Gmail

BENJAMIN CRUZ <speaker@senatorbjcruz.com>

MC Fwd: Guam Board of Examiners for Pharmacy - March 15, 2018 Meeting Agenda and Approved Minutes

1 message

BENJAMIN CRUZ <speaker@senatorbjcruz.com>
To: 34th Guam Legislature Clerks <clerks@guamlegislature.org>
Cc: Rennae Meno <rennae@guamlegislature.org>

Tue, Mar 20, 2018 at 10:12 AM

3/20/18	3/20/18	Guam Board of Examiners for Pharmacy	Guam Board of Examiners for Pharmacy - March 15, 2018 Meeting Agenda and Approved Minutes*	34-18-1657

---------- Forwarded message ----------
From: **Heather Narcis** <Heather.Narcis@dphss.guam.gov>
Date: Tue, Mar 20, 2018 at 10:10 AM
Subject: Guam Board of Examiners for Pharmacy - March 15, 2018 Meeting Agenda and Approved Minutes
To: "speaker@senatorbjcruz.com" <speaker@senatorbjcruz.com>
Cc: "senatorterlajeguam@gmail.com" <senatorterlajeguam@gmail.com>, "Josephine S. Quichocho" <Josephine.Quichocho@dphss.guam.gov>, "Marlene M. Carbullido" <Marlene.Carbullido@dphss.guam.gov>

Hafa Adai and Good Afternoon Speaker Cruz:

As required by 5 GCA § 8113.1, please find attached electronic copies of the agenda, approved minutes, and other attachments regarding the Guam Board of Examiners for Pharmacy meeting held on March 15, 2018.

Should you have any questions or concerns, please do not hesitate to contact us via this email or at (671) 735-7407.

Thank you and have a great day.

Best Regards,

GL# 34-18-1657
Speaker Benjamin J.F. Cruz

MAR 2 0 2018
Time: 10:12 [✓] AM [ ] PM File No.
Received By:

Heather Annique A. Narcis
Administrative Aide
Department of Public Health & Social Services
Division of General Management
Health Professional Licensing Office/EMS Office
123 Chalan Kareta
Mangilao, Guam 96913
Tel: (671) 735-7407
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OFFICE OF SPEAKER BENJAMIN J.F. CRUZ
Committee on Appropriations and Adjudication
I Mina'trentai Kuatro na Liheslaturan Guahan
Guam Congress Building | 163 Chalan Santo Papa | Hagatna, GU 96910
T: **(671) 477-2520**/1 | F: **(671) 477-2522** | **www.senatorbjcruz.com**

2018 MAR 20 AM 10:20

Submittal to Legislature - GBEP March 15, 2018 Meeting.pdf
4170K

1657

GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
123 Chalan Kareta, Mangilao, GU 96913

March 19, 2018

Honorable Benjamin J.F. Cruz
Speaker, 34th Guam Legislature
163 Chalan Santo Papa
Hagatna, Guam 96910

Re: Guam Board of Examiners for Pharmacy Compliance with 5 GCA § 8113.1

Hafa Adai Speaker Cruz:

As required by 5 GCA § 8113.1, please find attached electronic copies of the agenda, approved minutes, and other attachments to the Guam Board of Examiners for Pharmacy meeting held on March 15, 2018.

Should you have any questions, please call us at (671) 735-7407 or email to Heather.Narcis@dphss.guam.gov.

Respectfully,

Heather Annique A. Narcis
Board Secretary

Attachments: Guam Daily Post Meeting Advertisements
Board Meeting Attendance Sign-In Sheet
Electronic copy of March 15, 2018 Meeting Agenda
Electronic copy of December 21, 2017 Meeting Approved Minutes and Attachments
Electronic copy of January 18, 2018 Meeting Approved Minutes and Attachments

Meth dealer, 61, sentenced



DEFENDANT: *Anita Cruz, 61, arrives at the District Court of Guam during a hearing on May 15, 2017. David Castro/The Guam Daily Post*

By Louella Losinio
louella@postguam.com

Anita A. Cruz, a defendant in a 2013 drug distribution case, was sentenced to 30 months with credit for time served during a hearing in the District Court of Guam on Wednesday.

Designated Chief Judge Ramona Manglona recommended that the defendant be placed under supervised release for three years upon release from prison.

The court also recommended that the defendant be incarcerated in a women's facility in Phoenix, Arizona. The court allowed the defendant to participate in an intensive drug treatment program and a vocational training and educational program.

In court, Assistant U.S. Attorney Belinda Alcantara said the government concurs with the probation office's recommended sentence of 30 months.

The defendant was 60 when she pleaded guilty in 2017.

Attorney Curtis Van de Veld, who represents Cruz, said she has admitted to the violation and is taking responsibility for her actions. Van de Veld said the sentence is fair.

When asked to speak before the court, Cruz apologized for her actions.

Three transactions

Cruz had pleaded guilty to distributing methamphetamine in three transactions.

According to court documents, on May 31, 2013, the Guam Police Department made a traffic stop and recovered 2.7 grams of the drug "ice" from an unnamed man, who said he had purchased the methamphetamine from "Annie Cruz" and was making a delivery for her.

Later identified as Anita Cruz, the individual agreed to make a police-monitored phone call to Cruz to arrange for the sale of her drugs. According to court documents, the two monitored purchases were for 2.7 grams of meth for approximately $550 per gram, and 3.58 grams for approximately $1,650. Both transactions were made in June 2013.

Man accused of assault with hammer

By Andrew Roberto
andrew@postguam.com

A 24-year-old man is accused of throwing a hammer at a woman on Tuesday.

John De Guzman faces one charge of assault as a misdemeanor after an altercation in Mangilao.

Guam Police Department officers responded to a complaint around 9 a.m. in the central village, after a woman reported that De Guzman was at her residence yelling at her.

The woman told police that De Guzman left the residence, but later came back brandishing a hammer. According to court documents, De Guzman said he would "beat her and crack her head."

When the woman asked De Guzman to drop the hammer, he threw it toward the victim, which missed her, the court documents filed by the prosecution state.

Police located De Guzman and conducted an interview. Court documents state De Guzman said he "didn't like" what the woman was saying to him, so he threw a hammer at her.

He was subsequently arrested.

Guam receives award at Manila expo

Guam recently brought home the award for Best Booth Performance at the 25th Philippine Travel Agencies Association Travel Tour Expo, held Feb. 9 to 11 at the SMX Convention Center in Manila.

"The Philippines is important to us in our efforts to grow and diversify our visitor markets, as well as our (meetings, incentives, conventions and expo) market," said Guam Visitors Bureau President Nathan Denight.

The three-day event welcomed an estimated 125,000 consumers, 333 exhibitors and sponsors and occupied 995 booths, GVB stated. Guam has attended this annual event for more than 10 years since its inception in 1994 and was one of 21 tourism organizations present.

The Guam booth offered entertainment from island music icons Jesse and Ruby, as well as the Guam Håfa Adai Cultural Show and appearances from Miss Guam Earth 2017 Emma Sheedy. The booth traffic for Guam was estimated at 2,000 per day with three interactive stations, which included a virtual reality room to provide consumers with a virtual experience of Guam, GVB stated.

In addition to the three-day consumer show, the Guam delegation promoted the Visit Guam 2018 campaign theme #InstaGuam to 45 travel agents prior to the first day of the expo during a Guam travel trade luncheon on Feb. 7.



EXPO: *The Guam booth at the Philippine Travel Agencies Association Travel Tour Expo, held Feb. 9 to 11 at the SMX Convention Center in Manila. Photo courtesy of the Guam Visitors Bureau*

"We are very proud to bring the håfa adai spirit to the Philippines and share our #InstaGuam theme to encourage more travel to Guam," said GVB Director of Global Marketing Pilar Laguna.

(Daily Post Staff)

GUAM POWER AUTHORITY

ATURIDÅT ILEKTRESEDÅT GUÅHAN
P.O. BOX 2977 • AGANA, GUAM U.S.A. 96932-2977
Telephone Nos. (671) 648-3054/55 or Facsimile (671) 648-3165

GUAM CCU
Joseph T. Duenas
Chairman

John M. Benavente, P.E.
General Manager

INVITATION FOR MULTI-STEP BID
STEP 1 – REQUEST FOR QUALIFICATIONS
This notice is paid for by the GUAM POWER AUTHORITY EXTERNAL FUNDS
Public Law 26-12

BID NO.:	DUE DATE:	TIME:	DESCRIPTION:
Multi-Step GPA-034-18	03/22/2018	4:00 P.M.	Build, Operate & Transfer Contract for 120-180MW of New Generation Capacity

Bid package may be picked up at the GPWA Procurement Office, Room 101, 1st. Floor, Gloria B. Nelson Public Services Building, 688 Route 15, Mangilao, Guam 96913. All interested firms should register with GPA's Procurement Division to be able to participate in the bid. Please call our office at (671) 648-3054 / 3055 to register. Registration is required to ensure that all "Amendments and Special Reminders" are communicated to all bidders throughout the bid process. Procurement instructions are posted on the Authority's web site at http://guampowerauthority.com/gpa_authority/procurement/gpa_current_bids.php

Doc No. 34CL-18-1657.

GUAM BOARD OF EXAMINERS FOR PHARMACY

Regular Session Meeting, Thursday, March 15, 2018 at 7:30 AM at the Terlaje Professional Building, 194 Hernan Cortez Avenue, 2nd Floor, Suite 209 Health Professional Licensing Office Board Conference Room, Hagatna, Guam.

For more information please contact the Board office at 735-7405 thru 12. Persons with disabilities needing special accommodations may call Jimmy Sian at 735-7172 or the telecommunication device for the Hearing/Speech Impaired (TDD) at 649-1801. Executive meeting may be called

US officials defend Trump-Kim meeting

WASHINGTON (Reuters) - U.S. officials on Sunday defended President Donald Trump's decision to meet with North Korean leader Kim Jong Un, saying the move was not just for show and not a gift to Pyongyang.

"President Trump isn't doing this for theater. He's going to solve a problem," said Central Intelligence Agency Director Mike Pompeo on the "Fox News Sunday" program.

The United States expects North Korea to halt all nuclear and missile testing in advance of any meeting, Pompeo and Treasury Secretary Steve Mnuchin said on Sunday news shows.

The goal of the meeting remains denuclearization of the Korean Peninsula, something Kim has agreed to discuss, they said. Pompeo said U.S. military exercises in the region would continue in the lead-up to the talks.

The Republican president agreed on Thursday to accept an invitation from the North Korean leader to meet by May after months of escalating tensions over Pyongyang's advancing nuclear and missile programs.

Trump would become the first sitting U.S. president to meet with a leader of the reclusive country. The two men would face each other after a public volley of insults, with Trump calling Kim "Little Rocket Man" and Kim referring to Trump as a "dotard."

No venue or date for the meeting has been determined, but Trump's prompt acceptance set off a flurry of activity.The South Korean officials who carried Kim's invitation to Washington will split up to visit the leaders of China and Japan this week to update them on the talks, a South Korean presidential official said on Sunday.



SOLVING A PROBLEM: *A combination photo shows a Korean Central News Agency handout of Kim Jong Un released on May 10, 2016, and Donald Trump posing for a photo in New York City on May 17, 2016. Reuters*

China, North Korea's main ally, has encouraged dialogue over Pyongyang's nuclear program, and its state media on Saturday credited Beijing for helping ease tensions.

"China continues to be helpful!" Trump tweeted on Saturday.

North Korea's leaders have sought a face-to-face meeting with a U.S. president for decades, but have been rebuffed over human rights concerns as well as the nuclear ambitions.

U.S. student Otto Warmbier died last summer shortly after his release from a 17-month detention. Three Americans remain detained in North Korea.

Many Democrats as well as Trump's fellow Republicans said the United States should have demanded concessions before granting North Korea a meeting.

"Before they get that kind of prize, we should insist that they make some real changes, verifiable changes to their programs," Democratic Sen. Elizabeth Warren said on NBC's "Meet the Press."

Warren said she was worried North Korea would "take advantage" of Trump.

'Eyes wide open'

Pompeo and Mnuchin said the United States would make no concessions and would keep the pressure on North Korea by maintaining economic sanctions and a strong defense posture before the meeting. They also dismissed criticism that Trump's decision to meet elevated the North Korean leader on an international stage.

"This administration has its eyes wide open, and the whole time this conversation takes place the pressure will continue to mount on North Korea," Pompeo said on CBS' "Face the Nation."

The United States slapped sanctions on individuals and groups in North Korea in October 2017 over "flagrant" human rights abuses and added sanctions in February.

Six Republican senators last week sent a letter asking Trump to share his plan to keep up pressure on "this heinous regime."

One of them, Sen. Cory Gardner, told CBS on Sunday it was important to see concrete steps from North Korea before the meeting. "After this meeting, there's going to be very little left of that diplomatic runway," he said.

Mnuchin addressed criticism that Trump has not used more diplomacy to contain Pyongyang's nuclear ambitions. "So the president is going to sit down and see if he can cut a deal," he said on NBC's "Meet the Press."

The prospect of doing something no American president has done - especially on such an intractable geopolitical problem - was irresistible to Trump, Eurasia Group President Ian Bremmer said on CNN's "Fareed Zakaria GPS."

"So it's the first. It's incredible television. Clearly Trump wants to make this happen," Bremmer said. "But that doesn't mean it's going to happen."

Gunman in deadly California siege was decorated veteran treated for PTSD

YOUNTVILLE, Calif. (Reuters) - Details emerged on Saturday about a decorated former U.S. serviceman who took three women hostage at a California veterans home where he had undergone treatment for PTSD, in a standoff that ended when police found him and his captives dead.

The Veterans Home of California in Yountville, the largest such facility in the United States, was the scene on Friday of the latest mass shooting to rock a country still shocked by the slaughter last month of 17 people at a Florida high school.

Officials named the gunman as Albert Wong, 36, of Sacramento, and said he had served with the U.S. Army on active duty from May 2010 to August 2013 and spent a year in Afghanistan. He received four medals including an Afghanistan campaign medal and was awarded an Expert Marksmanship Badge with Rifle, the Pentagon said.

Wong had been a patient of Pathway Home, a program at the Yountville complex for former service members suffering post-traumatic stress disorder after deployments in Iraq and Afghanistan. The San Francisco Chronicle, citing unnamed sources, said he had been asked to leave the program two weeks ago.

Yountville Mayor John Dunbar, who also serves as a board member of the Pathway Home, said the facility and the town mourned the loss of the three women.

"We also lost one of our heroes, who clearly had demons that resulted in the terrible tragedy that we all experienced here," he told reporters.

The incident began at about 10:30 a.m. on Friday at the sprawling facility about 60 miles north of San Francisco and ended almost eight hours later.

According to Larry Kamer, the husband of one of the Pathway Home administrators, Devereaux Smith, Wong walked into the program's building carrying a rifle during a going-away party for one of the employees.

Kamer, who volunteers at the home, said his wife told him by phone during the siege that the gunman had let her and three other women leave the room where the party was taking place, but that he kept three female employees behind as hostages.

The hostages who died were named as Pathway Home Executive Director Christine Loeber, 48; the program's clinical director, therapist Jen Golick, 42; and Jennifer Gonzales, 29, a psychologist with the San Francisco Department of Veterans

GUAM BOARD OF EXAMINERS FOR PHARMACY

Regular Session Meeting, Thursday. March 15, 2018 at 7:30 AM at the Terlaje Professional Building, 194 Hernan Cortez Avenue, 2nd Floor, Suite 209 Health Professional Licensing Office Board Conference Room, Hagatna, Guam.

For more information please contact the Board office at 735-7405 thru 12. Persons with disabilities needing special accommodations may call Jimmy Sian at 735-7172 or the telecommunication device for the Hearing/Speech Impaired (TDD) at 649-1801. Executive meeting may be called

Kumision Inangokkon Tano' Chamoru
Chamorro Land Trust Commission

The Chamorro Land Trust Commission Board Meeting will be held on **Thursday, March 15, 2018 at 1:00 pm**, Department of Land Management Conference Room, 3rd Floor of the ITC Building, 590 S. Marine Corps Drive, Tamuning

In compliance with ADA requirements, individuals requiring special accommodations, auxiliary aids or services, may call 649-5263 Ext. 400.

Doc. No. 34GL-18-1657.*

GUAM BOARD OF EXAMINERS FOR PHARMACY

Board Meeting Attendance Sheet

194 Hernan Cortez Ave, Hagatna, GU 96910

Health Professional Licensing Office Conference Room 209

Date of Meeting: **March 15, 2018**

[X] Regular Meeting [ ] Special Meeting

Meeting Call to Order: 7:45A

Time of Adjournment:

[X] Quorom [ ] No Quorom

BOARD MEMBERS	POSITION	SIGNATURE
Thomas Caruso, RPh	Chairperson	ABSENT
Lourdes Evangeline Phillips, PharmD	Vice Chairperson	
Angelina Eustaquio, PharmD	Secretary	
Racquel L. Sperrazzo, PharmD	Member	
ROB WEINBERG	ASST. ATTORNEY GEN.	

OTHERS PRESENT

PRINT NAME	AGENCY	SIGNATURE
HEATHER NARCIS	HPLO	
MARY CHARGUALAF	METPHARM	
~~Angie Eustaquio~~		

GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
123 Chalan Kareta, Mangilao, GU 96913
Tel: (671) 735-7407 • Fax: (671) 735-7413

REGULAR SESSION AGENDA
Thursday, March 15, 2018, 7:30 a.m.
Terlaje Professional Building, Suite 209
194 Hernan Cortez Ave., Hagatna, GU 96910

I. CALL TO ORDER

II. PROOF OF PUBLICATION NOTICE

III. REVIEW AND APPROVAL OF AGENDA

IV. REVIEW AND APPROVAL OF MINUTES
December 21, 2017
January 18, 2018

V. OLD BUSINESS

A. *Rules and Regulations*
- *Proposed Law for Immunizing*
- *Electronic Prescribing*

B. *Harmon Drugs Investigation*
- *Renewal Applications for Harmon Drugs Pharmacy and Adela Carlos*
- *Follow up email from EnvisionRx*

C. *Review and Renumbering of GBEP Forms*

D. *Potential requirements for licensure (disciplinary questionnaire and court/police clearance)*

E. *Referral on Mega Drug – from EnvisionRx*

F. *Complaint GBEP CO-16-01*

G. *Inquiry from Stephanie March, PharmaLicense LLC, regarding Virtual Manufacturer*

H. *Questions from Meeta*
- Request to appear before other boards

I. *Schedule of Inspection of Retail and Wholesale Outlets*
- SuperDrug Agana scheduled for Tuesday, March 20, 2018

J. *Recommendation for Gary Roy*

K. *Controlled Substances Registration Requirement*

L. *Renewal – Pharmacy Technician*
1. Shin, Jongkeon – Completed correct application

VI. NEW BUSINESS

A. Report of MPJE Item Development Workshop

- Lourdes Phillips and Heather Narcis attended on March 6-9, 2018

B. Collaborative Practice Agreement

1. Rama, Rosalyn – P-AC

C. New – Non-Resident Pharmacy

1. Accredo Health Group Inc
2. Aetna Rx Home Delivery, LLC – FL
3. Aetna Rx Home Delivery, LLC – MO
4. Aetna Specialty Pharmacy, LLC
5. Costco Pharmacy #581
6. EnvisionPharmacies
7. ESI Mail Pharmacy Service, Inc dba Express Scripts – MO
8. Express Scripts – AZ
9. Express Scripts – FL
10. Express Scripts – NY
11. Express Scripts – OH
12. Walgreens Specialty Pharmacy, LLC – OR
13. Walgreens Specialty Pharmacy, LLC – TX

D. New – Non-Resident Wholesaler/Distributor

1. J. Knipper and Company, Inc - IN
2. J. Knipper and Company, Inc - NJ
3. J. Knipper and Company, Inc – NJ
4. Midwest Veterinary Supply, Inc
5. Priority Healthcare Distribution, Inc dba CureScript SD Specialty Distribution – AZ
6. Priority Healthcare Distribution, Inc dba CureScript SD Specialty Distribution – OH
7. Smith Medical Partners, LLC
8. Vetessa Pharmaceutical, Inc

E. New – Pharmacist by Endorsement

1. Besteman, Gina
2. Gasser, Chris A
3. Iannone, Mina
4. Kassim, Tokunbo
5. Padilla, Nereida
6. Pelletier, Stefanie Joanna
7. Renfer, Christine
8. Smith, Heather F
9. Strike, Bruce Allen
10. Walker, Robert E
11. Wang, Thanh Hien Thi

F. New – Pharmacy Technician

1. Guyos, Sheena Mai - RCPT

G. *New – Pending Item(s) – Applicants have been emailed*

Pharmacist by Endorsement

1. Abawi, Hazem
   - Application for Endorsement, Payment, and Letters of Recommendation
2. Cano, Joseph
   - Verification from Home State
3. Deem, Heather Marie
   - Application for Endorsement, Two (2) Letters of Recommendation
4. Frobel, Davis
   - Application for Endorsement, Payment, and Letters of Recommendation
5. Patel, Amit M
   - One (1) Letter of Recommendation

Non-Resident Facility

1. Complete Care Pharmacy
   - Clarification on #4 ,Copy of Recent Site Inspection and Copy of DEA and CSR
2. ESI Mail Pharmacy Service, Inc. dba ESI Distribution Services
   - Clarification on application #4 and copy of DEA and CSR (application submitted to DEH)
3. Independence Holing Company LLC dba Complete Care Pharmacy
   - Clarification/Correction on #4; DEA and CSR
4. Sina Drug, LLC dba Onco360 – KY
   - Clarification of what business intention is/what is being shipped to Guam
5. Sina Drug, LLC dba Onco360 – NY
   - Clarification of what business intention is/what is being shipped to Guam

VII. OTHER

A. *New Pharmacist-In-Charge*
   - DPHSS Mangilao

B. *Letter from Guam Board of Examiners for Optometry*

C. *NABP Newsletter*

D. *NABP Upcoming Meetings*
   1. APhA Training – May 30 – June 3, 2018; Salt Lake City, UT
      - Angelina Eustaquio will be attending
   2. 2018 Program Review and Training Session – June 26-27, 2018; IL
      - Heather Narcis will be attending

VIII. ANNOUNCEMENT

1. *The next Pharmacy Board Meeting is scheduled for Thursday, April 19, 2018, HPLO Conference Room*

IX. ADJOURNMENT

GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
123 Chalan Kareta, Mangilao, GU 96913
Tel: (671) 735-7407 • Fax: (671) 735-7413

REGULAR SESSION MINUTES
Thursday, December 21, 2017, 7:30 a.m.
Terlaje Professional Building, Suite 209
194 Hernan Cortez Ave., Hagatna, GU 96910

MEMBERS PRESENT: Thomas Caruso, Chairperson; Lourdes Phillips, Vice Chairperson; Angelina Eustaquio, Secretary; Racquel Sperrazzo, Member

