant or mobile intensive care
664 paramedic, in an Alaska Native tribal health program must be licensed by the board
665 unless they apply to the board for recognition of a federal exemption under section
666 221 of 25 U.S.C. 1621(Patient Protection and Affordable Care Act, 2010).

667
668 Mr. Altland is very much in support of this change and would like to for the board of
669 pharmacy to support this regulation. After much discussion and debate amongst the
670 board members, the board decided to make a motion, and took a vote on how to
671 proceed.

672
673 **On a motion duly made by Ms. DeVito and seconded by Ms. Giessel and**
674 **approved unanimously, it was**

675
676 **RESOLVED to draft a regulation similar to medical regulation**
677 **12 AAC 40.981 Exemptions for persons who practice in an Alaska tribal**
678 **health program. The draft will be relative to the practice of pharmacy**
679 **and will be reviewed by the board at the August board meeting.**
680 **Upon board approval it will be forwarded to Regulation Specialist, Jun**
681 **Maiquis.**

682
683 **Agenda Item 16 Legislative Review -**
684

685 The board reviewed status of current bills and where they are in the legislative
686 process. Chairman White advised that the audit bill died in committee. HB 324
687 regarding the AKPMP is struggling but still in motion, and not sure which way it
688 will go. The board discussed the best way to divide and conquer, and communicate
689 to the legislators why it is important to keep AKPDMP going.

690
691 HB 319 regarding the licensing of out-of-state wholesale drug distributors and is the
692 board's bill. The bill is sponsored by Representative Tammy Wilson. This bill is not
693 expected to pass this session, but will be reintroduced at the next legislative session.
694 The board will regroup, review and rewrite this bill and it will allow for the board to
695 determine how best to include 503b outsourcing facilities in it.

696
697 Break at 10:55 am
698 Back on the record at 11:10 a.m.

699
700

701 **Agenda Item 17 New/Old Business –**

702 Ms. Bellino following up from a request from the January meeting regarding the
703 costs and the procedure associated with starting up the newsletter again. The cost
704 per year for 3 issues would be \$465. The board agreed to move forward and restart
705 the newsletter. Ms. Bellino will schedule time on the August BOP meeting agenda to
706 discuss/review topics for the next newsletter.

707
708 Ms. Bellino advised that a teleconference will need to be set up in June to review the
709 consent agreements regarding 7 Pharmacy Technician that were not compliant with
710 the CE audits.

711
712 **Agenda Item 18 Office Business –**

713
714 Chairman White, due to a scheduling conflict for the upcoming August meeting on
715 July 31st – August 1st, 2014, requested the board relook at other dates to move the
716 previously scheduled meeting to. They agreed that the next Board of Pharmacy
717 meeting will now be held on August 7th & 8th, 2014.

718
719 The board also discussed working with Josh Bolin from NABP on his offer to the
720 board regarding a Retreat/Strategic Planning Grant. The board is interested in
721 seeing if this grant would make it possible for the board to set aside time after the
722 regular board meeting was adjourned to devote specifically to re-writing the bill for
723 licensing out-of-state wholesale drug distributors and what will need to be in it to be
724 compliant with the DQSA. Ms. Bellino will work with Mr. Bolin regarding the details
725 of the grant and advise the board the details.

726
727 Ms. Bellino presented to the board a protocol for submitting agenda items 21 days in
728 advance of a scheduled board meeting. The board liked what was presented and
729 directed Ms. Bellino to have it added the website.

730
731 Mr. Cotter suggested to the board to have a public call in phone number for people
732 to call in and listen to the meeting. If anyone would like to speak they could be
733 directed to when public comments are taken. Mr. Cotter believes this would be a
734 great public service and the board agreed. Through the GCI conference call center
735 up to 15 lines are available for call in. Calling into the meeting would be on a first
736 come, first serve basis. Ms. Bellino will work to have this set up for the next
737 meeting.

738
739 The board signed Travel Authorizations and Wall Certificates.

740
741 The board adjourned at 11:55 am

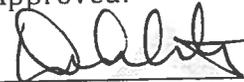
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Respectfully Submitted:



Donna Bellino
Licensing Examiner

Approved:



Dirk White, R. PH., Chair

Date: 8-7-14