MEMBERS ABSENT:

OTHERS: Heather Narcis, HPLO; Mary Chargualaf, MedPharm

TOPIC	DISCUSSION	ACTION
Call to Order	Chair called the meeting to order at 8:54 a.m. as a Regular Session Meeting.	*Quorum Established*
Proof of Publication Notice	Advertisement printed in the Pacific Daily News on December 14, 2017 and December 19, 2017	*Meeting Published in a timely matter*
Review and Approval of Agenda	- Ms. Narcis informed members to remove Letter G and H under New Business as it is included under Old Business. - Add to Agenda: under Other: Letter G; Reassignment of Margaret Greenwood's duties. - Ms. Narcis requested to ass to Old Business under Letter L; New Pharmacy Location Inspection regarding Pacific Healthcare Pharmacy - Ms. Narcis requested to add to Old Business under Letter M; Schedule of Inspections - Ms. Eustaquio moved to approve agenda as amended. Mrs. Phillips seconded. All in favor.	*Agenda approved as amended.*
Review and Approval of Minutes	**A. October 19, 2017** - Mrs. Phillips clarified that under New Business Letter J; Mrs. Phillips and Ms. Greenwood were scheduled to inspect DPHSS Mangilao. Ms. Eustaquio and Ms. Sperrazzo were scheduled to inspect SuperDrug Agana. - Ms. Eustaquio moved to approve the October 19, 2017 minutes as amended. Mrs. Phillips seconded. All in favor.	*October 19, 2017 minutes approved as amended.*
Old Business	**A. Harmon Drugs Investigation** - No further correspondences/nothing new to report. - Mrs. Phillips asked Ms. Narcis if Mrs. Carlos received the letter to appear. Ms. Narcis stated that the letter was mailed with a certified/return receipt and HPLO received the return receipt.	*1. Nothing new to report at this time. Awaiting appearance from Mrs. Adela Carlos.*

APPROVED – MARCH 15, 2018

	B. Review and Renumbering of GBEP Forms - Ms. Eustaquio reported on the progress of working sessions. - During October 8 working session, the group was able to get through form numbers 6 through 12 and 22. - Mrs. Phillips pointed out that there is information on form 2 that should be included on Form 1. Per Ms. Eustaquio, this was discussed during the working session. - Ms. Eustaquio also mentioned that they made changes to the Record of Payment – separating the Pharmacy Technician Application Fee and the Pharmacy Technician Renewal Fee from the Miscellaneous Fee. - Another working session to be scheduled after the holidays to finish reviewing remaining forms.	B. *Next working session to be held at Mr. Caruso's residence on January 21, 2018 at 2:00 p.m.*
	C. Potential requirements for licensure (disciplinary questionnaire and court/police clearance) - Ms. Eustaquio asked Ms. Narcis to resend applications from all boards for review. - Mrs. Phillips also showed members how the renewal application/process looked for Washington, no disciplinary questions, just signing off that all required CEs have been completed.	C. *Ms. Narcis will send applications from other boards to all members for review during Forms Committee working session.*
	D. Proposed Law for Immunizing Pharmacists - Ms. Sperrazzo reviewed the original documents as well as additional information from AAG Weinberg. - Ms. Sperrazzo mentioned that the problem is if it is too specific and the APHA makes changed, then the board will have to make more changes. The goal is to make it pretty simple and tie in the GPhA recommendations so that way if APHA makes any changes, Guam just had to keep up with those changes. - Mrs. Phillips asked if it is an issue if there are currently Pharmacists and facilities immunizing. The board was unable to answer that question. Mrs. Phillips stated that the previous board, in 2015, requested that immunizing pharmacists submit Collaborative Practice Agreements (CPAs). - Mrs. Phillips requested that Ms. Sperrazzo email her when the meeting is set so she can forward meeting information to anyone else wanting to participate.	D. *Ms. Sperrazzo will be meeting with GPhA, AAG Weinberg and Ms. Greenwood the first week of January.*
	E. Referral on Mega Drug – from EnvisionRx - Mr. Caruso had a brief meeting with Mr. Campillo from SelectCare Insurance. Was informed that SelectCare found five (5) other pharmacies, including one in Saipan that were selling the Over-the-Counter (OTC) insulings. To Mr. Caruso's understanding, the pharmacies are billing the insurance company for the OTC insulins.	E. *Mr. Caruso will follow up with Mr. Campillo on findings and actions.*

	- Mr. Caruso stated that if the board wanted to get more involved it would require doing an investigation and possible legal actions. He does not think there is an air tight case to proceed with that. The best thing the board could do was notify the insurance company and let them take it from there.	
	F. Complaint GBEP CO-16-01 - Mrs. Phillips informed members that she and Ms. Greenwood had hand delivered the letters to Mrs. Theresa Arcangel at the Medicaid Office. - Ms. Narcis had picked up the electronic files from the Medicaid Office and is awaiting Ms. Eva Aguon to come in and review files. - Should have a report next meeting.	*F. Electronic files requested awaiting review by Ms. Aguon.*
	G. Inquiry from Stephanie March, PharmaLicense LLC, regarding Virtual Manufacturer - Ms. Narcis reminded members that this was one of Ms. Greenwood's duties. - Per Ms. Sperrazzo, Ms. Greenwood mentioned that she got some information regarding this subject when she attended NABP Meeting in November. - Mrs. Phillips moved to table until next meeting. Ms. Sperrazzo seconded. All in favor.	*G. Tabled until receipt of update from Ms. Greenwood.*
	H. PTCB Representatives - Mrs. Phillips moved to table until next meeting. Ms. Sperrazzo seconded. All in favor.	*H. Tabled.*
	I. Questions from Meeta Chadha - Mrs. Phillips moved to table until next meeting. Ms. Sperrazzo seconded. All in favor.	*I. Tabled.*
	J. Renewal – Pharmacist - Mrs. Phillips moved to table until next meeting. Ms. Sperrazzo seconded. All in favor.	*J. Tabled.*
	K. Renewal – Retail Outlet - Mrs. Phillips moved to table until next meeting. Ms. Sperrazzo seconded. All in favor.	*K. Tabled.*
	L. New Pharmacy Location Inspection - Mrs. Phillips moved to table until next meeting. Ms. Sperrazzo seconded. All in favor.	*L. Tabled.*
	M. Schedule of Inspection of Retail and Wholesale Outlets - Mrs. Phillips moved to table until next meeting. Ms. Sperrazzo seconded. All in favor.	*M. Tabled.*

New Business	**A. Renewal – Pharmacist** 1. Saad, Rafah A - Mrs. Phillips moved to approve Saad, Rafah for renewal. Ms. Eustaquio seconded. All in favor.	*A. Saad, Rafah unanimously approved for renewal.*
	B. Renewal – Pharmacy Technician 1. Borja, Preston D 2. Brillantes, Ednie T 3. Shin, Jongkeon - Mrs. Phillips moved to approve Borja, Preston and Brillantes, Ednie for renewal and to table Shin, Jongkeon pending correct application. Ms. Eustaquio seconded. All in favor.	*B. Borja, Preston and Brillantes, Ednie unanimously approved for renewal and Shin, Johnkeon tabled pending correct application.*
	C. New – Non-Resident Facility 1. Altima Care Inc 2. Express Scripts – Ohio 3. Express Scripts Specialty Distribution Services, Inc 4. Priority Healthcare Distribution, Inc. dba CuraScript SD Specialty Distribution – AZ 5. Priority Healthcare Distribution, Inc. dba CuraScript SD Specialty Distribution – OH - Both Priority Healthcare Distribution applications pending Guam Controlled Substance Registration 6. Sina Drug, LLC dba Onco360 – KY 7. Sina Drug, LLC dba Onco360 – NY - Members unsure what Sina Drug, LLC business intention is for Guam - Members requested for Ms. Narcis to email both locations to clarify what their business intention is before approving - Mrs. Phillips moved to approve Altima Care, Inc, Express Scripts – OH, and Express Scripts Specialty Distribution Services, Inc. Ms. Eustaquio seconded. All in favor.	*C. Altima Care Inc, Express Scripts – OH, and Express Scripts Specialty Distribution Services, Inc. unanimously approved for licensure. Priority Healthcare Distribution Inc and Sina Drug applications tabled pending listed reasons.*
	D. New – Pharmacist by Endorsement 1. Choi, Christopher 2. Garza, Laura A 3. Kanda, Jaymie S 4. Renfer, Christine B – pending clarification on report of disciplinary action from Kentucky regarding failure to report CEs in a timely matter. Ms. Narcis will send email to client and NABP. 5. Ruetz, Kathryn S 6. Schoenbaechler, David C 7. Shin, Jihye 8. Soffin, Dennis P 9. Strike, Bruce Allen – pending original license verification 10. Varghese, Bincy	*D. All applicants excluding Renfer, Christine and Strike, Bruce were unanimously approved to take the Guam MPJE.*

	11. Wise, Joshua K - Mrs. Phillips moved to approve all applicants except for Renfer, Christine and Strike, Bruce. Ms. Eustaquio seconded. All in favor.	
	E. New – Pharmacy Technician 1. Angeles, Janelle V – RCPT 2. Mara, Selena C – RCPT 3. Melencio, Mikko Roi M – RCPT - Mrs. Phillips moved to approve all applicants for licensure. Ms. Sperrazzo seconded. All in favor.	*E. Applicants unanimously approved for licensure.*
	F. New – Pending Item(s) – Applicants have been emailed/called <u>Pharmacist by Endorsement</u> 1. Cano, Joseph V – License Verification 2. Smith, Heather F – License Verification 3. Frobel, David – Application for Endorsement 4. Besteman, Gina – Application for Endorsement 5. Redman-Sullivan, Melody Anne – Application for Endorsement <u>Non-Resident Facility</u> 1. Complete Care Pharmacy - Clarification on #4, DEA copy, CSR (if needed) 2. ESI Mail Pharmacy Service, Inc. dba ESI Distribution Services - Clarification on application #4 3. ESI Mail Pharmacy Service, Inc. dba Express Scripts - Copy of DEA and CSR 4. Independence Holding Company LLC dba Complete Care Pharmacy - Clarification/Correction on #6 5. J. Knipper and Company, Inc – IN - Guam CSR 6. J. Knipper and Company, Inc – One Healthcare Way, Lakewood, NJ - Guam CSR 7. J. Knipper and Company, Inc – 1550 Oak Street, Lakewood, NJ - Guam CSR 8. Smith Medical Partners, LLC - DEA Registration 9. Walgreens Specialty Pharmacy, LLC - Guam CSR	*F. No action taken. For board information.*
Other	**A. Change of PIC** 1. DPHSS Mangilao – Interim PIC is Nam Vo 2. FHP Pharmacy – Interim PIC is Alexis Gonzales 3. Perezville Pharmacy – New PIC is Christopher Terlaje	*A. No action taken. For board information.*

APPROVED – MARCH 15, 2018

	B. Notice of Pharmacy Closure 1. Farmacia de Marianas - Ms. Narcis informed the board that a letter dated October 2017 was received stating that the pharmacy will be closing December 31, 2017. - Received a second letter dated November 28, 2017 stating that due to an overstock of medication, the pharmacy will be postponing closure until March 31, 2018.	*B. No action taken. For board information.*
	C. Change of License Number 1. Balajadia, Karen – RPT to RCPT - Ms. Eustaquio asked what happens to old number. Ms. Narcis informed members that the number is never reused. Notation is indicated in record book next to licensee's name and license number. - Ms. Eustaquio also aksed if the request for license number change was received in written request. Per Ms. Narcis, this is the third request received and all three were verbally requested. - Ms. Sperrazzo stated that it is the applicant's responsibility to inform the board when they receive their certification. - Ms. Sperrazzo moved to approve request to change Balajadia, Karen license number from RT to RCPT. Ms. Eustaquio seconded. All in favor.	*C. Request to change license number unanimously approved.*
	D. Pharmacist Continuing Education – Better Pharmacy Practice - Web-based continuing education program that offers 25 hours of CEs for $2,500.00 - Per Mr. Caruso, this is for information purposes.	*D. No action taken. For board information.*
	E. Letter from Alex Grinberg - Regarding Joan Miller and Monty Batson - Different letters received from the same person regarding the above mentioned individuals. According to the copy notation at end of letter, it was sent to all boards of pharmacy. - Per Mr. Caruso, board will disregard as this is not a formal complaint but more of a notification from an individual regarding personal concerns.	*E. No action taken. For board information.*
	F. Letter from International Academy of Compounding Pharmacies - Regarding Compounded and Repackaged Medications for Office use. - Per Mr. Caruso, information and does not need a response.	*F. No action taken. For board information.*
	G. Reassignment of Margaret Greenwood's Duties	*G. Tabled.*

APPROVED – MARCH 15, 2018

Announcement	The next Pharmacy Board Meeting is scheduled for Thursday, February 15, 2018 at 7:30a.m, HPLO Conference Room	*All unanimously agreed.*
Adjournment	Ms. Sperrazzo moved to adjourn meeting at 10:55 a.m. Ms. Eustaquio seconded. All in favor.	*Meeting adjourned at 10:38 a.m.*

APPROVED – MARCH 15, 2018

ATTACHMENTS TO

DECEMBER 21, 2017 MINUTES:

1 – Change of PIC for Department of Public Health Mangilao Pharmacy

2 – Change of PIC for FHP Pharmacy

3 – Change of PIC for Perezville Pharmacy

4 – Notice of Pharmacy Closure for Farmacias de Marianas

5 – Pharmacist Continuing Education Letter

6 – Letters from Alex Grinberg

7 – Letter from International Academy of Compounding Pharmacies

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

DEC 12 2017

Mr. Jerry Caruso
Chairperson, Pharmacy Board
Guam Board of Examiners for Pharmacy
123 Chalan Kareta
Mangilao, Guam 96913

RE: Change in Pharmacist in Charge

Please be advised that effective December 12, 2017, Mr. Nam H. Vo (Pharmacy License #: PH0229), is the Pharmacist in Charge for the Central Public Health Pharmacy.

Should you have any questions, please contact Josephine T. O'Mallan at 735-7142 or email josephine.omallan@dphss.guam.gov .

JAMES W. GILLAN
Director

FHP®
P.O. Box 6578 Tamuning, Guam 96931
Telephone: (671) 646-5825 Fax (671) 647-3532

RECEIVED
NOV 16 2017

April 10, 2017

Guam Board of Examiners for Pharmacy
Department of Public Health & Social Services
Government of Guam
123 Chalan Kareta Street
Mangilao, Guam 96913

Re: Alexis Gonzales
Pharmacist in Charge Interim

Dear Guam Board of Examiners for Pharmacy:

Effective November 20, 2017, Manmeet Chadha, will no longer be Pharmacist in Charge of FHP Pharmacy. Starting November 17, 2017, Alexis Gonzales, will be the Pharmacist in Charge Interim until further notice of Pharmacist in Charge.

Regards,

Manmeet Chadha

Alexis Gonzales

PEREZVILLE® PHARMACY

CORPORATE OFFICE
138 Kayen Chando St | Dededo, Guam 96929
PO Box 11864 | Tamuning, Guam 96931
Tel 632-6000 | Fax 632-9000
Email: wilma.ramos@medpharmusa.net

RECEIVED
NOV 03 2017

October 30, 2017

Guam Board of Examiners for Pharmacy
Attn: Mr. Jerry Caruso, Board Chair
123 Chalan Kareta
Mangilao, Guam 96913

Hafa adai Mr. Caruso,

This is to provide notice that Perezville Pharmacy will undergo a change of pharmacist-in-charge from Ms. Annalyn Tiu (License #PH0187) to Mr. Christopher Terlaje (License #PH0262) effective October 30, 2017.

Sincerely,

Wilma E. Ramos
Vice-President

FYI
ORIGINAL
IN JACKET

Received 10/27/17

RECEIVED
OCT 27 2017

FARMACIA DE MARIANAS
St. Anthony Clinic 543 Guma Yu'os St. Tamuning, GU 96913
Phone: 671-646-9696 Fax: 671-649-6601
Mailing Address: P.O. Box 8718 Tamuning, GU 96931

October 24, 2017

The Guam Board of Examiners for Pharmacy
123 Chalan Kareta
Mangilao, GU 96913

Re: Notice of Pharmacy Closure

Dear Members of the Board:

This is to notify the Guam Board of Examiners for Pharmacy that Farmacia de Marianas Pharmacy at St. Anthony Clinic will be discontinuing its business on Friday, December 30th, 2017. Upon request, we can provide documentation applicable to the termination of pharmacy services according to Board guidelines. If there are additional official procedures and requirements that must be fulfilled during the process of closing the pharmacy, please do not hesitate to contact us at 646-9696.

787-6947

Thank you very much for the support you have given Farmacia de Marianas during our more than 20 years of service on Guam.

Sincerely,

Ma. Luz B. Guzman RPh

Maria Luz B. Guzman
Pharmacist-in-Charge / Owner

Bruce D. White, DO, JD
John A. Balint, MD, Chair of Medical Ethics and Director
Professor of Pediatrics

October 11, 2017

Marlene Carbullido, MSN, RN
Acting Administrator
123 Chalan Kareta
Mangilao 96913

Dear Ms. Carbullido,

Because you are involved in pharmacist discipline matters, permit me to share information with you about a comprehensive online course for pharmacists seeking remedial education in pharmacy ethics, professionalism, and professional boundaries. The course title, "Better Pharmacy Practice" - developed by faculty at the Alden March Bioethics Institute (AMBI), Albany Medical College, Albany, New York and the University of Tennessee College of Pharmacy, Memphis, Tennessee – projects our commitment to the belief that better patient care and outcomes is the principal goal of pharmacy.

"Better Pharmacy Practice" focuses on behaviors that lead to pharmacy board disciplinary actions against pharmacists, including (1) improper controlled substances prescribing, (2) poor recordkeeping and fraudulent billing, and (3) inappropriate relationships with patients, among other types of misconduct.

The 25 hours Continuing Pharmacy Education credit course is Web-based and divided into five modules. Each module must be completed successfully according to carefully defined expectations within a 15-day period to full receive credit. Because of the way the course it structured, it is not necessary for faculty and participants to be online at the same time. In a brief description:

- Module 1 includes an individualized one-on-one telephone or skype interview to deal specifically with any concerns or specific infraction;
- Module 2 deals with the ethical, legal, and policy foundations of pharmacy ethics and professionalism;
- Module 3 reviews the legal framework of the disciplinary process and the major types of professional violations;
- Module 4 uses six video scenarios to help participants demonstrate a critical understanding of avoidable situations and how to address professionally problematic cases; and
- Module 5 wraps up the course with a corrective action essay and final individualized conversation about personal and professional growth.

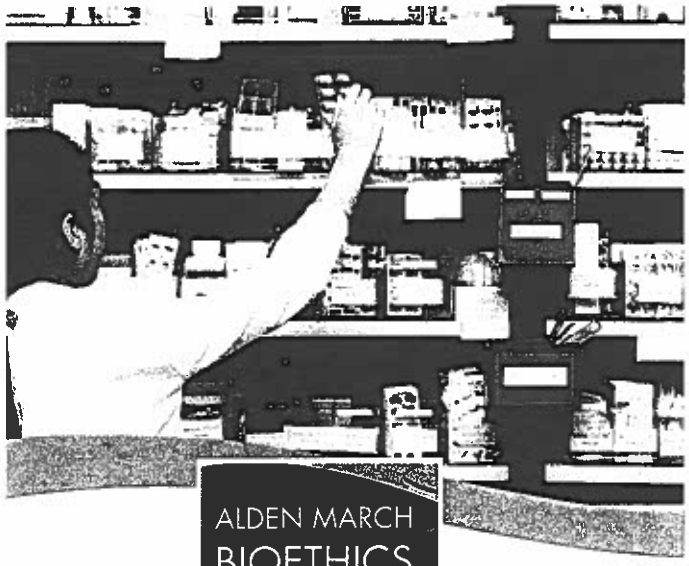
Participants are able to complete this rigorous program of professional remediation without the burden of travel and additional expenses. The program is described in the detail in the enclosed brochure. More information about AMBI may be found at www.amc.edu/bioethics/ and about the "Better Pharmacy Practice" course at https://www.uthsc.edu/pharmacy/. As you will learn, the AMBI faculty has been engaged in online healthcare ethics education since 2001, now offering graduate bioethics courses now leading to masters and doctoral degrees.

If you would like additional information about the remedial healthcare ethics course or any of our other educational programs, please contact us at 518-262-6082.

Sincerely,

BDWhite

Bruce D. White



ALDEN MARCH
BIOETHICS
INSTITUTE
AT ALBANY MEDICAL COLLEGE

Doc. No. 34GL-18-1657.*

TUITION AND EQUIPMENT REQUIREMENT

Course tuition is $2,500, which includes registration and online access to activity materials. Participants who enroll in this program must have access to

- a telephone for private calls with faculty, as well as access to a computer with high-speed Internet connection, a Web browser (such as Firefox, Chrome, or Safari), and word processing software (such as Microsoft Word, Apple Pages, or Corel WordPerfect). Participants will be given personal access to the Albany Medical College's secure SAKAI Learning Management System. For those unfamiliar with the online learning management system, Albany Medical College maintains a 24-hour, 7-day-a-week help desk for authorized SAKAI users.

To register for this activity, please visit:
www.uthsc.edu/pharmacy/CE

The University of Tennessee College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). The ACPE Universal Activity Numbers (UANs) assigned to these activities by the accredited provider are 0064-9999-17-062-L03-P and 0064-9999-17-063-H03-P. These knowledge-based activities will provide up to 25 hours of CPE credit (7 hours live credit, 18 hours home study credit). Partial award of credit will not be possible with this program. It must be completed in its entirety. A statement of credit will be available within 30 days of completion of the conclusion of the activity to participants who successfully complete the entire course. CPE credits will be submitted electronically to the National Association of Boards of Pharmacy (NABP). To receive credit for your participation in this course, all pharmacists must include their NABP e-Profile ID number, along with their month and date of birth. If incorrect information is provided, this will result in "rejected" status from the CPE Monitor. It is the responsibility of the participant to notify The University of Tennessee (within the 60 day submission timeline) of their corrected information. Otherwise, the completed CPE will not be accepted by the Monitor.

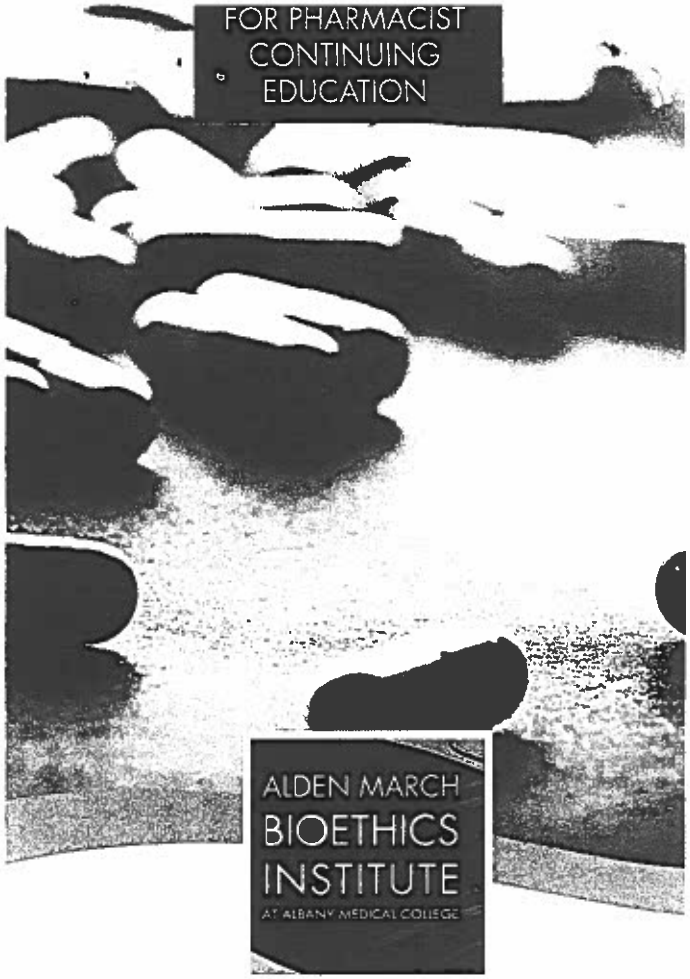
THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER
COLLEGE of PHARMACY

UT College of Pharmacy
213 Conference Center, Knoxville, TN 37996-4128
Tel: (865) 974-6605 • Email: jwheeler@uthsc.edu
www.uthsc.edu/pharmacy/ce/

ALDEN MARCH
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BETTER PHARMACY PRACTICE

A WEB-BASED, DISTANCE LEARNING SEMINAR ON PHARMACY LAW, ETHICS, AND PROFESSIONALISM

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER
COLLEGE of PHARMACY

ALBANY MEDICAL COLLEGE



WHY BETTER PHARMACY PRACTICE

Some practicing pharmacists are interested in learning more about law, ethics, professionalism, professional boundaries, and their relationship to real-world behaviors categorized as professional misconduct. This need may arise after an allegation of professional misconduct, or some other inappropriate action has occurred, which results in the need for additional, focused education.

The Alden March Bioethics Institute at Albany Medical College, in cooperation with the University of Tennessee College of Pharmacy, is pleased to offer this Web-based, 25-hour credit pharmacy continuing education series, designed especially for distance learning to meet and exceed any required State Board of Pharmacy course covering pharmacy law, ethics, professionalism, boundaries, and remediation topics.

HOW IT WORKS

Over a 15-day schedule, participants will work through five distance-learning modules using SAKAI, our online learning platform. These modules combine both a personal, tailored approach to ensure a participant's specific needs are met, as well as a general approach to the field of pharmacy ethics, professionalism, and misconduct.

Using the SAKAI online learning platform, participants are able to complete the program at their own pace, during hours that are the most convenient, with all required resources available online.

It is anticipated that a participant will spend about 25-30 hours over the 15-day period to successfully complete the course.

LEARNING MODULES

Module I

Personalized Introduction to the Course, One-on-One Orientation

Module II

Good Pharmacy Practice and Pharmacy Professionalism Standards and Expectations

- Pharmacist-patient relationship
- Confidentiality and privacy
- Patient dignity and autonomy
- Honesty and integrity
- Professional competence
- Relations with colleagues and other health care professionals
- Justice
- Professional boundaries

Module III

Typical Pharmacist Misconduct Infractions

- Abusive behavior
- Controlled substances diversion
- Opioid abuse
- Failure to counsel
- Pharmacist-in-charge responsibilities
- Impairment
- Plagiarism

Module IV

Assessing Knowledge and Judgment in Alleged Pharmacist Misconduct

- Prescription errors and apology
- Fraud
- Questionable sales of over-the-counter products
- Pill mills
- Collaborative practice agreements
- Malpractice
- Physician-assisted suicide

Module V

Wrap-up, One-on-One Exit Interview and Discussion

LEARNING OUTCOMES

Upon completion of this series, participants will be able to:

- Demonstrate knowledge of prevailing standards of professionalism arising from professional organizations, codes of conduct, pertinent selected statute and regulations, and pharmacy ethics.
- Identify some of the major failures of pharmacists to act as professionals or good practitioners toward patients, colleagues, staff, and to fulfill obligations in the community.
- Exercise sound reasoning skills and judgment in reaching viable solutions to cases of potential violations of pharmacy professionalism.
- Engage in reflective writing about any professional infraction.
- Participate openly and respectfully in discussions with peers and mentors about professional infractions.
- Give and receive feedback thoughtfully and constructively when interacting with mentors and peers.
- If advisable, formulate a precise, personal plan for renewed commitment to professional values, norms and service, pharmacy standards and ethics and professionalism.



Doc. No. 34GL-18-1657.*

joan miller, monty batson are cooked

alex grinberg
1111 harriet rd
huntingdon valley, pa 19006
267 234 4450

tim gates

we are going to keep doing this until the prosecutor's office for the board gets it right. error reporting is a crucial part of healthcare. both joan miller and monty batson, prosecutors for the board, are intentionally malicious which is the main distinguishing characteristic of criminals who have no place working for the legal and/or professional regulatory system. they are also both guilty of negligence, gross negligence, and gross criminal negligence the other main characteristic of criminals who again do not belong in the legal and/or professional regulatory system. they are both guilty of personal attacks in the form of disciplinary action; personal attacks are particularly offensive/disruptive and have to be reported. they are also both killers attempting to eliminate their nearest competitors when they file disciplinary action against licensees not because the disciplinary action is warranted, indicated, and/or justified. joan miller ignored complaints of discrimination, abusive behavior, workplace violence, and improper hiring that occurred in pharmacies in the philadelphia area. joan miller also ignored complaints of healthcare fraud which occurred in pharmacies in the philadelphia area; note healthcare fraud is a death sentence for healthcare professionals as any future employers will not be paid by payor if they hire such employees: in healthcare it is a crime worse than drug trafficking/addiction/mental disability/etc as payors will reimburse pharmacies who hire individuals that were involved in such activities. joan miller is suspected of being a neo-nazi. monty batson is guilty of a hate crime which is discrimination against people with disabilities. monty batson is suspectd of being a racist. furthermore he sided with black drug dealers that generated complaints against a pharmacist who refused to dispense oxycodone, the most sought after opiod on the street as it is the most euphorigenic and most anxiolytic opiod, alprazolam voted the number one drug to NEVER be prescribed, and promethazine with codeine to these black dealers. these 3 drugs are the most sought after drugs in black communities. the oxycodone and alprazolam are used to make "holy trinities" with a muscle relaxer such as carisoprodol or cyclobenzaprine while the promethazine with codeine is used to make "purple drank" when combined with sprite. monty batson made it clear he is not interested in the opiod epidemic while gary tuggle, philadelphia dea manager, and many others are crying about the opiod epidemic and what an emergency it is. monty batson also made it clear he is not interested in prosecuting pill mill doctors or doctors that deviate from the standards of practice related to pain management which created and are fueling the opiod epidemic. for the record to place blame where it belongs keep in mind it was primary care physicians who created the opiod epidemic and monty batson was made aware and given sufficient evidence about specific doctors and made a decision to ignore the problem of bad prescribers. monty batson refused to file dsciplinary action against wholesalers that were guilty of negligence regarding their shipment of controlled substances to a pharmacy that serviced hospice patients creating an environment where hospice were unable to get the medicines that would comfort them and/or alleviate pain that is particularly disturbing and inhumane. monty batson defended a "board approved expert" who performed an evaluation without obtaining a consent violating the goldwater rule and being guilty of libel and allowed this doctor's evaluation to be entered as testimony. i want both prosecutors for the board disciplined up to including termination from their positions as they are both street trash. you are again advised to withdraw all disciplinary action against the licensee and/or rule in favor of the licensee which means reinstatement of license without any restrictions and/or no fines. your cooperation is appreciated.

joan miller, monty batson are cooked

cc judge juanita price
judge john kessler
judge paul tressler
judge william furber
judge thomas branca
judge stanley ott
judge william nicholas
judge risa vetri ferman
judge barbara pianka
kevin steele
gayle cotchen
frankil robert
janet hart getzey
mehta kishor
theresa talbott
zilner mark
every board of pharmacy

November 6, 2017

State Board of Pharmacy/State Board of Medicine

Re: Compounded and Repackaged Medications for Office-use

Dear Guam Board of Examiners for Pharmacy,

Our organizations represent physicians, pharmacists, other healthcare providers, surgical centers, and patient advocates treating and providing care to patients with an array of conditions requiring a broad spectrum of treatments and also pharmacists that provide physicians, hospitals, and other health care professionals with compounded medications for administration to and treatment of patients within these practice settings (often called "office-use"). As such, we have been closely monitoring the Food and Drug Administration's (FDA) implementation of the *Drug Quality and Security Act* ("DQSA", P.L. 113-54) and remain concerned about the impact of the Agency's actions on patient access to compounded medications and the mass confusion amongst the States that has resulted.

Specifically, we remain deeply concerned about the FDA implementation of the DQSA in regard to both compounded and repackaged medications for office-use. Every day, compounding pharmacists serve patients in a variety of areas including: autism, oncology, dermatology and pediatrics. Compounding pharmacists also have served patients such as pre-term infants who require parenteral nutrition (PN). PN provides intravenous life-saving therapy for patients whose gastrointestinal (GI) tracts are not functioning or cannot be accessed or where nutritional needs cannot be met with oral or enteral diets. These are just a few examples of how compounding pharmacists are working with physicians to provide life-saving medications for patients.

Our organizations urge the members of your Board to delay consideration of any regulatory or policy decisions on the ability of practitioners to obtain and use office-use compounded preparations until such time as the Agency issues its guidance in a manner that is consistent with Congressional intent and that preserves patient access.

Congressional Intent and Actions

Maintaining access to potentially life-saving compounded medications is not only vital for patients, it is consistent with the legislative intent of the DQSA. While reinforcing Section 503A of the Food, Drug and Cosmetic Act (FDCA) through the passage of the DQSA, Congress came together in a bipartisan and bicameral fashion to make clear that pharmacists' ability to provide compounded medications for a physician's administration to or treatment of a patient within their practice should be left to the States. During the passage of the DQSA, six bipartisan and bicameral statements were made on the record making clear to FDA of Congressional intent.[122,123] These statements made clear that office-use compounding was

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[122] Senator Isakson (GA), Senator Alexander (TN), and Senator Boozman (AR). "Drug Quality and Security Act." *Congressional Record* 159: 164 (November 18, 2013) p.S8071. Available from Thomas.gov; Accessed 11/24/2014.

[123] Representative Griffith (VA), Representative Burgess (TX), and Representative Green (TX). "Drug Quality and Security Act." *Congressional Record* p.H5963. Available from: Thomas.gov; Accessed 11/24/2014.

Footnote continued on next page

to be left to state law and that the memorandum of understanding found within section 503A was not to include dispensing. Despite these clear statements, FDA has implemented the DQSA contradictory to these statements.

As with office-use, the DQSA did nothing to limit repackaging, and Congressional intent was that FDA would continue to allow the practice of repackaging of medications.[124] Actions by FDA to limit access to repackaged medications, either by requiring a patient-specific prescription in all cases or by not allowing pharmacists to engage in repackaging, would have significant consequences for patients who rely on these therapies.[125]

Congress' multiple statements in the *Congressional Record* show clear and overwhelming intent that compounded preparations for office-use remain available after the passage of the DQSA. These numerous statements as well as the strong urging from physician and pharmacy stakeholders, directed the agency to not limit office-use medication preparation by 503A compounders. In addition, when FDA considered changes to the Compliance Policy Guide (CPG) for human compounding several years ago, the draft CPG specifically provided for office-use compounding.[126]

Despite these statements and its own draft guidance, FDA stated in final guidance that a compounding pharmacist or physician may not dispense compounded medications for office-use, but rather, must obtain or issue a prescription for an individually identified patient. As a result of these misleading statements by FDA, many States have taken recent action related to office-use compounding.

The actions by FDA to prohibit all office-use compounding has resulted in drastically reducing patient access to vital medications. There are numerous examples of medications that 503A traditional compounders currently supply for office-use in quantities that are too small or limited to justify preparation and distribution by a 503B outsourcing facility.[127]

Congressional Appropriations Actions

Following FDA's implementation actions, which are contradictory to Congressional intent, Congress has consistently and clearly continued to direct FDA as to Congressional intent. Congressional Appropriators have acted to preserve patient access to these vital medications by including Appropriations Report language in the FY16, FY17, and FY18 (as passed out of Full Committee).

Specifically, during the Fiscal Year (FY) 2016 Omnibus Legislation, Congress approved House Report 114-2015. Within that, FDA was directed to issue guidance which specifically addresses how office-use compounding will be permitted. That guidance was required within 90 days of the final enactment of the report. This language stated -

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[124] Senator Harkin (IA), Senator Alexander (TN), and Senator Boozman (AR). "Drug Quality and Security Act." *Congressional Record* 159: 164 (November 18, 2013) p.S8072. Available from Thomas.gov; Accessed 11/24/2014.

[125] Senator Isakson (GA), Senator Alexander (TN), Senator Harkin (IA), Senator Warner (VA), Senator Burr (NC), and Senator Boozman (AR). "Drug Quality and Security Act." *Congressional Record* 159: 164 (November 18, 2013) p.S8071. Available from Thomas.gov; Accessed 11/24/2014.

[126] United States. Department of Health and Human Services. Food and Drug Administration. *Pharmacy Compounding of Human Drug Products Under Section 503A of the Federal Food, Drug, and Cosmetic Act Draft Guidance.* Washington, DC: n.p. 2014. Print.

[127] See Appendix A for a compiled list of examples of medications supplied for office-use.

> The Committee is concerned that, since passage of the Drug Quality and Security Act (DQSA) of 2013, the FDA has interpreted provisions of Section 503A of the FDCA in a manner inconsistent with its legislative intent and with the agency's own previous positions. Specifically, the FDA has taken the position that under 503A, a pharmacist may not compound medications prior to receipt of a prescription and transfer the drugs to a requesting physician or other authorized agent of the prescriber for administration to his or her patients without a patient-specific prescription accompanying the medication. This practice, which is often referred to as `office-use' compounding, is authorized in the vast majority of states and was intended to be allowable under DQSA. The Committee is aware that in 2012, prior to passage of the DQSA, FDA was working on a draft compliance policy guide for 503A of the FDCA that provided guidance on how `office-use' compounding could be done consistent with the provisions of 503A. ***The Committee understands the intent of the DQSA was not to prohibit compounding pharmacists from operation under existing 503A exemptions; therefore, the Committee directs the FDA to issue a guidance document on how compounding pharmacists can continue to engage in `office-use' compounding before the receipt of a patient-specific prescription consistent with the provisions of 503A within 90 days after the enactment of this Act.*** *(emphasis added).* [128]

When FDA ignored the FY 2016 Appropriations language, Congress again instructed FDA that the Agency does not have the authority to prohibit office-use compounding. During the FY 2017 Omnibus legislation, Congress included language stating

> The Committee recommendation maintains fiscal year 2016 funding levels for the medical countermeasures initiative as well as recent funding increases for antimicrobial resistance, counterfeit drugs, food safety, foreign drug inspections, import safety, and pharmacy compounding. The Committee believes patient access to the **right drug at the right time** is of utmost importance. In instances where a commercially manufactured drug is not appropriate for a patient for a specific reason, a compounded drug may be the difference between life and death. Since passage of the Drug Quality and Security Act (DQSA) of 2013, the Committee has had concerns that the FDA interpreted provisions of Section 503A of the FDCA in a manner that might jeopardize the availability of compounded medications for ''office use''. The practice of ''office use'' occurs when a compounder will compound a batch of drugs in anticipation of receiving patient-specific prescriptions at a later time. It may also be the case of a doctor in his or her office maintaining compounded drugs on site because it is unsafe or impractical to issue a traditional prescription. This practice is authorized in the vast majority of states and was intended to be allowable under DQSA. The Committee is aware that on April 15, 2016, FDA released a new Draft Guidance on the issue of ''office-use'' compounding. The Committee directs the FDA to issue a Final Guidance that provides for ''office-use'' compounding of drugs, in appropriate circumstances as well as including drugs compounded in anticipation of a prescription for an identified individual patient. Such ''anticipatory'' compounded drugs must be based on the history of previous valid compound prescription orders, and on an established history between the prescriber and the patient and the compounder. (p 68-69).[129]

When FDA ignored both the FY 2016 and FY 2017 appropriations language, Congress included even stronger language within FY 2018 appropriations legislation and made clear that FDA does not have the

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[128] See House Agriculture, Rural Development, Food and Drug Administration, and Related Agencies appropriations bill, 2016. Page 67

[129] See House Agriculture, Rural Development, Food and Drug Administration, and Related Agencies appropriations bill, 2016. Page 68-69.

authority to prohibit office-use and that office-use compounding is to remain a state regulated activity. In the FY 2018 Appropriations legislation as passed out of the Appropriations Full Committee, Congress states

> The Committee continues to believe that patient access to the right drug at the right time is of utmost importance. In instances where a commercially manufactured drug is not appropriate for a patient for a specific reason, a compounded drug may be the difference between life and death. Since passage of the Drug Quality and Security Act (DQSA) of 2013, the Committee has had concerns that the FDA interpreted provisions of Section 503A of the FDCA in a manner that might jeopardize the availability of compounded medications for ''office use''. The practice of ''office use'' occurs when a compounder will compound a batch of drugs in anticipation of receiving patient-specific prescriptions at a later time. It may also be the case of a doctor in his or her office maintaining compounded drugs on site because it is unsafe or impractical to issue a traditional prescription. This practice is authorized in the vast majority of states and was intended to be allowable under DQSA. The Committee directed the FDA to issue a Final Guidance that provides for ''office-use'' compounding of drugs, in appropriate circumstances as well as including drugs compounded in anticipation of a prescription for an identified individual patient. Such ''anticipatory'' compounded drugs is based on the history of previous valid compound prescription orders, and on an established history between prescriber, patient and compounder. Despite clear directives in previous reports accompanying FDA's appropriations bills for the agency to finalize guidance that authorizes office-use compounding, in December of 2016, the FDA finalized a Guidance for Industry (GFI) entitled ''Prescription Requirement Under Section 503A of the FDCA,'' which expressly prohibits office-use compounding. The Committee directs the FDA to rescind this GFI and issue a proposed rule, subject to the notice and comment provisions in the Administrative Procedure Act. The proposed rule should be consistent with Congressional intent as stated in both Appropriations Reports and the DQSA, and that also allows for office-use compounding as authorized by state law. In the proposed rule, FDA should lay out the means by which office use is permissible while addressing such critical safety matters, such as maintaining controls on quantity and safety issues such as those related to office stock shelf life. Lastly, FDA's clarification on the line between traditional compounding and outsourced compounding will support state regulators, outsourcing facilities, and traditional compounders in their efforts to ensure that patients have access to safe compounded drugs while reducing the risks associated with sterile drugs produced in bulk. (page 67).[130]

Congressional Legislation

Congress has been clear. In addition to the Appropriations Legislation, Congress has taken additional steps to make very clear to the FDA that the Agency does not possess the authority to prohibit office-use compounding. Representatives Morgan Griffith and Henry Cuellar introduced bipartisan legislation with 31 cosponsors that leaves office-use compounding to be regulated by the States. The legislation makes very clear that FDA was never granted the authority under the DQSA to prohibit office-use compounding.[131] The DQSA Coalition, which is comprised of over 35 organizations representing patients, providers,

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[130] See House Agriculture, Rural Development, Food and Drug Administration, and Related Agencies appropriations bill, 2017. Page 67

[131] Representative Griffith (VA)."Preserving Patient Access to Compounded Medications Act of 2017." *Congressional Record* p.H2871. Available from: Thomas.gov; Accessed 9/8/2017.

Footnote continued on next page

pharmacists, and other practitioners, sent a support letter for HR 2871 where 39 states signed on in support of the legislation.[132] FDA was never given authority to regulate office-use by Congress. This is a state regulated activity that was always intended to be left to the states.

Congressional Letters to FDA

Congress has also sent letters to FDA expressing Congressional intent and continues to instruct FDA to leave office-use compounding to the States. In June 20, 2016, Representatives Chris Stewart and Henry Cuellar led a bipartisan letter signed by over 60 Members of Congress. The Members of Congress stated the following

> It is unacceptable that the FDA would ignore the Congress and continue to take the position that Section 503A specifically prohibits office-use compounding, despite clear congressional intent to the contrary and despite previous FDA actions that directly contradict that position, including the recent statement by Health and Human Services Secretary Burwell that also directly conflicts with FDA's current position on "office-use".
>
> Prior to the passage of the Drug Quality and Security Act (DQSA) of 2013, FDA circulated a draft Compliance Policy Guide (CPG) in 2012 to Congress that recognized office-use as legitimate and permissible and explained how compounding pharmacists can engage in office-use compounding before the receipt of a patient-specific prescription consistent with the provisions of 503A of the FDCA. The DQSA did not change the statutory language in 503A that was the basis of that CPG. During the consideration of the DQSA, six Members of Congress, on a bipartisan, bicameral basis, made statements in the Congressional record to clarify that the intent of the legislation was to preserve patient access to medications compounded for office-use.

Congress sent an additional letter on May 23, 2017 that was led by Representatives Chris Stewart and Buddy Carter with 65 bipartisan signatures and stated,

> Office-use compounding of medications is a common and often necessary medical practice that is authorized in some form by the vast majority of state pharmacy laws. Compounding for office-use done pursuant to state pharmacy laws does not make a pharmacy a drug manufacturer, and Congress never intended for the FDA to assert regulatory authority over the traditional practice of pharmacy, which has always been regulated at the state level.
>
> The policies finalized in this GFI are contrary to the plain language of Section 503A as amended by the Drug Quality and Security Act (DQSA) and ignore clear, bipartisan, bicameral congressional intent expressed during passage of the bill. The FDA has unfortunately chosen to ignore broad and diverse stakeholder input, multiple congressional letters from both chambers, and clear directives in the House Report accompanying the FY2016 FDA appropriations legislation (House Report 114-205). More importantly, the FDA's misinterpretation of the law and related enforcement actions against pharmacies are jeopardizing patients' access to critical compounded medications. For these reasons, we respectfully request that the FDA immediately rescind this GFI and issue a proposed rule, with notice and stakeholder input as required by the Administrative Procedure Act, that is consistent with the DQSA and that allows for office-use compounding by state-licensed pharmacies where authorized by state pharmacy laws.

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[132] (2017, July 26). DQSA Coalition Support Letter [Letter to Representative Griffith, Representative Cuellar]. Washington, D.C.

Our organizations urge the members of your Board to delay consideration of any pending regulatory or policy decisions on the ability of practitioners to obtain and use office-use compounded preparations until such time as the Agency issues its guidance in a manner that is consistent with this new Congressional directive. Additionally, we urge you to review and potentially reconsider any recent decisions to prevent, eliminate or restrict office-use compounding within your State.

Sincerely,

Alaska Pharmacists Association

Alabama Pharmacy Association

Alliance for Natural Health USA

American Academy of Dermatology Association

American Association of Naturopathic Physicians

American Pharmacists Association

American Society for Dermatologic Surgery Association

American Society for Mohs Surgery

Arkansas Pharmacists Association

California Pharmacists Association

Colorado Pharmacists Society

Compounding Pharmacists of Texas

Connecticut Pharmacists Association

Florida Pharmacy Association

Georgia Pharmacy Association

Illinois Pharmacists Association

Indiana Pharmacists Association

Integrative Medicine Consortium

International Academy of Compounding Pharmacists

Massachusetts Pharmacists Association

Maryland Pharmacy Association

MEDISCA

Michigan Pharmacists Association

Minnesota Pharmacists Association

Missouri Pharmacy Association

National Community Pharmacists Association

North Carolina Association of Pharmacists

North Dakota Pharmacists Association

Nebraska Pharmacists Association

New Jersey Pharmacists Association

New Mexico Pharmacists Association

Ohio Pharmacists Association

Oklahoma Pharmacists Association

Oregon State Pharmacy Association

PCCA

Pennsylvania Pharmacists Association

Pharmacists Society of the State of New York

South Carolina Pharmacy Association

South Dakota Pharmacists Association

Tennessee Pharmacists Association

Texas Pharmacy Association

Utah Pharmacy Association

Virginia Pharmacists Association

Washington State Pharmacy Association

West Virginia Pharmacists Association

The following are some examples of the medications that 503A traditional compounders currently supply for office-use in quantities that are too small or limited to justify preparation and distribution by a 503B outsourcing facility:

- Topical Phenol used by podiatrists and primary care physicians to treat in-grown toenails.
- Topical cantharidin (one strength is 52.5 mg / ml [0.7%]) used by podiatrists, primary care physicians, and dermatologists for the treatment of warts.
- Topical podophylline used by podiatrists, primary care physicians, and OB/GYNs.
- Topical Diphenylcyclopropenone in many strengths compounded from raw material and acetone for use by dermatologists treating alopecia areata.
- Topical Squaric acid for use by dermatologists in treating alopecia areata.
- Bleaching gels of various formulas used by dentists in teeth whitening procedures.
- Glycolic acid solutions used by dermatologists in skin peel procedures.
- Trichloroacetic acid solutions used by dermatologists in skin peel procedures.
- Lidocaine, Epinephrine, and Tetracaine (LET or LAT) gel/solution and derivatives used by ERs and Primary Care Physicians as a local anesthetic used to decrease pain while suturing patients – especially pediatric patients.
- Dextrose capsules #0, 00, 000, 1, 2, 3, and 4 for use by Social Work to teach pediatric patients how to swallow capsules.
- Tamsulosin 0.2 mg capsules (open up the 0.4 mg capsules, weigh total contents then weigh in half, pack into #4 capsules) used off-label for kidney stones in pediatric patients.
- Various powder-filled capsules - many formulations out in the industry with mixtures of 3-4 ingredients that may include ciprofloxacin, amphotericin, dexamethasone, clotrimazole, and lidocaine and others for use in Sheehy-House powder insufflators for insertion into the ear to treat refractory external ear infections.
- Topical Sodium Nitrate solution used in labs for diagnosis of cystic fibrosis via sweat testing.
- Topical Pilocarpine Nitrate solution used in labs for diagnosis of cystic fibrosis via sweat testing.
- Hydroxyzine pamoate suspension for use by pediatric dentists for mild sedation □ Combination antibiotic eye drop used by ophthalmology surgery centers.
- EDTA ophthalmic eye drops for surgery
- Bevacizumab (Avastin) repack used by ophthalmology clinics for treatment of wet macular degeneration.
- Alteplase 1 mg / ml syringes when commercial vials are on backorder and shortage from manufacturers.
- Oxymetazoline Nasal Spray + Lidocaine 4% injection compounded 1:1 in an ISO 5 environment and packaged into sterile oral syringes for storage in automated dispensing cabinets for ENT to use with an automizer prior to exam in office.
- Surgical Irrigations
    - Bacitracin 50,000 units in 0.9% nacl 3000 ml (bag).
    - Bacitracin 50,000 units in 0.9% nacl 1000 ml (bag or bottle).
    - Bacitracin 25,000 units in 0.9% nacl 500 ml (bottle).
    - Levofloxacin in 0.9% nacl 500 ml (bottle).
    - Cefazolin in 0.9% nacl 500 ml (bottle).
    - Bacitracin, Gentimicin and Cefazolin in 0.9% nacl 500 ml or 1000 ml (bottle).
- Organ Transplant Irrigations, Soaks and Baths o Cardioplegia solutions (mixtures of lidocaine, electrolytes, mannitol, dextrose, etc.).
    - Epinephrine in 0.9% nacl (bottle).

- Crash/Emergency Cart drugs/ICU/Ambulance/Helicopter/Airplane o Sodium Bicarbonate used by Anesthesia/ER crash carts, a sterile drug that has been on chronic backorder and shortage from manufacturers.
    - o Calcium Chloride used by Anesthesia/ER crash carts/dialysis centers – chronic backorder from manufacturers.
    - o Calcium Gluconate used by icus /dialysis centers; chronic backorder from manufacturers.
    - o Propofol repackaged into 10 and 20 ml syringes during shortages.
    - o Dexmedetomidine straight from diluted commercial vial or compounded with 0.9% NS and concentrated vial, then packaged in syringes.
    - o Heparin 500 units / ml (3 ml) compounded then packaged in syringes for dialysis. o Heparin 2,000 units / ml (3 ml) compounded then packaged in syringes for dialysis. o Heparin 1,000 units / ml (3 and 8 ml) packaged in syringes for dialysis.
    - o Lidocaine 1% buffered with nabicarb (0.8 & 5 ml) packaged in syringes for IV starts and dialysis.
    - o Lidocaine with nabicarb (0.2 ml) packaged in J-tip syringes for IV starts and shots in ER, surgery centers, inpatient and clinics.
    - o Heparin 2 units / ml compounded from Heparin and 0.45% nacl commercial products (250, 500 and 1000 ml bags) for storage in automated dispensing cabinets within health systems and long term care facilities.
    - o Epinephrine 0.01 mg / ml compounded from epinephrine and D5W commercial products (50 ml syringe) for storage in automated dispensing machines within health systems and long term care facilities.
    - o Epinephrine 0.02 mg / ml compounded from epinephrine and D5W commercial products (50 ml syringe) for storage in automated dispensing machines within health systems and long term care facilities.
    - o Nicardipine 0.5 mg / ml compounded from Nicardipine and D5W commercial products (50 ml syringe) for storage in automated dispensing machines within health systems and long term care facilities.
    - o Nicardipine 0.5 mg / ml compounded from Nicardipine and 0.9% nacl commercial products (50 ml syringe) for storage in automated dispensing machines within health systems and long term care facilities.
    - o Dextrose 10% plus 14.6% nacl or 23.4% nacl to prepare D10 and nacl 0.2% (250 ml) bag due to commercial product on chronic mfg b/o (prepared from commercial products). o Dextrose 10% plus 14.6% nacl or 23.4% nacl plus heparin to equal 1 unit / ml to prepare D10 and nacl 0.2% and Heparin 1 unit / ml (250 ml) bag (prepared from commercial products) may be stored in automated dispensing cabinets.
    - o Bupivacaine 0.25 % + Epinephrine = 1:200,000 injection for use in surgery and surgery centers.
    - o Epinephrine 1:100,000 injection prepared from epinephrine and 0.9% nacl commercial products for use in surgery and surgery centers.
    - o Epinephrine 1:400,000 injection prepared from epinephrine and 0.9% nacl commercial products for use in surgery and surgery centers.
    - o Lidocaine 0.25% with Epinephrine 1:400,00 units injection prepared from commercial products in a vial for use in surgery and surgery centers.
    - o Lidocaine 1% with Epinephrine 1:10,000 units injection prepared from commercial products into a vial for use in surgery and surgery centers.
    - o Ropivacaine 0.2% with Epinephrine 1:200,000 units injection prepared from commercial products into a vial for use in surgery and surgery centers.

- Milrinone 0.2 mg / ml compounded or premix commercial product repackaged into 20 and 50 ml syringes for storage in automated dispensing cabinets.
- Pentobarbital 50 mg / ml commercial product repackaged into 1 ml syringe for cath lab and anesthesia surgery centers.
- Dopamine 1.6 and 3.2 mg / ml compounded or premix commercial product repackaged into 20 and 50 ml syringes for each for storage in automated dispensing cabinets. o Nitroglycerin 0.4 mg / ml commercial product repackaged into 20 and 50 ml syringes during commercial product manufacturing back order and shortages. o Iopamidol (Isovue) 61% injection repackaged into 20 ml syringes during Manufacturing back order and shortages.
- Botulinium Toxin solution reconstituted commercial product and packaged in syringes for office use treatment of spasticity, diagnosis of gastrointestinal disorders and which dermatologists and plastic surgeons also use.
- Ceftriaxone mixed with lidocaine to 350 mg / ml, drawn up in 1.1, 1.4 and 2.2 ml volumes in an ISO 5 environment for storage in an automated dispensing cabinet refrigerator in ers and clinics.

no blood no drug-be paranoid but treat when indicated-no urine drug test no oxycodone

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267 234 4055

tim gates

i am writing to you regarding a policy we implemented that both monty batson and dr thomas riordan minimized. the policy was the required urine drug test prior to dispensing of opiods with no illicits present, no controlled substances that were not prescribed present, controlled substances including all pain medicines drugs prescribed present. this policy protected the patient, pharmacist, and pharmacy; it also allowed us to make a referral when misuse, abuse, addiction was observed and exclusion if diversion was observed. the policy as modeled after the clozapine rems system which is "no blood no drug". clozapine rems have been around for a long time. clozapine is the most effective antipsychotic available on the market but it is the most toxic requiring laboratory monitoring; it's not about not trusting doctors or pharmacists the clozapine rems was created to eliminate any flaws in the system. that was what we did cause doctors were not performing urine drug tests at all or were performing them but not enforing them or practicing pain management based on the findings of the results. this lack of compliance/adherence on the part of doctors is what created and is fueling the opiod epidemic ... something they themselves require and expect from their patiets: don't make me gag. after working with the urine drug test no pharmacist will ever agree to work without it; it's like an x-ray at an airport it shows everything and only an inexperienced idiot would agree to work without it. monty batson and dr thomas riordan are not experienced with the drug scene and what goes on in the drug scene or they are aware and choose to ignore the problem. i feel it's both they know nothing about the urine drug test and its power while not caring about all the people that are dying/suffering from the opiod epidemic. our philosophy was simple and it's not just our philosophy it was borrowed from people more experienced: "be paranoid but treat when indicated" ... which led to the creation of "no urine drug test no oxycodone". it is monty batson and dr thomas riordan who are not fit and/or competent to practice. i provided the clozapine rems which were simplified that we used to create our policy. in the past each manufacturer (there were six) had their own rems now there is one centralized system which protects the doctor, pharmacist, patient, and pharmacy. that was what we did; protecting patients, community, etc when some of the street trash that refused to accept reality like the fact that they are drug addicts and need help in the form of addiction referal or that they are drug dealers and need to be either in jail or find legal forms of employment complained to philadelphia dea and board of pharmacy which triggered the raid and initial disciplinary action. you need to terminate everyone at the prosecutor's office, never use dr thomas riordan again as i previously advised you, then reinstate my license without any restrictions or fines, if you want to throw in an apology letter from all the bad actors from prosector's office that would not be a bad idea as i will use it as a trophy and show it to everyone. your cooperation is appreciated.

cc all previosuly mentioned judges
kevin steele
every board of pharmacy



CLOZAPINE REMS

The Single Shared System for Clozapine

No Blood, No Drug™



Mark Pynes | For pennlive.com

Clozapine is a prescription medicine to treat people with schizophrenia who have not responded to other medicines. Clozapine may also reduce the risk of suicidal behavior.

Clozapine can cause severe neutropenia. Neutropenia is a blood disorder that occurs when a certain type of white blood cells called neutrophils are not made or not enough of them are made. This makes it harder for your body to fight infections.

Before you can start clozapine and during treatment, you must have regular blood tests to measure the number of neutrophils you have in your blood. This test is called absolute neutrophil count (ANC). If the number of neutrophils, or ANC, is too low, you may have to stop clozapine. Your doctor will decide if or when it is safe to restart clozapine.

This is not the only serious risk associated with clozapine treatment. Talk to your doctor about the other serious risks.

You might not have any symptoms at all. Getting your blood tested to measure the number of neutrophils is the only way to check for neutropenia. This helps your doctor know if you are more likely to get an infection.

- Infection, including skin, throat, urinary tract, vaginal, pneumonia, or any other infection
- Fever or chills
- Sores or ulcers inside your mouth, gums, or on your skin
- Wounds that take a long time to heal
- Feel like you have the flu
- Pain or burning while urinating
- Unusual vaginal discharge or itching
- Abdominal pain
- Sores or pain in or around your rectal area
- Feel extremely weak or tired

- Have your blood tested as instructed by your doctor
- Tell your doctor about all the medicines you are taking (prescription and over-the-counter), and if you start a new medicine
- Tell your doctor right away if you get a fever or feel sick

Because of the risk of developing severe neutropenia, the Food and Drug Administration (FDA) has required a special program called a Risk Evaluation and Mitigation Strategy (REMS) for clozapine. The purpose of the Clozapine REMS Program is to make sure that the benefits of clozapine treatment outweigh the risks.

- **Review this Guide** with your doctor, pharmacist, or nurse
- Ask questions! **Make sure you understand** what you need to do to take part in the Clozapine REMS Program
- **Get your blood tested** as directed by your doctor
- You must get your blood tested before you can receive clozapine from your pharmacy
- **Pick up your clozapine prescription** from a pharmacy that is part of the Clozapine REMS Program. Your doctor will help you find a pharmacy that participates in the Clozapine REMS Program
- **Tell your doctor** right away if you suffer any flu-like illness or fever while taking clozapine



Your doctor will give you an order to have blood tests done
You will need to get your blood tested on the following schedule or as directed by your doctor:

- Weekly blood tests for the first 6 months you are taking clozapine
- Every 2 weeks for the next 6 months if your ANC stays normal
- Every 4 weeks after the first year if your ANC stays normal



If your ANC is too low, your doctor will schedule blood tests more frequently



The Clozapine REMS Program will keep track of your blood test results so your doctor and pharmacist know if it is safe to fill your clozapine prescription



Remember: You must get your blood tested before you can receive clozapine from your pharmacy!

If you would like more information, talk to your doctor or visit www.clozapinerems.com.

Report any side effects directly to the Clozapine REMS Program at .
You can also report negative side effects to the FDA at www.fda.gov/medwatch, or call .

CLOZAPINE REMS

The Single Shared System for Clozapine

No Blood, No Drug™

ANC Level	Treatment Recommendation	ANC Monitoring
Normal Range for a New Patient • General Population (ANC ≥ 1500/µL) **BEN POPULATION** • BEN Population (ANC ≥ 1,000/µL) • Obtain at least two baseline ANC levels before initiating treatment	• Initiate treatment • If treatment interrupted: - < 30 days, continue monitoring as before - ≥ 30 days, monitor as if new patient • Discontinuation for reasons other than neutropenia	• Weekly from initiation to 6 months • Every 2 weeks from 6 to 12 months • Monthly after 12 months • See Section 2.4 of the full Prescribing Information
Mild Neutropenia (1000 to 1499/µL)*	**GENERAL POPULATION** • Continue treatment **BEN POPULATION** • Mild Neutropenia is normal range for BEN population, continue treatment • Obtain at least two baseline ANC levels before initiating treatment • If treatment interrupted - < 30 days, continue monitoring as before - ≥ 30 days, monitor as if new patient • Discontinuation for reasons other than neutropenia	**GENERAL POPULATION** • Three times weekly until ANC ≥ 1500/µL • Once ANC ≥ 1500/µL, return to patient's last "Normal Range" ANC monitoring interval** **BEN POPULATION** • Weekly from initiation to 6 months • Every 2 weeks from 6 to 12 months • Monthly after 12 months • See Section 2.4 of the full Prescribing Information
Moderate Neutropenia (500 to 999/µL)*	**GENERAL POPULATION** • Recommend hematology consultation • Interrupt treatment for suspected clozapine induced neutropenia • Resume treatment once ANC normalizes to ≥ 1000/µL **BEN POPULATION** • Recommend hematology consultation • Continue treatment	**GENERAL POPULATION** • Daily until ANC ≥ 1000/µL, then • Three times weekly until ANC ≥ 1500/µL • Once ANC ≥ 1500/µL, check ANC weekly for 4 weeks, then return to patient's last "Normal Range" ANC monitoring interval** **BEN POPULATION** • Three times weekly until ANC ≥ 1000/µL or ≥ patient's known baseline. • Once ANC ≥ 1000/µL or patient's known baseline, then check ANC weekly for 4 weeks, then return to patient's last "Normal BEN Range" ANC monitoring interval**
Severe Neutropenia (less than 500/µL)*	**GENERAL POPULATION** • Recommend hematology consultation • Interrupt treatment for suspected clozapine induced neutropenia • Do not rechallenge unless prescriber determines benefits outweigh risks **BEN POPULATION** • Recommend hematology consultation • Interrupt treatment for suspected clozapine induced neutropenia • Do not rechallenge unless prescriber determines benefits outweigh risks	**GENERAL POPULATION** • Daily until ANC ≥ 1000/µL • Three times weekly until ANC ≥ 1500/µL • If patient rechallenged, resume treatment as a new patient under "Normal Range" monitoring once ANC ≥ 1500/µL **BEN POPULATION** • Daily until ANC ≥ 500/µL • Three times weekly until ANC ≥ patients established baseline • If patient rechallenged, resume treatment as a new patient under "Normal Range" monitoring once ANC ≥1000/µL or at patient's baseline

* Confirm all initial reports of ANC less than 1500/µL (ANC < 1000/µL for BEN patients) with a repeat ANC measurement within 24 hours

** If clinically appropriate

Source: Clozapine and the Risk of Neutropenia: An Overview for Healthcare Providers

Version 2.0 - December 23, 2014

CLOZAPINE REMS
The Single Shared System for Clozapine
No Blood, No Drug

ANC Lab Reporting Form

Phone: 844-267-8678
Fax: 844-404-8876
www.clozapinerems.com

Instructions for Prescribers

For immediate online Absolute Neutrophil Count (ANC) reporting please go to www.clozapinerems.com.

Use this form to submit ANC monitoring information or update patient information.

For **INPATIENTS**: The prescriber and in-patient pharmacist must review the ANC before clozapine can be dispensed. Submit ANC to the Clozapine REMS Program within 7 days of the blood draw date.

For **OUTPATIENTS:** The out-patient pharmacist must obtain a pre-dispense authorization (PDA) from the Clozapine REMS Program before clozapine can be dispensed.

- To obtain a PDA, a current and acceptable ANC must be reported to the Clozapine REMS Program or the prescriber must provide a treatment rationale (see Section 3) to authorize treatment if a patient's ANC indicates moderate to severe neutropenia (General Population) or severe neutropenia (Patients with BEN).

Section 1: ANC Lab Reporting

Prescriber Information (All Fields Required)

Name: NPI or DEA:

Phone: Email: Fax:

Submitter: ☐ Prescriber ☐ Prescriber Designee ☐ Pharmacy

Patient Information (All Fields Required)

Name:

Date of Birth (MM/DD/YYYY): Zip Code: Gender:

ANC Monitoring (All Fields Required)

Blood Draw Date (MM/DD/YYYY): ANC (per μL):

Section 2: Patient Updates (if applicable)

Change Treatment Status

Complete this section if you want to change this patient's treatment status. If this section is left blank, no changes will be made.

I want to change this patient's treatment status to: **(check one)**

- ☐ Active **(restarting or continuing clozapine requires a treatment rationale for patients with moderate or severe neutropenia. Please refer to the "Treatment Rationale" section)**
- ☐ Interrupted
- ☐ Discontinued

Change Monitoring Frequency

Complete this section if you want to change this patient's monitoring frequency. If this section is left blank, no changes will be made.

Based on the clozapine prescribing information, my patient is eligible for a change in ANC monitoring frequency. I want to change the ANC monitoring frequency to: **(check one)**

- ☐ Weekly
- ☐ Every 2 weeks
- ☐ Every 4 weeks

Section 3: Prescriber Authorization

Treatment Rationale*

Complete this section if the patient has moderate neutropenia (ANC 500-999/μL for the General Population) or severe neutropenia (ANC < 500/μL for General Population and Patients with BEN) and you want to continue treatment.

The treatment rationale is (check one and sign below):

- ☐ Benefits of continuing clozapine treatment outweigh risk of neutropenia
  - ☐ Until next ANC Lab
  - ☐ Until (MM/DD/YYYY) _____
    No more than 6 months from today
- ☐ Patient has Benign Ethnic Neutropenia (BEN) **(No Expiration)**

Hospice Care*

For hospice patients (i.e., terminally ill patients with an estimated life expectancy of six months or less), the prescriber may reduce the ANC monitoring frequency to once every 6 months, after a discussion with the patient and his/her caregiver.

If you want to change the monitoring frequency to once every 6 months for a hospice patient, ***check the box and sign below:***

- ☐ This is a hospice patient.

Authorizing Prescriber Information (All Fields Required)

Name: NPI or DEA:

Authorizing Prescriber Signature: Date (MM/DD/YYYY):

Authorizing Prescriber Signature is required for a change in treatment rationale, and/or for a hospice care patient.

[illegible] 2015

writing on the wall shannon kerwin sprow's days are numbered

alex grinberg
1111 harriett rd
huntingdon valley, pa 19006
267 234 4055

tim gates

a few issues with shannon kerwin sprow we need to discuss. first of all during the preliminary hearing i made available a file to monty batson about pill mill doctors this was on 4/28/2016. batson did nothing with the information making him guilty of failure to act and gross criminal negligence as pill mills continued to flood communities with opiods. about 1 and 1/2 years later one of the pill mill operations was raided by real law enforcement. batson had an opportunity to do something instead he made a decision to do nothing. ask yourself how many people were injured during that 1 and 1/2 year period from the opiods being pumped out from the pill mill in question. then here comes the biggest hypocrisy of all which is do nothing about the real problem (pill mills) then come up with act 139 which allows pharmacists to dispense naloxone to patients on opiods. shannon kerwin sprow is an incompetent administrator with no knowledge of what goes on the real world and act 139 is proof of that. you get rid of pill mills first. act 139 is a flawed act because it does not address users of illicit opiods such heroin or fentanyl as they are not eligible for naloxone and those are the people that would benefit from the naloxone the most and they are more interested in it than the users of prescription opiods. second of all i interviewed pharmacists and from my own experience users of prescription opiods refuse naloxone because they don't think it will happen to them (overdose) making the act just a piece of paper that collects dust on the shelf but it certainly looks good and sounds for the politicians and other idiots like tucker carlson who don't know anything. now let's take a look at statistics; act 139 became effective december 1, 2014 yet opiod overdoses are increasing not decreasing; at a rate of 37% which confirms the science that illicit opiod users do not get the naloxone and prescription opiod users do not want it. note some might argue that users do not know how to use the naloxone properly and that may be he case but not with the narcan or evzio which are the easiest medicines to ever administer. act 139 is trash and is ineffective because if it was effective opiod overdoses would be decreasing not increasing it may have been well intentioned but it was poorly thought out and carried out in an even worse manner; it reminds me of every boss i ever had like fran soda, robin becker, others ... shit for brains, ass kissing idiots. a better approach is automatic dispensing of naloxone to everyone on opiods at a specific morphine equivalent dose which would put the patient at risk for an overdose (if dose is too low it's a waste of money but can be patient's choice), if patients don't have insurance a fund is created that will pay the pharmacy for the naloxone, and kiosks throughout the city where users of illicit opiods can purchase naloxone then followed up by clinicians. i'm watching every move the prosecutor's office for the board is making and you might want to tell them that cause i will rub every mistake they make in their stupid faces cause that's the kind of guy i am. furthermore they better pray i never get a job with the board cause they will be fired the first day i start working. i want shannon kerwin sprow, monty batson and anyone else involved in the decision to ignore the information contained in the file about the pill mills disciplined up to and including termination as a former prosecutor for dauphin county da's office shannon kerwin sprow will appreciate a taste of her own medicine which is going after criminals. then the same needs to apply to the creators of act 139. then act 139 needs to be either revised or scrapped and more effective act put together. now that we're on the topic of pill mills jennie allen, hearing examiner, willappreciate exhibit o which i intentionally left out it contained the pill mills we identified in the philadelphia area and this is jst the right time to dump it in shannon kerwin sprow's face:

writing on the wall shannon kerwin sprow's days are numbered

john bowden group: accepts no insurance. 400 dollars initial visit 200 dollars subsequent visits. caters to poor underserved community where's the money to pay for the visits coming from ... sale of drugs (oxycodone)

penrose medical group: (dr daniel coachi, marlene coachi nurse practitioner, and dominique etienne physician assisstant): accept no insurance. 400 dollars first visit 200 dollars subsequent visits. prescribe for for only 2 drugs oxycodone and methadone. refused to provide urine drug tests.

dr alan gregory nelson: even pill mill doctors, drug addicts, ar drug dealers laugh at him

william wright: writes for oxycodone

skye medical center: writes for oxycodone ... 30mg only the most sought after strength of the most sought after opiod

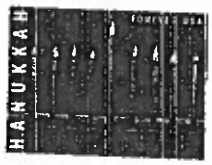
advanced urgent care: was already mentioned, ignore urine drug tests, defraud payers, prescribe only oxycodone

daphne golding: moron, liar

dr william obrien: associated with pagans mc outlaw bikers gang; busted by law enforcement

dr azhad khan: lying scumbag; busted by law enforcement

cc every judge previously mentioned
kevin steele
every board of pharmacy



REAL-TIME NEWS

DEA discloses 'disturbing' numbers on drug-overdose deaths in Pa.

Posted June 10, 2017 at 07:27 AM | Updated June 10, 2017 at 04:26 PM

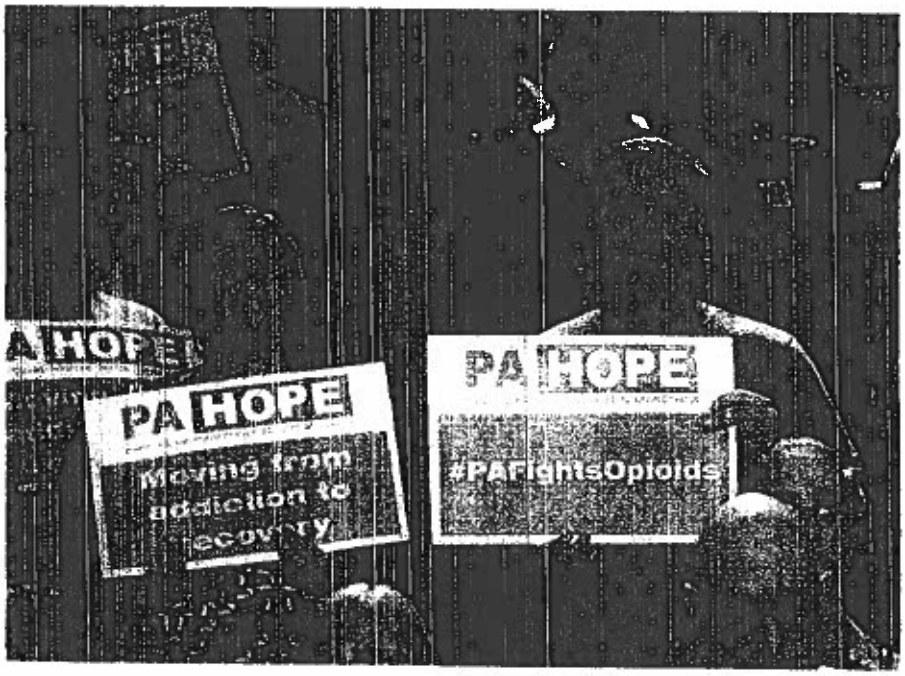
55
shares

9 Comments

By Nick Falsone | For lehighvalleylive.com

It's nothing like the crack cocaine epidemic that plagued inner cities in the 1980s.

That's U.S. Drug Enforcement Agency Special Agent Patrick Trainor's take on the opioid epidemic that's spread across Pennsylvania in recent years. Trainor works in the agency's Philadelphia Field Division. It is nearing completion of a report on drug-related overdose deaths statewide last year.



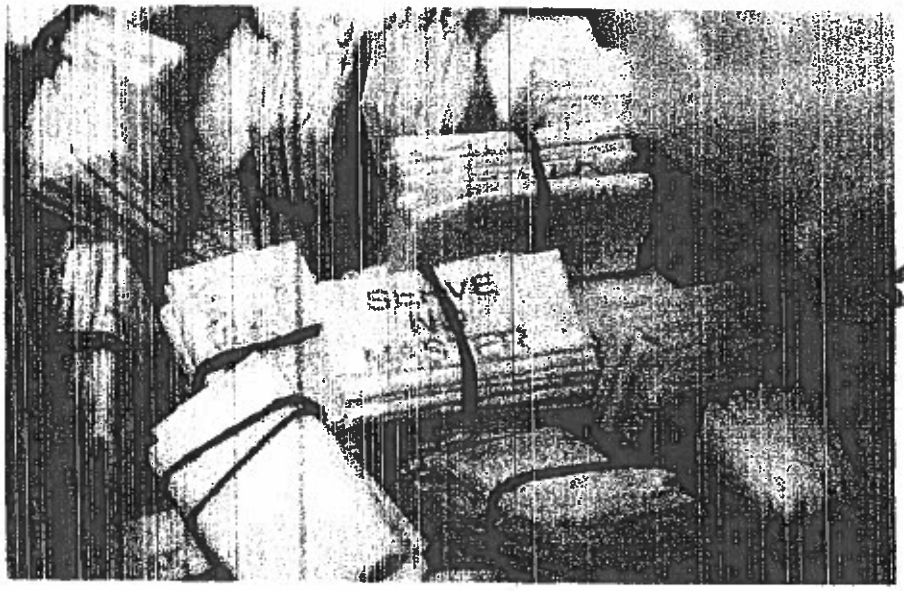
Mark Pynes | For pennlive.com

County data forthcoming

The report, which has been issued every year since 2014, will break down overdose

Doc. No. 34GL-18-1657.*

deaths in each of the state's 67 counties. Data on Lehigh and Northampton counties isn't yet available, but the DEA on Thursday released the following figures that will be highlighted in the report:



Ed Murray | For NJ Advance Media

4,642

The number of drug-related overdose deaths reported by coroners and medical examiners in Pennsylvania in 2016.

that's good
how about
NO Rules
NO Master
did you ever hear
that one

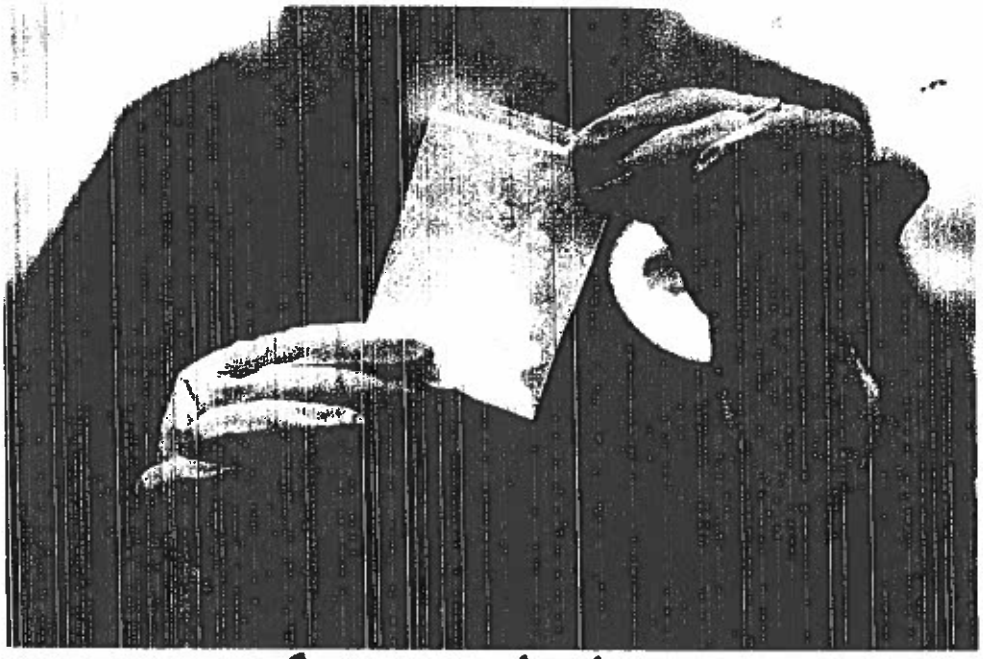
37 percent

The increase in overdose deaths from 2015 to 2016.

Act 139 is a Failure

36.5

The established overdose death rate in 2016 per 100,000 people in Pennsylvania.



AP file photo

Phila Police that's for you

52 percent

The percentage of overdose deaths where fentanyl and fentanyl-related substances were found in the decedent's system.

45 percent

The percentage of overdose deaths where heroin was found in the decedent's system. Last year was the first time heroin was eclipsed by another opioid.

13

The number of people who die each day from drug overdoses in Pennsylvania.

interesting statistic

380 percent

The increase in odds that a person between 15-24 will suffer a fentanyl-related death compared to other age groups.

Doc. No. 34GL-18-1657.*

Act 139 is flawed trash

Key Findings

- In 2016, 4,642 drug-related overdose deaths were reported by Pennsylvania coroners and medical examiners, an increase of 37 percent[ii] from 2015. In 2016, approximately 13 people died of a drug-related overdose each day.
- The Pennsylvania drug-related overdose death rate in 2016 was 36.5 per 100,000 people, an increase from 26.7[iii] per 100,000 people in 2015. The national drug overdose death rate in 2015 was 16.3 per 100,000.[2]
- The presence of an opioid,[iv] illicit or prescribed by a doctor, was identified in 85 percent of drug-related overdose deaths in Pennsylvania in 2016.
- Fentanyl and fentanyl-related substances[v] (FRS) were the most frequently identified in decedents (52 percent of deaths), a significant increase from 2015 when fentanyl/FRS were noted in 27 percent of deaths. More than 95 percent of counties reporting drug-related overdose deaths in 2016 indicated the presence of fentanyl/FRS.
- Heroin was the second most frequently identified substance in decedents (45 percent of deaths), followed by benzodiazepines (33 percent of deaths), cocaine (27 percent of deaths), and prescription opioids (25 percent of deaths). Of counties reporting drug-related overdose deaths in 2016, 95 percent showed the presence of heroin.
- In 2016, individuals aged 15-24 saw a 380 percent increase in the presence of fentanyl in toxicology reports compared to other age groups. Conversely, individuals in the 25-34 age group experienced a 970 percent increase in instances of fentanyl present in toxicology reports compared to other age groups.
- The percent increase in drug-related overdose deaths between 2015 and 2016 was larger in rural counties (42 percent) compared to urban counties (34 percent).[vi]
- In 2016, 70 percent of drug-related overdose decedents were male, consistent with 2015, but not consistent with the population distribution across Pennsylvania.
- Males were more likely to die from a fentanyl and/or heroin overdose compared to females. Females were more likely to have alprazolam, clonazepam, and/or oxycodone present in overdose deaths, while males were more likely to have fentanyl, heroin, cocaine, and/or ethanol present in overdose deaths.
- In 2016, 77 percent of decedents were White, 12 percent were Black, 4 percent were Hispanic, and 7 percent were identified as Other, consistent with 2015 and the population distribution across Pennsylvania.
- Finally, the continued lack of standardized and centralized reporting of drug-related overdose death data in Pennsylvania inhibits timely analysis necessary for stakeholders to drive decision-making. Efforts must continue amongst the myriad data collectors to streamline compilation and develop a common mechanism for information sharing [illegible] interested parties.

Not eligible for naloxone

illict

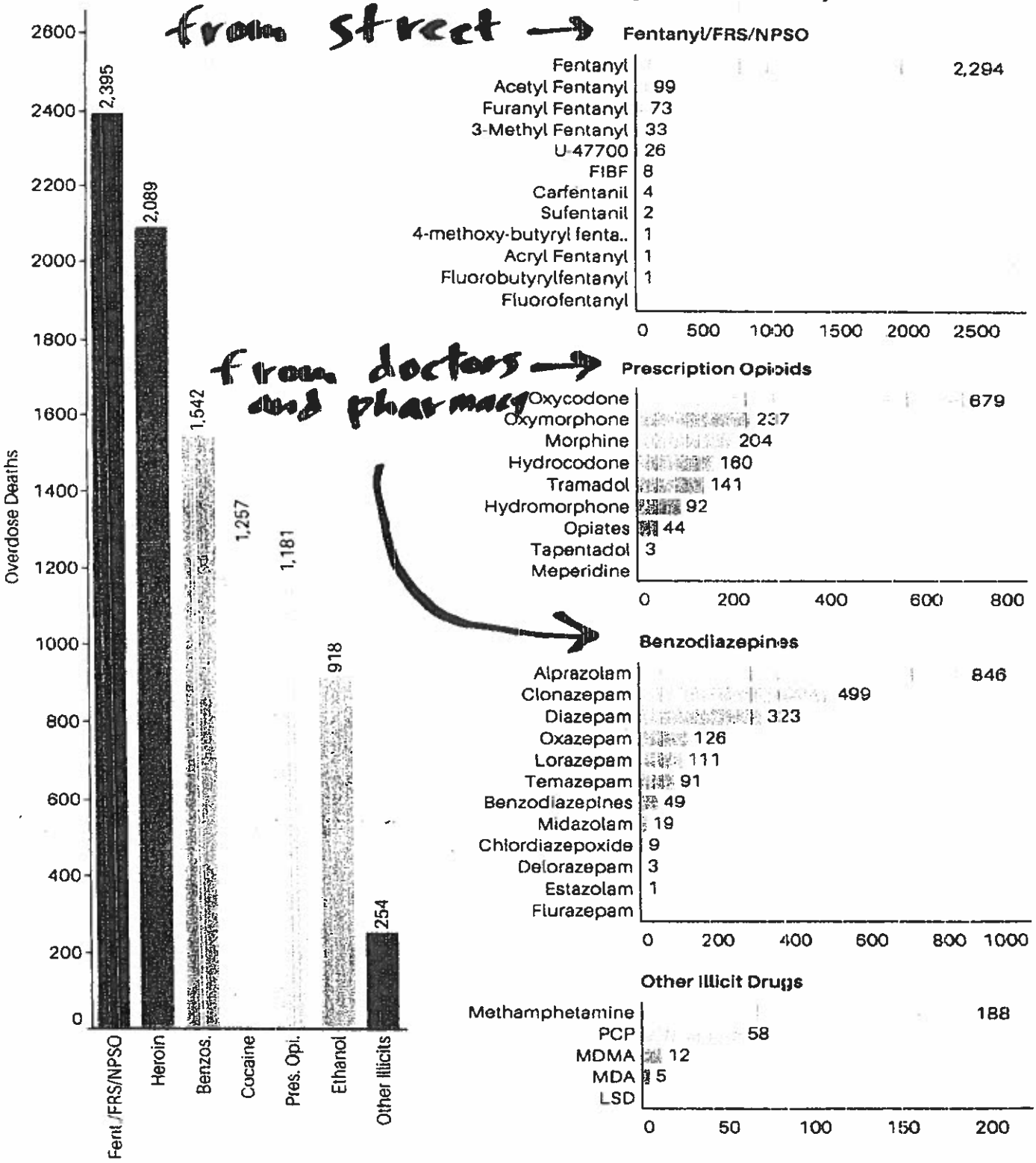
not eligible for naloxone

illict

Benzo's not Addressed by Act 139

[i] Corrected value of 3,376 for 2015 drug-related overdose deaths in Pennsylvania
[ii] Adjusted based on updated overdose death counts from 2015.
[iv] See Figure 1 for list of opioids included in this analysis
[v] See Figure 1 for list of fentanyl-related substances (FRS) included this analysis
[vi] See Appendix Table 1 for list of urban and rural counties

(U) Figure 4: Number of Drug-Related Overdose Deaths by Drug Presence, Pennsylvania, 2016



Source: Pennsylvania Coroner/Medical Examiner Data

(*) denoting a new compound not previously reported:

3-Methylfentanyl*
Fluorofentanyl*
4-Methoxy-Butyryl Fentanyl*
Fluorobutyrfentanyl*
Acetyl Fentanyl
Furanyl Fentanyl*
Acryl Fentanyl*
Para-Fluoro-Isobutyryl-Fentanyl/FIBF*
Carfentanil*
U-47700*
Sufentanil*

Thirty-six counties reported the presence of FRS/NPSOs in drug-related overdose deaths (see Figure 8). While the greatest presence was concentrated in counties near major urban centers, where the largest number of opioid users are located, FRS/NPSOs were reported in counties that include mid-rural counties. The percentage of rural counties that had FRS/NPSOs present in a decedent was slightly higher than the percentage of all drug-related overdose deaths in rural counties (22 percent). This is an indication of the increased availability of FRS/NPSOs in Pennsylvania due to the ease to obtain the FRS/NPSOs from online sources.

To understand the drugs commonly found with FRS and U-47700, the two most prevalent FRS compounds (acetyl fentanyl and furanyl fentanyl, which comprise 77 percent of FRS) and U-47700 were analyzed more closely (see Figure 9). The first and second most common drug for each of the three compounds was either fentanyl or heroin. Interestingly, acetyl fentanyl was almost always found with fentanyl (96 percent).

No other drug combination was found so frequently amongst all illicit drugs including FRS, NPSOs, heroin, methamphetamine, and cocaine.

China is the primary source for FRS/NPSOs abused in the United States. Traffickers and users typically purchase these chemicals online and receive them through mail services. The Chinese government recently acted to control many FRS and NPSOs. For example, in October 2015, acetyl fentanyl and fluorobutyrfentanyl were among 116 substances newly controlled, while China controlled acryl fentanyl, carfentanil, and furanyl fentanyl beginning in March 2017.

China is the primary source for FRS/NPSOs abused in the United States.

In June 2017, China announced it will control U-47700 effective July 1, 2017. As substances are controlled in China or scheduled in the United States, illicit manufacturers makes small structural modifications and create a new substance, with similar opioid properties, that is not named under the Controlled Substances Act. These new substances may be treated under the federal analogue provision if intended for human consumption. The rapid introduction of new substances is challenging for toxicologists.[12-13] The phenomenon is likely the cause of the increased variety of FRS/NPSOs available in Pennsylvania during 2016.

Heroin

Heroin was the second most frequently reported drug in toxicology tests of drug-related overdose decedents in 2016. Heroin was present in 95.3 percent of counties that reported an overdose death in 2016. The counties with the highest rate of heroin per 100,000 people were Fulton (33.6), Allegheny (26.9), Westmoreland (25.7),

If you have not taken a Board-approved child abuse recognition and reporting continuing education program, or there was something wrong with registering your course with the Commonwealth, you will be blocked from renewing your license. Therefore, when registering for any Board-approved courses, it is extremely important to use your legal name as registered with the Board and an accurate license number, date of birth and social security number. It is recommended that you renew at the earliest possible time this summer in order to have as much time as possible to resolve any possible issues.

If you have not taken a Board-approved child abuse course by the time this newsletter article reaches you, take the course as soon as possible in order to avoid any issues with your renewal. It may take an approved provider two weeks to electronically submit this information to the Board.

For more information, go to www.dos.pa.gov/pharm and click on the "Announcements" link for information on Act 31 and a list of Board-approved child abuse recognition and reporting continuing education programs.

Robert Frankil, R.Ph.
Independent Community Member of the State Board of Pharmacy
President, Sellersville Pharmacy, Inc.

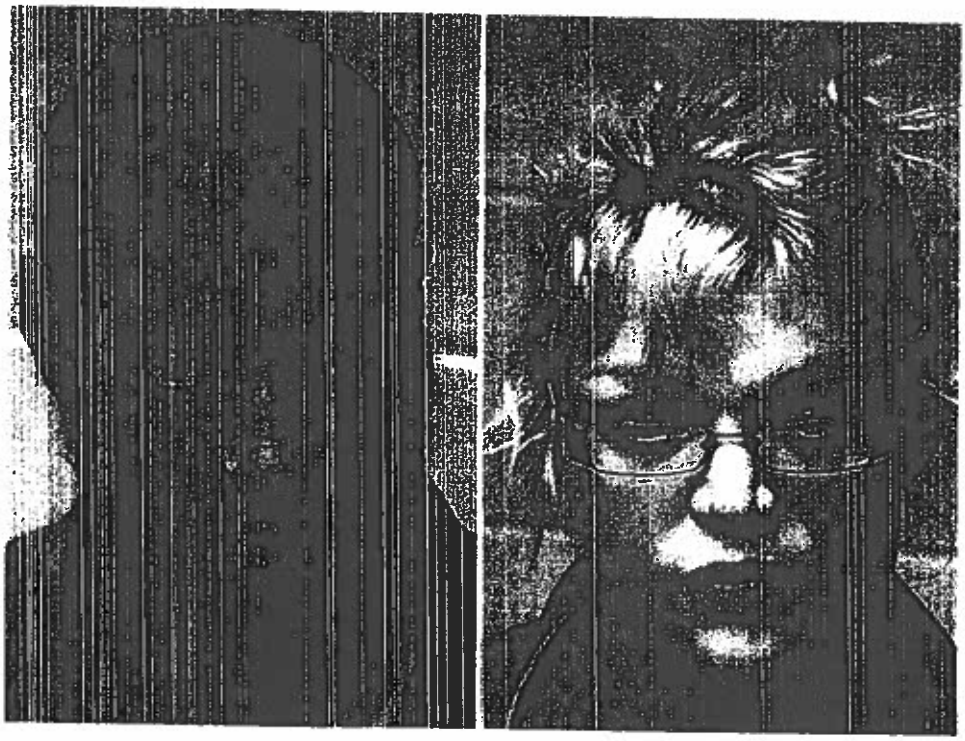
NALOXONE AND THE PRACTICE OF PHARMACY IN PENNSYLVANIA

Ray J. Michalowski, Esq. – Senior Prosecution Liaison to the Pennsylvania State Board of Pharmacy
The Pennsylvania State Board of Pharmacy has received a significant number of inquiries regarding the effect of the "Naloxone Law" on pharmacies, pharmacists and their practice of pharmacy in the Commonwealth as it relates to the prescribing and dispensing of the opioid/opiate reversal agent, Naloxone. The statute in question, Act 139 of 2014, became effective on December 1, 2014, and from the date of its inception has been a rousing success with at least 800 lives saved from the use of Naloxone by first responders and others empowered to administer Naloxone by Act 139. While the Board of Pharmacy cannot render an advisory opinion regarding Act 139 and the many questions it has raised for pharmacists, a review of the plain language of the Act and its intended purpose and effect will follow, hopefully addressing any questions that remain about this subject.

Act 139, which amended The Controlled Substance, Drug, Device and Cosmetic Act, is an Act authorizing the significantly expanded prescribing, dispensing and use of Naloxone by first responders and others who have a relationship to a person or persons suffering from opioid addiction. Act 139 contains numerous immunity provisions, including immunity from criminal, civil and professional licensing actions for any licensed healthcare professionals, including pharmacies and pharmacists, who, acting in good faith, dispense Naloxone, and from any consequences related to its eventual administration to a patient.

This immunity provision was a very clever way for the Legislature to make Act 139 broadly effective. Rather than try to individually identify and modify each and every law which Act 139 may come into conflict with, the immunity provision robustly protects a great variety of licensed healthcare professionals from many kinds from civil, criminal and licensure prosecution when the professional in question acts in good faith to dispense or prescribe Naloxone, and allows prosecutions only if a

Bethlehem Township prostitution sting leads to probe into prescription drug scheme, records say



Kieph Valentine, left, and Kristie Leanne Miller face charges in what Bethlehem Township, Pennsylvania police allege is a forged prescription ring. (Courtesy photos)

Monty Batson did not want to prosecute anyone

By Sarah M. Wojcik | Follow on Twitter

on January 06, 2015 at 1:51 AM, updated January 06, 2015 at 1:18 PM

A Bucks County man who thought he was meeting with an escort service inadvertently led **Bethlehem Township** police to a prescription drug scheme using stolen scripts and forged signatures, according to court records.

Kieph Valentine, 30, of Levittown, Pennsylvania, texted Bethlehem Township, Pennsylvania, authorities at 5:24 a.m. Monday, police say, in response to an ad posted for paid escort service. Township police arranged a meet-up with the unsuspecting 30-year-old at a township hotel off Highfield Drive, court records say.

It wasn't until police searched Valentine's vehicle that they uncovered a more serious crime, according to court documents. Police say they found more than $1,000 in cash stacked atop two prescription pads in the car's glove compartment. Township police learned the car was registered to 23-year-old Kristie Leanne Miller, of Norristown, Pennsylvania, records say.

Noone cares about that

Doc. No. 34GL-18-1657.*

Police contacted the Pennsylvania Attorney General's Office when it became clear that the prescription forms were stolen, court records say. Police contacted the Advanced Urgent Care center in Montgomery Township, authorities report, to find the doctor whose signatures appeared on the pads.

Staff at the center said Miller had worked for them in 2014, but had stopped coming to work as of Oct. 8, court records say. The forms, staff confirmed, were stolen and the signature of Dr. Mehdi Nikparvar that appeared on them was forged, according to court records.

Township police say they tracked down Miller, who admitted to working at the center, stealing the scripts and forging Nikparvar's signature.

The pair was arraigned before District Judge Joseph Barner Monday on 19 counts of theft and one count of participating in corrupt organization. Valentine was charged with an additional four counts of criminal attempt to acquire prescription drugs. Miller was charged with a single count of conspiracy and eight counts of identity theft.

Valentine was sent to Northampton County Prison in lieu of $50,000 bail, while Miller was locked up in lieu of $35,000 bail.

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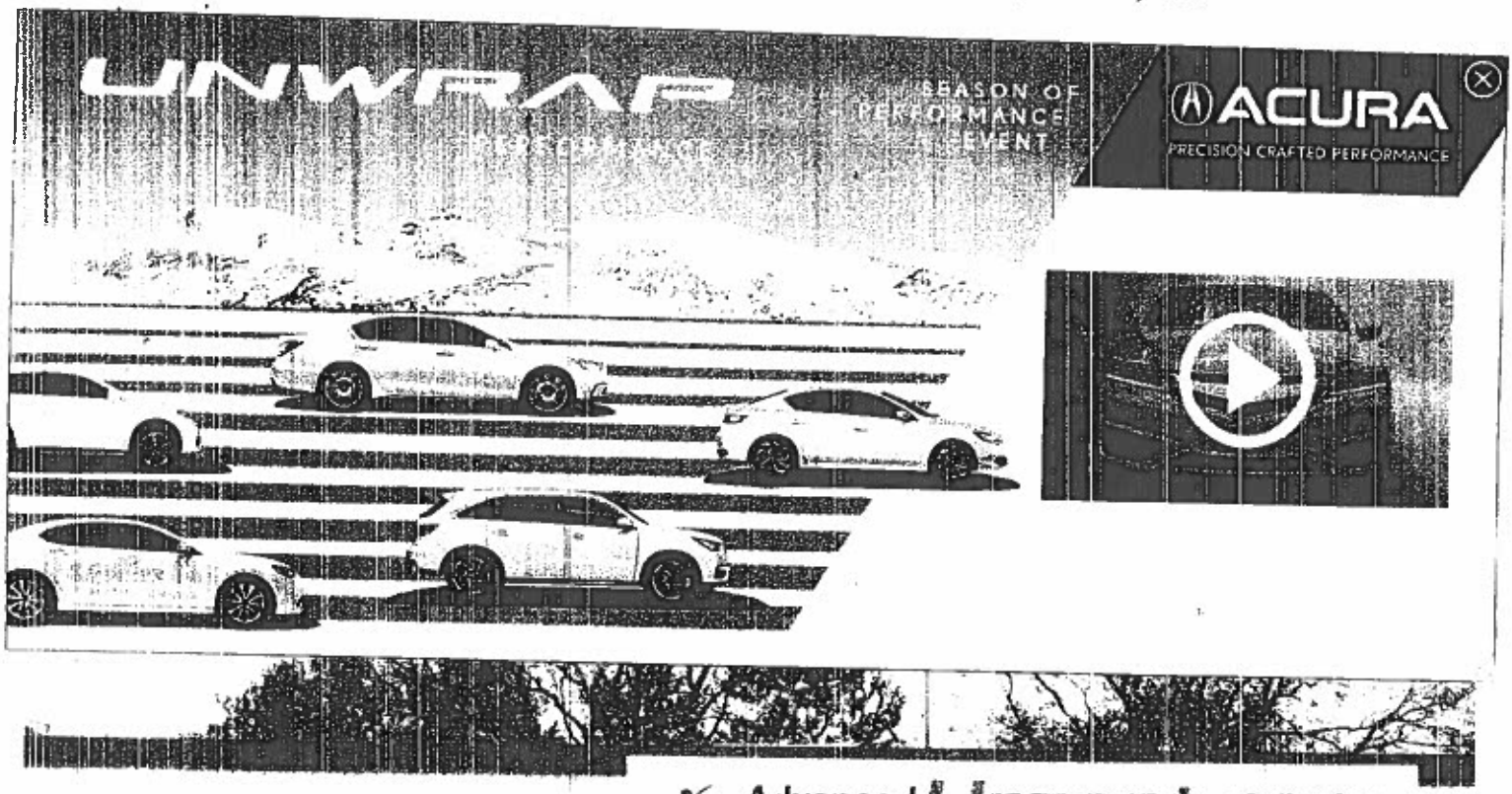
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Doc. No. 34GL-18-1657.

UNWRAP SEASON OF PERFORMANCE EVENT
ACURA PRECISION CRAFTED PERFORMANCE



Monty Batson and Richard Schur were made of what goes at this place but they failed to do anything such as arrest and prosecute bad actors.

State College medical clinic will remain open despite federal investigation

BY SHAWN ANNARELLI
sannarelli@centredaily.com

OCTOBER 25, 2017 02:05 PM
UPDATED OCTOBER 25, 2017 11:42 PM

Monty Batsoh, prosecutor for Board could have prosecuted them two years ago instead stuck his finger up his ass and did nothing. Richard Schur, State Capitol Police detective, did the same. Suck do you still want to see what I gave Monty CMAO. they allowed these pill mills to flood our crime communities with opiods

A State College medical care facility will continue to see patients despite a recent raid of the location by federal agents.

Advanced Urgent Care's East College Avenue locations and at least four more in Scranton and Philadelphia were raided Monday.

The company being probed by the Drug Enforcement Agency, Federal Bureau of Investigation and U.S. marshals for alleged illegal prescription practices. Representatives from each agency declined comment on the investigation. The Philadelphia Inquirer, citing unnamed sources, reported the company's prescription practices might fuel patient addiction.

Requests for comment from the company have not been answered.

Today's top news by email

The lo[illegible] started [illegible]

SIGN UP

The company was the subject of a federal investigation in 2015 when DEA agents raided several locations. WNEP reported three months after the 2015 raids that two doctors — Rajaa Nebbari, 44, of Scranton, and Chetan Byhadgi, 52, of Milford — were charged with Medicaid fraud, conspiracy, theft by deception and insurance fraud. The doctors also allegedly "directed unqualified people to write prescriptions for controlled substances."

what happend

The company has also been sued several times by former employees for allegations including sexual harassment, unpaid overtime under the Fair Labor Standards Act, racial discrimination and retaliation. One employee was awarded more than $100,000 after filing a lawsuit in 2014, because the owner allegedly implemented race-based policies, disciplined employees who did not follow the race-based rules and directed racial slurs at black patients. Other lawsuits have not closed.

that happens

That owner, Mehdi Nikparvar, was arrested in September for a separate investigation.

A criminal complaint filed Sept. 1 at the U.S. Eastern District Court detailed Nikparvar's alleged false statements and threats to U.S. marshals. He allegedly yelled racial slurs at the U.S. marshals, insulted their work and competence and said he could have them shot for $5,000, according to the complaint.

sounds like he is in drug scene

No drug charges have been filed against Nikparvar, according to federal court documents. His medical license has been suspended.

Nikparvar launched Advanced Urgent Care in 2010, according to the clinic's social media accounts, which described him as a "caring and trusted doctor."

with that big man talk

"At Advanced Urgent Care our mission is to treat every patient with respect, concern, compassion and to ensure the best quality of care as if you were family," the clinic's Facebook account said. "We do this by setting forth and maintaining high standards of excellence at all of our locations."

how much to shoot someone who ain't a federal agent LMAO

Police station across street

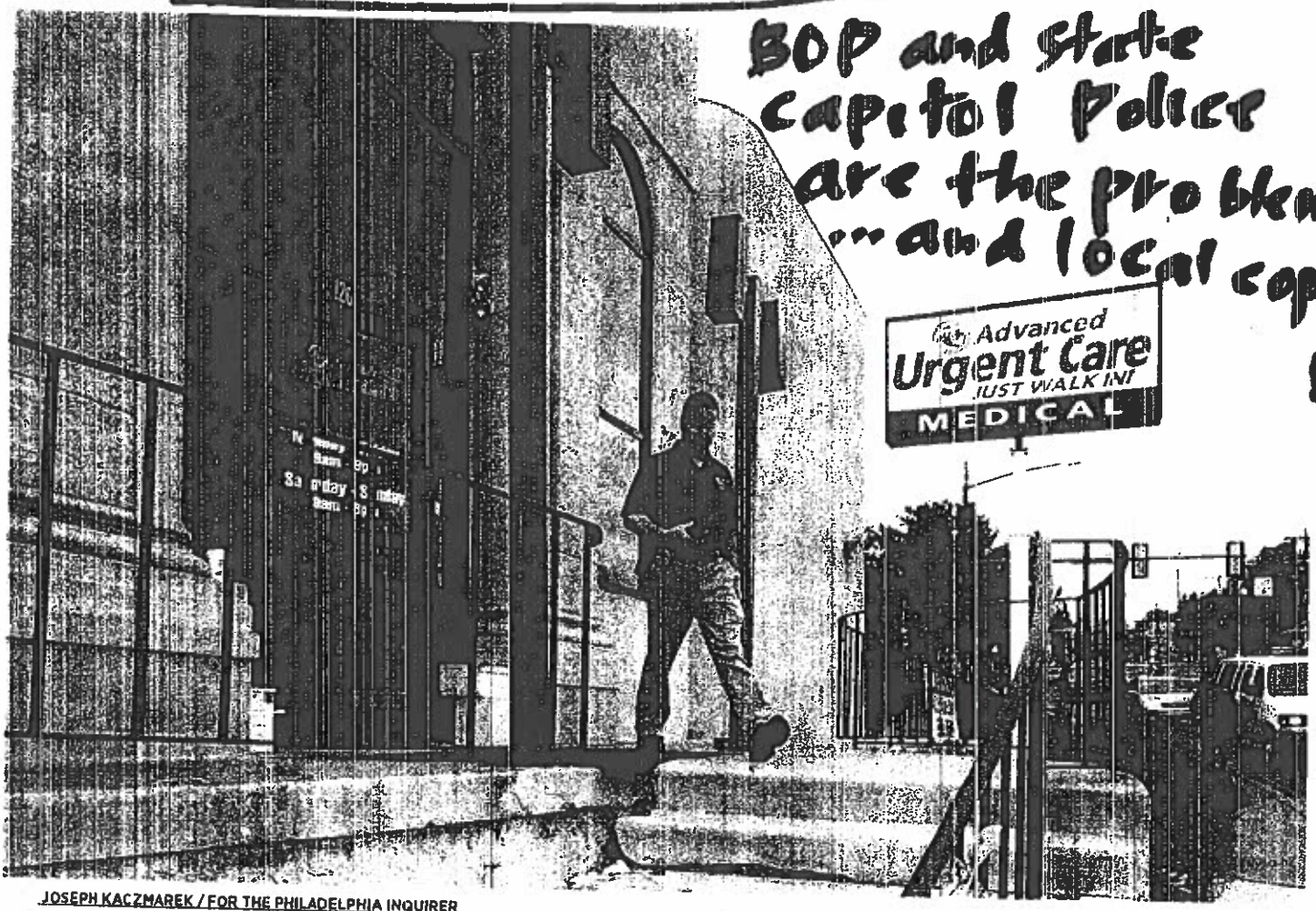
Fuck you Montgomery County police, up your

EXPAND AdChoices

Raided urgent care clinics have been in legal crosshairs for years

Asshole idiots.

Updated: OCTOBER 24, 2017 – 7:22 PM EDT



BOP and State Capitol Police are the problem ... and local cops &

JOSEPH KACZMAREK / FOR THE PHILADELPHIA INQUIRER

Investigators gathered at the Advanced Urgent Care facility in Willow Grove, Pa., Monday Oct. 23, 2017 after authorities closed two offices as part of an ongoing investigation into opioid prescription abuse.

Your web browser (Chrome 49) is out of date. Update your browser for more security, speed and the best experience on this site.
Update browser (http://browser-update.org/update-browser.html#24 www.philly.com) Ignore ()

by Chris Palmer & Don Sapatkin - Staff Writers

& consistent with pill mills

The line of customers stretched outside the Willow Grove urgent care center and into the parking lot almost every day.

Ten people, 20 people — an hour before the place even opened in the morning.

It was odd to see outside a medical facility, thought Jeff Froehlich, who worked at Signature Financial across the street.

He remembers his boss saying, "I bet you something shady is going on."

It [illegible] that federal authorities had the same suspicions.

We aint getting into the steroid game that operated across the street at Barley's Total Fitness, up your Fisshole

The Advanced Urgent Care clinic in Willow Grove was among at least five of the company's facilities across the state raided by investigators (http://www.philly.com/philly/health/feds-raid-philly-area-advanced-urgent-care-clinics-20161023.html) Monday, the FBI, and other agencies Monday. A source said it was part of a drug-related probe into Mehdi Nikparvar-Fard, who owns at least two of the clinics.

Nikparvar-Fard has been in federal custody since September for allegedly lying to and threatening U.S. marshals who visited another of his clinics, in Wynnefield, to deliver a bench warrant for a civil suit against him.

Patricia Hair, a DEA spokeswoman, said she could not comment on the ongoing investigation for this story. Nikparvar-Fard did not immediately return requests for comment Tuesday.

Federal attention on medical clinics is growing. Every year, prosecutors have charged rogue operators (http://www.philly.com/philly/news/20161006_Bucks_County_pill_mill_doc_sentenced_to_30_years_for_peddling_prescriptions_to_Page of so-called pill mills (https://www.justice.gov/usao-edpa/pr/philadelphia-doctor-sentenced-decades-guilty-managing-pill-mill) for overprescribing legal versions of opioids and fueling addiction among patients.

"You could have one doctor who's over short periods of time writing thousands" of painkiller prescriptions, Trainor said.

Nikparvar-Fard has not been charged with any drug-related crimes, but has long been in federal crosshairs.

In July 2015, the DEA raided Advanced Urgent Care centers in Philadelphia and the Pennsylvania suburbs, according to several reports at the time (http://6abc.com/news/dea-agents-raid-advanced-urgent-care-facilities/838211/).

In March 2016, the U.S. Department of Labor subpoenaed records from Nikparvar-Fard for 10 offices of Advanced Urgent Care in an investigation of wages and overtime.

And in April, the IRS slapped Nikparvar-Fard with a $2.8 million lien, according to court records.

The State Board of Medicine suspended Nikparvar-Fard's medical license Sept. 15 due to the U.S. attorney's criminal complaint, which alleges that he threatened and made false statements to U.S. marshals during a profanity-laced tirade Aug. 29.

The marshals were attempting to deliver a bench warrant for a federal civil suit, according to Assistant U.S. Attorney Jason Bologna. Court records show that Nikparvar-Fard had been appealing a case he lost, in which he had been accused of ordering employees to treat white patients before black patients.

The state's emergency suspension petition notes that a week after his arrest, a federal judge found that Nikparvar-Fard was a danger to the community.

The board of medicine action does not note any specific medical practices, but quotes extensively from the criminal complaint — including an exchange in which a U.S. marshal had recorded Nikparvar-Fard saying, "We will see each other." When the marshal asked if Nikparvar-Fard was making a threat, court documents said, he unleashed a barrage of racial epithets and other obscenities at the marshals, insulted their salaries and professional competence, and even said he could hire someone to shoot them.

"You think you really at my level?" he asked, according to court documents.

According to the federal affidavit, law enforcement officers searched Nikparvar-Fard a second time upon arrival at the federal building, and found a loaded .380 pistol concealed in his jacket. "Yeah, it's loaded," he was quoted as saying, along with a profanity.

The State Board of Medicine's emergency suspension will be followed by a hearing, after which the board could suspend or revoke his license. It has no criminal authority.

Nikparvar-Fard — whose name is spelled on legal documents in various ways, most of them similar — was first licensed to practice medicine in Pennsylvania in 2004, according to state records. He graduated from Tehran University of Medical Sciences in Iran in 1994 and specializes in internal medicine, according to WebMD.

Doc. No. 34GL-18-1657

Attempts to reach representatives of Advanced Urgent Care for comment were unsuccessful. An employee who answered the phone at a clinic in Northeast Philadelphia said there was no corporate office to contact and then placed a reporter on hold for five minutes. An attempt to call back was met with an out-of-service signal.

Staff writers Mark Fazlollah and Mari A. Schaefer contributed to this article.

Published: October 24, 2017 — 4:30 PM EDT | **Updated:** October 24, 2017 — 7:22 PM EDT

You lost idiots

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BOP/State Capitol Police of PA allowed Advanced Urgent Care to flood communities with opiods. UR=uHAUL=u HAVE LOST Hey CNN it aint 32 price of oxycodone on the street is 1-3 dollars/mg that was the only opiod Advanced urgent care prescribed. Oxycodone is most euphorigenic and anxiolytic opiod; and most sought after opiod on the street.

GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services
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REGULAR SESSION MINUTES
Thursday, January 18, 2018, 7:30 a.m.
Terlaje Professional Building, Suite 209
194 Hernan Cortez Ave., Hagatna, GU 96910

MEMBERS PRESENT: Thomas Caruso, Chairperson; Lourdes Phillips, Vice Chairperson; Angelina Eustaquio, Secretary; Racquel Sperrazzo, Member

MEMBERS ABSENT:

OTHERS: Heather Narcis, HPLO; Mary Chargualaf, ExpressMed Representative; Adela Carlos, Harmon Drugs Pharmacist; Glenn Carlos, Harmon Drugs Manager

TOPIC	DISCUSSION	ACTION
Call to Order	Chair called the meeting to order at 7:49 a.m. as a Regular Session Meeting.	*Quorum Established*
Proof of Publication Notice	Advertisement printed in the Pacific Daily News on January 11, 2018 and January 16, 2018	*Meeting Published in a timely matter*
Review and Approval of Agenda	- Ms. Eustaquio asked to add Newsletter to VII. Other as Letter E. - Ms. Sperrazzo moved to approve the agenda as amended. Ms. Eustaquio seconded. All in favor.	*Agenda approved as amended.*
Review and Approval of Minutes	**A. December 21, 2017** - Minutes tables as they were unavailable.	*Tabled until next meeting.*
Old Business	**A. Rules and Regulations** 1. Immunizing Pharmacists - Ms. Sperrazzo had a working session with AAG Weinberg and Ms. Mildred Gabriel, GPhA President to discuss the proposed law for Immunizing Pharmacists. Ms. Sperrazzo provided three documents for board members to view. - Document #1 is an article on the latest vaccine policies that AAG Weinberg had emailed members in the early part of October. The workgroup had agreed that pharmacists will be moving away from protocol driven, collaborative practice agreements and immunizing protocols to independent authority to administer immunizations. This was a primary change made to the draft law. - Document #2 is the updated draft law and rules for Immunizing Pharmacists. Item #1 says that licensed	*A. Ms. Sperrazzo will head the Rules Committee with help from board members. Working session will be scheduled after next meeting or upon review of all information/documents.*

	vaccines to adult and pediatric patients. Ms. Sperrazzo included an age disclaimer for the board to review and discuss as it was never decided on. Item #2 states a training requirement for basic life support as well as pharmacists having to comply with Guam and federal requirements for reporting. - AAG Weinberg asked if the laws and rules were modeled after any states. Ms. Sperrazzo stated that California was used as a model for the law. While California, Connecticut, and other states were used as a model for the rules. - The intention of the changes is so that the law can be broad and simple, yet follow federal guidelines already in place. As the guidelines change the board won't have to make amendments in the future. - Mrs. Phillips asked if there was a number 2 under the law section. Ms. Sperrazzo stated that she removed the section regarding collaborative practice agreements as we are trying to move away from that. Mrs. Phillips asked if an option for collaborative practices can be addressed and included in the rules as it may apply to other practices. - Mrs. Phillips asked if draft addresses immunizing off-site, i.e. community outreaches, health fairs, etc. Ms. Sperrazzo stated it is not addressed but can be brought up for discussion to be included in draft. Ms. Eustaquio asked if there were other things, other than storage, to consider when doing off-site immunizations. Ms. Sperrazzo has not seen any other laws/rules addressing off-site immunizations, but some laws/rules state that it didn't prevent pharmacists from participating in public health events. - Mr. Caruso asked if there was any consensus if there should or shouldn't be an age limit. His opinion is there should be an age limit of 12 years old or over. Ms. Sperrazzo mentioned that she got the impression that Ms. Gabriel, GPhA and other members would like the age limit to be open. When considering the age limit, there is more to discuss; i.e. informed consent of minors. Mrs. Phillips mentioned that Kmart pharmacists do not want to immunize children, anyone under 18 years of age. - The draft is still a work in progress. Ms. Sperrazzo stated that the goal is to come up with an updated, final draft before presenting to stakeholders and public. Ms. Sperrazzo has requested for members to review the current draft and email her if there are any comments, ideas, changes, etc.	

	2. Electronic Prescribing - Mrs. Phillips sent members an email on January 13, 2018; contents of email were PDF files of Tennessee's Rules and Guam's Draft on electronic prescribing. - Per Mrs. Phillips, the board had contacted Division of Environmental Health (DEH) Controlled Substance Registration (CSR) Program to find out if they allow electronic prescribing of controlled substances. The answer was no, all prescriptions for controlled substances had to be in a written, hard copy per local laws and rules even if federal allows it. - At one point, the board had a working group for rules on electronic prescribing. The board used Tennessee Board of Pharmacy's rules as a model and added what was thought to be appropriate into the draft rules. The draft rules were called "Rules for Facsimile and Electronic Medical and Prescription Orders'. It also stated that "no electronic order for controlled substances are accepted per Guam Uniform Controlled Substances Act. Prescriptions must be written." - Ms. Sperrazzo asked how old the proposed rules are and if it is possible there are any updates since they were created. Mrs. Phillips stated that the proposed rules were created in 2014 and is not sure if there have been any federal updates. When she spoke with Rosanna Rabago at DEH a year ago, things were slow on their side as far as updates to local rules. - Mrs. Phillips suggested forming an active Rules Committee. Mr. Caruso asked Ms. Sperrazzo to chair this committee. Ms. Sperrazzo doesn't mind as long as she doesn't do it alone. Members will assist as well. Ms. Eustaquio and Mrs. Phillips will pull all information/documentation on any other draft rules they have and provide to Ms. Sperrazzo for review. - Ms. Sperrazzo will email members to schedule a working session. **B. Harmon Drugs Investigation** 1. Renewal of Pharmacist License for Adela Carlos 2. Renewal of Pharmacy License for Harmon Drugs - Ms. Narcis reminded members that in the October meeting it was decided to send a letter to Mrs. Carlos requesting to appear before the board to answer questions regarding the investigation before making a decision on renewal applications. Ms. Narcis had received a letter from Mrs. Carlos dated January 11, 2018. Mr. Caruso read the letter aloud for members. - Mrs. Phillips gave a recap of inspections conducted at Harmon Drugs on January 27, 2017 and March 31, 2017. These inspections found that Harmon Drugs	B. *The Board will work on disciplinary actions and present documents to Mrs. Carlos at the next board meeting.*

	was operating without a licensed pharmacist in the facility. The board consulted with AAG Weinberg and DPHSS Director James Gillan. Mr. Gillan indicated he was going to send an inspector from DEH to conduct an inspection as well. - Mr. Caruso asked Mrs. Carlos if she understood the seriousness of the violations. Mrs. Carlos stated yes. Mr. Caruso informed Mrs. Carlos that the board has discussed possible actions but nothing has been done as of today. - AAG Weinberg asked if the pharmacy has been open since Mrs. Carlos left. Mr. Glen Carlos confirmed that the pharmacy has been closed since May 1, 2017. AAG Weinberg asked Mrs. Carlos what are her plans; if she will be renewing just her pharmacist license or will she be opening the pharmacy for business. Mrs. Carlos plans to open the pharmacy and continue to serve the community. AAG Weinberg asked Mrs. Carlos if she understood that the pharmacy cannot be open unless there is a licensed pharmacist on duty. Mrs. Carlos stated they will hire a pharmacist if they can find one. - Mr. Carlos asked what the status is on the renewal of licenses. Mr. Caruso stated that because there has been no contact with Mrs. Carlos, the board has not been able to move forward. - Mr. Carlos wanted to know if the disciplinary complaint was drawn up after the last inspection because he would like to dispute the inspection score. He stated that the inspectors had Mrs. Carlos sign a report with the score of 84 not 79. In addition, he did not like how the inspectors and auditor showed up at the same time when they were supposed to be separate inspections. - AAG Weinberg reminded Mr. Carlos that at the moment, the serious matter at hand is that the pharmacy was being operated without a licensed pharmacist present and unlicensed personnel were in the service area where controlled substances and prescription drugs were held. The board, at this point, is not convinced that Mrs. Carlos understands the significance of having left the pharmacy in the hands of unlicensed personnel. - Now that the board is aware of Mrs. Carlos' plans to reopen, the board does have some minimum requirements such as another inspection, hiring of a full time pharmacist-in-charge, and requiring Mrs. Carlos to pass the MPJE. - At the moment, the board is not prepared to issue the pharmacy or pharmacist's license renewal today. The disciplinary complaint will be finalized by next meeting for Mrs. Carlos to review. AAG Weinberg	

	mentioned that it can either be used as a charging document where licenses will be permanently revoked or suspended under conditions. Or it can be used as a settlement agreement with requirements of what needs to be done in order to open business and retain licenses. Mr. Caruso strongly suggested to work out a settlement. The board is trying to be fair to everyone who practices pharmacy on Guam and to ensure public safety.	
	C. Review and Renumbering of GBEP Forms - Working session has been scheduled for Sunday, January 21, 2018. - Hoping to finalize forms 1-11 and 22. Then move on to 12-21. Checklists can be worked into the working session as well. - Ms. Eustaquio gave Mr. Caruso and Ms. Sperrazzo copies of forms for their review and editing at working session. - Ms. Eustaquio asked Ms. Narcis to send all checklists and requirements via email.	*C. Next working session is scheduled for January 21, 2018 at 2:00p.m. at the GMH Skilled Nursing Unit.*
	D. Potential requirements for licensure (disciplinary questionnaire and court/police clearance) - Members will try to add into working session.	*D. Forms Committee will bring up in working session. Tabled.*
	E. Referral on Mega Drug – from EnvisionRx - Ms. Narcis reminded Mr. Caruso that at the last meeting he mentioned he will do a follow up with Mr. Frank Campillo at SelectCare Insurance. - During their last discussion, Mr. Campillo informed Mr. Caruso that SelectCare had found five other pharmacies, including one in Saipan, that were billing for Relion insulin. SelectCare conducted their own investigation/audit and has settled the issue regarding the claims. Mr. Campillo did not give Mr. Caruso specifics.	*E. Mr. Caruso will follow up once again with Mr. Campillo*
	F. Complaint GBEP CO-16-01 - Ms. Eva Aguon has reviewed the data files provided by the Medicaid office and it has opened more questions than it answered. - There are at least 2-3 other products that raised questions about supply chain. Those products were the OneTouch Ultra glucometer, Rectacort HC, and Lipodox. - Ms. Aguon found that one patient had 401 prescriptions filled within a two year period, approximately 18-19 prescriptions a month. A lot of controlled substances. - Per Ms. Aguon, there are 108,000 claims from May 2015 to June 2017. Calculations show an estimate of 180 claims per day, assuming the pharmacy is open 7 days a week. - December 2015 sparked interest. The pharmacy was trending at 4,000 prescriptions in a month, but in	*F. Ms. Narcis will contact Mrs. Arcangel at Medicaid office to schedule a meeting regarding findings.*

	December 2015 it dropped to 112-120 prescriptions. Then in January to April 2016, the claims increased by 10-20%. - In order to understand what is going on with claims, will need to go to Medicaid office and inspect the actual documents that were submitted and inquire about the reimbursement policies. - AAG Weinberg asked if this information was shared with the Medicaid office. It has not been shared yet as Ms. Aguon discovered information in the last two days. Ms. Narcis will contact Teresa Arcangel at Medicaid office to set up a meeting to discuss findings. - AAG Weinberg mentioned that if the AG's Office needs to be brought in, let him know.	
	G. Inquiry from Stephanie March, PharmaLicense LLC, regarding Virtual Manufacturer - Ms. Greenwood was supposed to send a draft response to members for review before sending to Ms. March. - Mrs. Phillips recalls Ms. Greenwood stating that she had a conversation with a few individuals at the NABP Forum. Anyone looking to apply as a Virtual Manufacturer raises a big red flag. - Board decided to remove Virtual Manufacturing from application if it was included. - Ms. Eustaquio will follow up with Ms. Greenwood if this was done. If not, Ms. Eustaquio will send response.	*G. Ms. Eustaquio will follow up with Ms. Greenwood on draft response and then send a formal response, via email, to Ms. Stephanie March.*
	H. Schedule of Inspection of Retail and Wholesale Outlets - Ms. Eustaquio and Mrs. Phillips will conduct inspection of Public Health Inarajan on 01/24/2018 at 2pm. - Ms. Eustaquio and Ms. Sperrazzo will try to do inspection of SuperDrug Agana before next board meeting. - Ms. Mary Chargualaf informed the board that MedPharm wants to expand their existing pharmacy room and would like to know if there is any changes in requirements needed to be completed. Mr. Caruso stated that requirements are all the same. They will need to submit floor plan, security contract, etc. - Inspections tabled until next meeting.	*H. Tabled.*
	I. PTCB Representatives - PTCB representatives conducted presentation in November 2017. - Informative - Per Ms. Narcis, it was kept on the because it was decided in November that the board will recap what happened at presentation.	*I. Presentation was done in November.*
	J. Questions from Meeta Chadha - Ms. Eustaquio read notes from October meeting that stated Mr. Caruso will send a letter to all boards about prescription requirements.	*J. Ms. Narcis will send an email to all members regarding meeting schedules*

	- Mrs. Phillips mentioned that currently pharmacists are just asking patients for information if it is missing. If DEA number is missing, pharmacists either call physicians, look it up on the Department of Justice website, or on the CSR listing from DEH. - Ms. Eustaquio suggested to do what Guam Board of Examiners for Optometry does; send a letter that lists people who are allowed to prescribe. Per Mrs. Phillips, Mr. Joseph Quinata wrote one in 2013-2014 but was never aware if it made it to other board's agendas. - Ms. Narcis was requested to email members with meeting schedules for Allied Health, Nursing, Medical and Dental Board.	*for Allied Health, Nursing, Medical and Dental boards.*
New Business	**Controlled Substances Registration Requirement** - Ms. Narcis checked with DEH as to why some Non-Resident applicants had their CSR Application and payments returned. Per Michelle Lastimoza at DEH, they do not register off-island distributors. - AAG Weinberg asked Ms. Lastimoza for more clarification on their rules regarding registration for controlled substances. Ms. Lastimoza informed him that the individual/facility must be located on Guam in order to obtain a Guam CSR as they cannot inspect off-island facilities, as required in the law. - Upon further email discussions, Mr. Tom Nadeau (DEH) informed AAG Weinberg that if the AG office is interpreting the law differently then he is ok with that. They just want to be consistent in the interpretation and application of the law. Mr. Nadeau is requesting for an office memo from the AG's office to register off-island applicants so that they can include in their SOP (Standard Operating Procedures). - AAG Weinberg asked the board for their opinion and should it be enforced that applicants obtain a Guam CSR. Board agrees and recommends registering applicants with DEH CSR Program. - AAG Weinberg will discuss more with AG's Office.	*AAG Weinberg will further discuss the interpretation of law and memo with the Attorney General's Office.*
Old Business	**New Pharmacy Location Inspection** - Mr. Caruso stopped by last month and everything is in place. Pacific Healthcare Pharmacy is currently open for business	*Pharmacy has passed inspections and requirements and is open for business.*
New Business	**A. Recommendation Letter for Gary Roy** - Ms. Narcis will check with Mrs. Phillips and Ms. Greenwood regarding recommendation letter they sent for Ms. Sperrazzo. - Mr. Caruso asked Ms. Narcis to draft a letter of recommendation addressed to the Governor's Office for Mr. Roy. Once Mr. Caruso signs, Ms. Narcis will submit to Governor's Office.	*A. Ms. Narcis will prepare recommendation letter for Mr. Caruso's signature and routing to Governor's Office.*

	B. New – Non-Resident Facility 1. Express Scripts – OH 2. J. Knipper and Company, Inc – IN 3. J. Knipper and Company, Inc – NJ 4. J. Knipper and Company, Inc – NJ 5. Priority Healthcare Distribution, Inc dba CuraScript SD Specialty Distribution – AZ 6. Priority Healthcare Distribution, Inc dba CuraScript SD Specialty Distribution –OH 7. Priority Healthcare Distribution, Inc dba CuraScript SD Specialty Distribution –TN	*B. Tabled until next meeting.*
	C. New – Pharmacist by Endorsement 1. Cano, Joseph V 2. DeHaemers, John P 3. Redman-Sullivan, Melody - Cano, Joseph is pending License Verification from Home State and one Letter of Recommendation. Tabled pending receipt. - Ms. Sperrazzo moved to approve DeHaemers, John and Redman-Sullivan, Melody for licensure pending passing of MPJE. Ms. Eustaquio seconded. All in favor.	*C. DeHaemers, John and Redman-Sullivan, Melody are approved for licensure pending passing of MPJE. Cano, Joseph tabled pending receipt of home state license verification.*
	D. New – Pharmacy Technician 1. Bergonia, Mark Anthony - RPT - Ms. Sperrazzo moved to approve Begonia, Mark for licensure. Ms. Eustaquio seconded. All in favor.	*D. Begonia, Mark is approved for Pharmacy Technician license.*
	E. New – Pending Item(s) – Applicants have been emailed/called <u>Pharmacist by Endorsement</u> 1. Besteman, Gina – Application for Endorsement 2. Frobel, David – Application for Endorsement 3. Kassim, Tokunbo – Verification of Licensure 4. Renfer, Christine – Clarification if disciplinary action was resolved 5. Smith, Heather – Verification of Licensure 6. Strike, Bruce – Original Verification of Licensure <u>Renewal – Pharmacy Technician</u> 1. Shin, Jongkeon – Completion of Pharmacy Technician Renewal Application <u>Non-Resident Facility</u> 1. Complete Care Pharmacy - Clarification on #4, DEA copy, CSR (if needed) 2. ESI Mail Pharmacy Service, Inc. dba ESI Distribution Services - Clarification on application #4, copy of DEA and CSR 3. ESI Mail Pharmacy Service, Inc. dba Express Scripts	*E. All pending applications have been tabled.*

	- Copy of DEA and CSR 4. Independence Holding Company LLC dba Complete Care Pharmacy - Clarification/Correction on #6, copy of DEA and CSR 5. Sina Drug, LLC dba Onco360 – KY - Clarification of what business intention is/what is being shipped to Guam 6. Sina Drug, LLC dba Onco360 – NY - Clarification of what business intention is/what is being shipped to Guam 7. Smith Medical Partners, LLC - Clarification on #4, copy of DEA and CSR 8. Walgreens Specialty Pharmacy, LLC - DEA and CSR copy	
Other	**A. Reassignment of Margaret Greenwood's Duties** - Ms. Eustaquio will send response letter for Virtual Manufacturing to Ms. Stephanie March - Mrs. Phillips will assist Ms. Eustaquio with inspection of Public Health Inarajan - Ms. Sperrazzo will oversee the working session on Immunizing Pharmacists Laws and Rules - Mr. Caruso asked if Ms. Greenwood will be returning and if she is open to assisting with inspections. Per Ms. Narcis, Ms. Greenwood is willing to assist. Ms. Narcis will draft letter for Ms. Greenwood as an authorized agent of the board for Mr. Caruso's signature. **B. Change of PIC** 1. FHP Pharmacy - New PIC is Sunny Suhr 2. Perezville Pharmacy - New PIC is Patrick Pang **C. NABP Forum November 2017 – Report from Margaret Greenwood** - Ms. Narcis printed copies for all members to review. **D. NABP Notices/Meetings** 1. Update on New NABP Online Systems - Ms. Narcis informed members that NABP will be making online system changes between March and April. 2. MPJE Item Development Workshop – March 6-8, 2018; NABP Headquarters - Members decided to ask Mrs. Phillips if she would like to attend this year as she has done it before. 3. NABP 114th Annual Meeting – May 5-8, 2018; Denver,CO - Ms. Sperrazzo will check with work schedule if she is able to attend.	*A. Assignments have been reassigned. Ms. Narcis will draft an authorize agent letter for Ms. Greenwood.* *B. Noted.* *C. Members will review report from Ms. Greenwood.* *D. Ms. Narcis will email notices to members for their review.*

APPROVED – MARCH 15, 2018

	4. APhA Training – May 30 – June 3, 2018; Sal Lake City, UT - Ms. Eustaquio may be able to attend. **E. NABP Newsletter**	*E. Tabled.*
Announcement	The next Pharmacy Board Meeting is scheduled for Thursday, February 15, 2018 at 7:30a.m, HPLO Conference Room	
Adjournment	Ms. Sperrazzo moved to adjourn meeting at 10:55 a.m. Ms. Eustaquio seconded. All in favor.	

APPROVED – MARCH 15, 2018

ATTACHMENTS TO

JANUARY 18, 2018 MINUTES:

1 – Immunizing Pharmacists Law and Rules Draft

2 – Letter from Mrs. Adela Carlos

3 – Change of PIC for FHP Pharmacy

4 – Change of PIC for Perezville Pharmacy

5 – NABP Forum Report from Margaret Greenwood

6 – NABP Notices/Meetings

[Revised 3/2016, 1/2018]

Proposed Law for Immunizing Pharmacists

"Immunization" defined. "immunization" means the act of inducing antibody formation through the introduction of a drug into the human body (i.e. injection, inhalation, oral) or by any medically approved route of administration.

1) A licensed pharmacist may independently administer any vaccines to adult and pediatric patients (age ___ and older) included in the routine immunization schedules of the federal Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control (CDC).

3) All licensed pharmacists who administer immunizations pursuant to this statute shall:

A. Complete an immunization training and certification program approved by the Accreditation Council for Pharmacy Education.
B. Complete certification in basic life support.
C. Comply with all Guam and federal reporting and record keeping requirements.

4) A licensed pharmacist administering vaccines pursuant to this statute may administer injectable epinephrine and diphenhydramine for the treatment of severe allergic reactions to administered vaccines.

DRAFT

[Revised 3/2016, 1/2018]

Proposed Rules for Immunizing Pharmacists

Training, certification and continuing education:

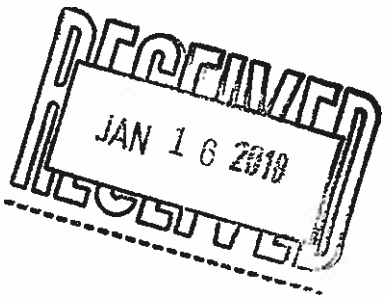
1. A pharmacist who administers immunizations shall maintain certification in basic cardiac life support.
2. Before a licensed pharmacist may administer an immunization, the pharmacist must complete a training and certification course approved by the Accreditation Council for Pharmacy Education.
3. The selected program should include instruction in:
    a. Basic immunology
    b. Vaccine preventable diseases
    c. Recommended immunization schedules
    d. Vaccine storage
    e. Informed consent
    f. Injection techniques
    g. Biohazard disposal
    h. Pre- and post-immunization counseling
    i. Identification, management, documentation and reporting of adverse events
    j. Reporting and records management
4. Immunizing pharmacists may administer any vaccine included in the federal Advisory Committee on Immunization Practices routine immunization schedules.
5. An immunizing pharmacist must complete 2 hours of continuing education specific to vaccines and immunization delivery during the 2-year license renewal period.
6. Documentation of successful completion of immunization training and BLS certification for each pharmacist who administers immunization must be kept on site and available for inspection.
7. Each pharmacy that employs immunizing pharmacists must have arrangements for biohazard disposal and written policy and procedures for needlestick injuries.

Recordkeeping and reporting requirements:

1. The immunizing pharmacist shall provide a vaccine administration record to each patient.
2. The immunizing pharmacist shall notify the patient's primary care provider of any vaccines administered within 14 days. If no primary care provider (PCP) is identified the pharmacist shall instruct the patient to consult a PCP of the patient's choice.
3. Copies of informed consent and vaccine administration records shall be maintained in the pharmacy for a period of 5 years and made available for inspection.
4. The immunizing pharmacist must report any adverse reaction to a vaccine via the United States Vaccine Adverse Event Reporting System (VAERS). https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html
5. Any adverse reaction to a vaccine must also be reported to the patient's primary care provider.
6. All pharmacists administering immunizations must submit immunization reports to the Department of Public Health and Social Services Guam Immunization Registry in accordance with 10 GCA Chap 3 section 3326.1.

DRAFT

CAMACHO
CALVO
LAW GROUP LLC



LETTER OF TRANSMITTAL

TO: Mr. Thomas J. Caruso, R. Ph.
Chairperson
Guam Board of Examiners for
Pharmacy

DATE: January 16, 2018

RE: Letter from Ms. Adela Carlos, RPh

☐ Mailed ☒ Hand Delivered ☐ PICK UP

THE FOLLOWING IS (ARE) TRANSMITTED HEREWITH:

ORIGINAL	DATE	DESCRIPTION
1	01/11/2018	Letter

☐ For Your Information	☐ For Review and Comment
☐ For Your Files	☐ For Necessary Action
☐ Per Your Request	☐ For Signature and Return **(Black or Blue Ink)**
☐ Per Our Conversation	☒ See Remarks Below

REMARKS: Transmitted herewith, please find the attached letter. Should you have any questions or concerns please contact our office. Thank you.

By: _____
Kaori R. Salas, Legal Secretary to
Vincent C. Camacho

Ms. Adela Carlos, RPh
Harmon Drugs
PO Box 8682
Tamuning, Guam 96931

January 11, 2018

Mr. Thomas J. Caruso, R.Ph.
Chairperson
Guam Board of Examiners for Pharmacy
Department of Public Health & Social Services
Government of Guam
123 Chalan Kareta
Mangilao, Guam 96913

Dear Mr. Caruso,

I am responding to your letter dated October 20, 2017 about my Application for Pharmacist License Renewal for Harmon Drugs. I appreciate your letter and the Board's consideration for the renewal of my license.

As you may be aware through your legal counsel that I was off island for medical treatment during this period and only recently returned after the November Board Meeting. I can assure you that if I was on island and able to attend I would have. In any case, I have completed my medical treatment and returned to Guam. My medical doctors cleared me to return to full-time work. I thank the Board for its patience and understanding and look forward to discussing my Application for Renewal of my Pharmacy License at the next regularly scheduled Board meeting.

Please advise me of the next scheduled Board meeting so I may be present to address my Application for Renewal. I look forward to hearing from you soon. Please contact me via USPS or via email: HarmonDrugs@aol.com, or telephone: 632-1118.

Sincerely,

Adela L. Carlos

Adela L. Carlos, R.Ph.
Harmon Drugs

Cc: Heather Narcis (Heather.Narcis@dphss.guam.gov)

FHP

P.O. Box 6578 Tamuning, Guam 96931
Telephone: (671) 646-5825 Fax (671) 647-3540

January 2, 2018

Heather Narcis
Guam Board of Examiners for Pharmacy

Subject: Pharmacist-in-Charge: FHP Pharamcy

Hafa Adai Ms. Narcis,

This letter is to inform the Guam Board of Examiners for Pharmacy that *Sunny Suhr* is the current Pharmacist-in-Charge at the FHP Pharmacy in Tamuning.

Should you have any questions, comments or concerns, please feel free to contact me directly at 300-7138.

Sincerely,

David Torre
Sr. Business Manager
FHP Health Center, Inc.

CORPORATE OFFICE
138 Kayen Chando St | Dededo, Guam 96929
PO Box 11864 | Tamuning, Guam 96931
Tel 632-6000 | Fax 632-9000
Email: rhr@medpharmusa.net

January 4, 2018

Guam Board of Examiners for Pharmacy
Attn: Mr. Jerry Caruso, Board Chair
123 Chalan Kareta
Mangilao, Guam 96913

Hafa Adai Mr. Caruso,

This is to provide notice that Perezville Pharmacy will undergo a change of its managing pharmacist from Mr. Christopher Terlaje (Lic# PH0262) to Mr. Patrick Pang (Lic# PH089) effective January 2, 2018.

Sincerely,

Renerio H. Ramos
President/General Manager

NABP Forum November 2017

The first education session I attended was put on by the FDA, and dealt with the inspection of compounding facilities. The speakers were Susan Laska and Ivan Deveau, PhD from the FDA. Current Good Manufacturing Practice(CGMPs) regulations were the first topic. CGMPs are for both compounding outsourcing facilities and conventional drug manufacturers. They must be tailored for outsourcing facilities. Above all, these outsourcing facilities must inspected to assure patient safety. The FDA my cite outsourcing facilities for insanitary conditions under FD&C Act 501(a)(2)(A). This prohibition applies to ALL facilities, regardless of type. Outsourcing facilities are required to meet the conditions of section 503(B). The Goal of this session was to discuss red flags that may indicate serious issues. The first step in an inspection should be an Initial facility walk-through. Things to look for are dirt, dust, mold, insects, peeling paint, cluttered equipment, and/or damaged/discolored HEPA. Determination if the site performs routine personnel monitoring and environmental monitoring of the facilities and equipment is essential. Some examples of egregious conditions are ongoing construction, ceiling with exposed insulation, visible microbial contamination, table for ISO-5 is laminated particle board, pets in or near ISO-7/8 areas, and/or dirty equipment in cleanroom. All the previously mentioned egregious conditions are red flags.

Reminder that the dirtiest item in the room is your personnel. Unqualified personnel and their actions can introduce contamination in the BEST designed facility. Inspectors need to take sufficient time to observe gowning and aseptic operations. The FDA addresses the following aspects of aseptic technique: Personnel movement in classified air space, movement of materials into classified air space, handling nonsterile materials/disinfection, process steps or manipulations that may create contamination concerns. To do this the inspector must see what they DO, NOT what their standard operating procedures say. Potential areas to evaluate include process flow and operations, and sterilizing filters(that it actually works and has no defects, and is from a reputable manufacturer and has a certificate of suitability).

At the end of this session there was an interactive gowning worksheet.

Part Two was a detailed discussion of Process and facility design, and 21 CFR 211.42(b) states in part, that "The flow of components, drug product containers, closures, labeling, in-process material, and drug products through the building or buildings shall be designed to prevent contamination." Process and facility design, air particle control, and following the International Organization for Standardization(ISO) air cleanliness standards for ISO-5, ISO-7 and ISO-8 were all reviewed. The basic facility design for a "797" pharmacy was discussed. Areas for an inspector to evaluate are the cleanroom and critical area design to make sure all the ISO zones are observed.

In this session cleaning and disinfecting was discussed. Things to look for include the frequency of cleaning, sporicidal disinfectants use, non- sterile disinfectants, and non-sterile wipes use to disinfect aseptic processing areas, non- shedding wipes, and disinfection of equipment, components and supplies prior to transfer into the ISO 5 aseptic processing zone. All of these were discussed in great detail. Other factors to consider while inspecting include pressure differential limits, microbiological monitoring, environmental and personnel monitoring, product inspection and component control, packaging and labeling control, records review(which includes facility record review, master formulation and batch records, sterility, endotoxin test records, potency and preservative testing, pressure differential limits, and media fills/process simulations).

The question was asked of the FDA representatives "How long should an inspection take at a facility that does sterile compounding?" The answer was how long it takes. They said it can take a week, two days or more than two weeks depending on the scope of the facility.

The afternoon session of day one started off with the Role of PMP's. Various discussions and what certain states do were included in the forum. Nevada has a mandatory sign up for the PMP before the state will renew the providers CSR

license. In some states the Board of Pharmacy controls the CSR(Nev and Indiana) not the Department of Health.

Drug diversion was the second subject for the afternoon's forum. The use of naloxone and how it is handled by each state was a huge topic. New York for example lets pharmacists offer naloxone to patients with a MME >100.

The shared discussions from the survey included a huge amount on pharmacists prescribing and the advanced role of the pharmacy technicians. Telepharmacy across jurisdictions and how long a pharmacist has to be in a telepharmacy were among other topics. New Mexico limits the number of telepharmacies a pharmacist can supervise at one time, and their max in four including their own. Mileage requirements for jurisdictions are varied. Remote order dispensing sites were tackled. Prescribing authority of pharmacists is still a hot topic and lots of jurisdictions now allow a huge range of drugs a pharmacist can prescribe. Continuing education is required for all specialties.;

Thursday's topics included SUP <797> and <800>- Inspecting up to Standards. Some states have just gone ahead and included the 2015 <797> into their rules and regs. Critical Point has a bootcamp for inspectors which includes <797> training. There is a grant at NABP or 1 inspector per year to go through this bootcamp. USP <800> is not enforceable yet. It was also mentioned that there is 6 hours of online USP <800> training by Pat Keenling for around $180-200.

The next topic of discussion was Physician Compounding-Is anyone inspecting them? Each state needs to read the Medical Boards rules/regs on mixing, diluting, etc. Compounding physicians should have a PNP and a sterile workspace if they are mixing. Also, are they mixing hazardous drugs? In Ohio MDs/DMVs who compound must be registered with the Board of Pharmacy and follow Rx Standards for office compounding and are inspected by the Board of Pharmacy. There was a lot of discussion about nurses and other health professionals mixing in physicians' offices and pharmacy technicians mixing without the supervision of

a pharmacist. New Mexico said they go after the technician as they are practicing beyond their scope of practice and they pull the technician's license if they are doing this.

The next topic was Advanced Practice Requirements. Some states already have agreements with physicians, and are ablet to order tests and evaluate them. Most states have immunizations by pharmacists and some are even allowed to inject long-acting psychotropics. All states seem to have age restrictions for certain immunizations. A lot of states can dispense naloxone without prescriptions. Oregon passed a bill in 2015 which gave pharmacists true prescriptive authority for BCPs. To get prescriptive authority jurisdictions have had to interact with Nursing/Medical boards. Pharmacists can bill for the same reimbursement rates as MD's.

Once again the expanded roles of technicians was talked about at length. Some states require an associate degree, others require certain continuing education programs. All require the technicians to be PTCB certified. Tech check Tech was also talked about at length.

DSCSA was the next topic of discussion. States are limited to traceablity of product. We(as boards) have to regulate wholesalers and distributors according to federal regulations/rules. Boards, at the moment, cannot require 3PL's to register with us. There are 600-700 wholesalers accredited using 3PL's to distribute right now. 503B's are being used to bypass drug wholesalers. Now there is MatchRx which brings pharmacies together and they must have wholesale permits. Now, under federal law there is no longer a 5% rule of selling to other entities unless they both have a wholesale license. Remember to use VAWD as all wholesalers under that are certified.

Last reminders. Grants at NABP Foundation have to go through Marlene. Check them out at NABP.pharmacy. They are posted as of January 2018. There are 3 critical point workshops in 2018.

Also, remember the question we had a licensing virtual wholesalers and manufacturers? I talked to Gregg Jones, RPh who is the NABP Compliance Senior Manager. I told him the scenario and he said why would anyone want to be licensed in Guam as a virtual anything? He said that is a huge RED FLAG and we should not be licensing them especially since they never answered our enquiry of what was the purpose of their business on Guam. He said we could contact him at anytime if we had any questions about this subject.

The End

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TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: January 5, 2018

RE: Update on New NABP Online Systems Launching in April 2018

In September 2017, the National Association of Boards of Pharmacy (NABP) sent a memo providing initial information on a new, upgraded online system to be launched on April 2, 2018. Once implemented, the system will serve the member boards of pharmacy as they utilize NABP programs and services. This new system will position NABP to begin offering more services to boards of pharmacy. In addition, the Association will be able to automate and streamline current processes for some of the programs used by the boards of pharmacy.

In addition to providing the boards of pharmacy with more services and automation, a new interface for individual pharmacists, technicians, and students registering for NABP programs is being launched on April 2. In preparation for the launch of the new customer interface, NABP has begun publishing information on its website regarding important deadlines and other changes that will affect those applying for licensure transfer and registering for examinations. This information will be disseminated through various NABP communications over the next few months. Key information includes:

- NABP systems will be shut down from March 20, 2018, at 5 PM Central Time (CT) until approximately April 2, 2018, at 12 PM CT when the new system is launched. During this time NABP testing applications, score reports, practice tests, licensure transfer applications, CPE Monitor, and publication ordering will not be available.
    - *Note to Board of Pharmacy Executive Officers: The system shutdown will provide for a complete and accurate transfer of data from NABP's current system to the new system, as well as a smoother transition between program processes.*

Licensure Transfer (e-LTP)

- The Electronic Licensure Transfer Program (e-LTP) application will be moved completely online; license transfer applicants will no longer receive printed Official Applications from NABP.
- All printed Official Applications must be received by the applicable state board of pharmacy **by March 30, 2018, or they will be null and void**.
    - *Note to Board of Pharmacy Executive Directors: NABP is reaching out to all those applicants who have received an Official Application. We recognize that you may receive paper Official Applications after March 30, 2018, and encourage you to refer those*

individuals to NABP for assistance. More information on this will be provided in training sessions for board staff.

- Time extensions for applications will not be valid after March 30, 2018, and no time extensions will be available after March 30.
- Licensure transfer **applicants who do not complete and submit** their Official Application to the applicable state board of pharmacy by March 30, 2018, must submit a new licensure transfer application after April 2, 2018, using the new, paperless process and pay the application fee of $375, plus $75 for each additional state.

NAPLEX and MPJE

- When the new system is launched on April 2, 2018, the registration process for the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) will change to a two-step process – (1) apply for examination and (2) register for examination.

- Candidates who cannot wait until after April 2, 2018 to take the NAPLEX or MPJE should be aware of the following dates:
  - **March 20, 2018** - Candidates must register for the exam, be granted eligibility, receive their ATT, and schedule and take the exam by 5 PM CT on this date. All jurisdiction changes and applicable score transfers also must be completed on this date. Candidates will not receive refunds for missed appointments or resitting fees.
  - **March 20, 2018, at 5 PM CT, to April 2, 2018 at 12 PM CT** - NAPLEX and MPJE registrations will be closed. No exams will be scheduled at Pearson VUE during this time.

- Candidates who register and/or receive an ATT before March 20, but are unable to take the exam, will have their registration rolled over into the new system. Those candidates may schedule their exam with Pearson VUE after April 2.
- **Students graduating in 2018** should wait until after April 2 to register for their examinations so that they register through the new process.
- Candidates who choose **Colorado, Maine, Oregon, or Utah** as their primary state of eligibility are encouraged to wait until after April 2 to apply for the NAPLEX and/or MPJE when the process moves online and paper forms are eliminated.

CPE Monitor

- CPE activity will be unavailable from March 20 at 5 PM CT until April 2 at 12 PM CT when the new system is launched.

Board Staff Information and Training

NABP will continue to provide updates about the launch of this new system to the boards of pharmacy through the Electronic Mailbag. Training webinars for board of pharmacy staff are being planned for March 2018. These webinars will familiarize board staff with the new NABP e-Profile Connect interface as well as changes in processes or procedures for NABP programs.

We look forward to providing you and board of pharmacy staff with improved services in the coming months.

cc: NABP Executive Committee

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TO: EXECUTIVE OFFICERS – MPJE PARTICIPATING STATES, MPJE Item Writers, MPJE Review Committee

FROM: Maureen Garrity, Competency Assessment Director

DATE: January 4, 2018

RE: MPJE Item Development Workshop – March 6-8, 2018

The National Association of Boards of Pharmacy® (NABP®) will host the Multistate Pharmacy Jurisprudence Examination® (MPJE®) Item Development Workshop on March 6-8, 2018, at NABP Headquarters in Mount Prospect, IL. This year, NABP will host a training session with the new authoring tool, AuthorWise. This tool is used for all NABP examination programs, and the Association is happy to announce the launch of its utility for the MPJE. All participants should plan on attending the Tuesday, March 6 session. The item development process is a collaborative effort, and NABP encourages all MPJE participating states to attend this important workshop.

The tentative meeting schedule is (all times are CST):

Tuesday, March 6: Arrive in Chicago, IL, by 3 PM and check in at the Hilton Chicago/Northbrook

- Shuttle to NABP Headquarters in Mount Prospect, IL
- Item authoring training session: 4 - 5 PM (Group dinner to follow)

Wednesday, March 7: 8:30 AM - 4 PM (Dinner on your own)

Thursday, March 8: 8:30 AM - 3 PM

NABP will reimburse approved expenses (travel, food, and lodging) for up to two participants from each state to attend the workshop. However, NABP may need to limit the attendance from any jurisdiction to one participant in the event of space limitations. If your state board is unable to send a representative, the assignment will need to be completed remotely. Full details including content areas to be targeted and logistics will be provided at a later date to the designated item writer(s).

Please provide contact information on the response form for the individual(s) assigned to attend the workshop or for those individuals who will complete the state assignment remotely. The NABP Meeting Services department will forward travel and hotel information approximately six weeks prior to the meeting once NABP has secured the name(s) of the attendee(s).

If you have any questions or comments, please contact Anne Woolridge, competency assessment coordinator, at awoolridge@nabp.pharmacy or 847/391-4534, or Maureen Garrity at mgarrity@nabp.pharmacy or 847/391-4596.

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TO: EXECUTIVE OFFICERS – ACTIVE MEMBER STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: January 4, 2018

RE: Annual Meeting Travel Grant Program for NABP's 114th Annual Meeting, May 5-8, 2018, Denver, CO

The National Association of Boards of Pharmacy Foundation (NABPF) is pleased to continue the Annual Meeting Travel Grant Program for NABP members needing financial assistance to attend NABP Annual Meetings. NABP feels that it is essential for boards of pharmacy to participate in Annual Meetings because during this time NABP's member boards of pharmacy will vote upon Association resolutions, select Executive Committee officers and members, and present and discuss information on current issues facing pharmacy regulators.

For the past 114 years, the mission of NABP has been to aid and support pharmacy regulators in creating standards that protect the public health. NABP realizes that budget constraints can prevent state boards of pharmacy from sending representatives to meetings, so the Annual Meeting Travel Grant Program will reimburse the board's designee **up to $1,500** in travel fees to defray expenses such as airfare, hotel rooms, meals, taxis, parking, and tips. Grant monies do not include Annual Meeting registration fees. Monies are limited and grants are available on a first-come, first-served basis. Please note that the NABPF Annual Meeting Travel Grant reimbursement policy requires individuals to pay for all airfare, meals, hotel accommodations, and other meeting costs up front, and submit an expense report and original receipts to NABPF after the Annual Meeting in order to receive reimbursement.

One individual per active member board of pharmacy is eligible to receive the grant. **Though the individual awarded the travel grant need not be the board of pharmacy's voting delegate, his or her board of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.**

The chief administrative officer of the board must complete the attached form to apply for the travel grant, or to request the grant be awarded to a current board member from his or her state. NABPF must receive all applications before the 114th Annual Meeting, May 5-8, 2018, Denver, CO. NABPF will inform applicants whether or not they have qualified for a grant, and at that time provide them with more detailed instructions on procedures for reimbursement.

For more information, please contact Lisa Janso, at 847/391-4400, ext 4462. We request that you complete the attached document, and return via email to ExecOffice@nabp.pharmacy prior to the Annual Meeting.

Attachment: Annual Meeting Travel Grant Application

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TO: EXECUTIVE OFFICERS – ACTIVE MEMBER STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: January 4, 2018

RE: Official Delegate Certificate for NABP's 114th Annual Meeting, May 5-8, 2018, Denver, CO

NABP BYLAWS - ARTICLE I, Section 3. – Credentialing Delegates

> Each active and associate member shall furnish credentials for the delegate and alternate delegates of the board to the Annual Meeting of this Association on a blank furnished by the Executive Director/Secretary and returned to the Association in accordance with policies set forth by the Executive Committee.

In accordance with the above stated bylaw, attached is your 2018 delegate certificate form. We ask that you list the name of the person who will serve as the official delegate for your board and the name of the person(s) who will serve as the official alternate delegate(s).

The official delegate is the voting delegate and is responsible for voting at the Association's business sessions and transmitting your board's position on all matters brought before the convention. Each active member board of pharmacy in good standing represented at the Annual Meeting shall have one vote. No voting by proxy shall be permitted.

Only current pharmacy board members or chief administrative officers qualify to serve as delegates or alternate delegates. However, all NABP members, active and associate, may participate in the discussions during the business sessions.

All official voting delegates will be identified by a special **red** ribbon attached to their badge. Alternate delegates will be identified by a **white** ribbon and will be authorized to act and vote for the official delegate (in his or her absence) if so authorized in writing and official recognition of this fact is conveyed to the chair.

In previous years, the voting delegate from each state was eligible to receive a grant from NABP to offset some travel expenses to attend the Annual Meeting. Effective in 2012, one affiliated member from each active member board of pharmacy may be eligible to receive the grant, whether or not they are assigned as the state's voting delegate. Additional information on the designation of the Annual Meeting travel grant recipient will be provided under separate cover.

Annual Meeting rules and procedures that apply to voting delegates, (including procedures for elections, change of delegate during the meeting, etc) will be forwarded to all delegates prior to the meeting. Additionally, applicable rules will be announced at the start of each business session at the Annual Meeting. *Robert's Rules of Order*, current edition, and the *NABP Constitution and Bylaws* will be in effect for the business sessions.

I am looking forward to a successful convention in Denver and working with your board in furthering the objectives of the Association. Please mail the completed delegate certificate to Lisa Janso at NABP Headquarters or scan and email to ExecOffice@nabp.pharmacy.

Attachment: Active Member Boards Delegate Certificate

National Association of Boards of Pharmacy

OFFICIAL DELEGATE CERTIFICATE – *ACTIVE MEMBER BOARDS*

The Constitution of the National Association of Boards of Pharmacy states:

ARTICLE II - PURPOSE
The purpose of the Association is to provide for interstate transfer in pharmacist licensure, based upon a uniform minimum standard of pharmacist education and uniform legislation; and to improve the standards of pharmacist education, licensure, and practice by cooperating with State, National, and International Governmental Agencies and Associations having similar objectives.
ARTICLE III - MEMBERSHIP, VOTING AND DISTRICTS
Section 1.
(a) The members of this Association shall be the boards of pharmacy (or similar pharmacy licensing agency) of the individual States, the District of Columbia, the Territories and Commonwealths of the United States, the individual provinces of the Dominion of Canada, and such other jurisdictions that apply to join the Association and are approved, from time to time, by the Executive Committee. The members shall consist of active and associate members.
(b) Applications for membership shall be submitted to the Executive Director/Secretary. New member boards may be admitted to the Association at any meeting of the Executive Committee by an affirmative vote of two-thirds (2/3) of the total members of the Executive Committee entitled to vote.
(c) Active member boards shall be those member boards that have formally approved the Constitution and Bylaws of the Association, and that require the use of the NABP Clearinghouse for all candidates for the purpose of transferring licensure both into and out of the state as provided by the Bylaws of this Association.
(d) Associate member boards shall be those member boards not classified as active member boards.
(e) Any individual who is a member or administrative officer of an active or associate member board of the Association shall be an affiliated member of the Association and shall continue to be an affiliated member hereof, although such person is no longer actively participating on such board, so long as such person has not been convicted of an offense involving moral turpitude or violation of pharmacy, liquor, or drug laws and so long as such board is a member in good standing with this Association.
Section 3.
(a) Each active member board of pharmacy in good standing which is represented at the Annual Meeting shall have one vote on each issue put to a vote of the active member boards at the Annual Meeting of this Association. *The vote shall be cast by an individual currently serving as a member or as the administrative officer (as defined in Article III, Section 1) of an active member board of this Association who shall be recognized at the Annual Meeting as the official delegate of said active member board. No voting by proxy shall be permitted.*

The Bylaws of the National Association of Boards of Pharmacy states:

ARTICLE I
Section 3. Credentialing Delegates
Each active and associate member board shall furnish credentials for the delegate and alternate delegates of the board to the Annual Meeting of this Association on a blank furnished by the Executive Director/Secretary and returned to the Association in accordance with policies set forth by the Executive Committee.

Execution of this certificate by an active member state shall be deemed acceptance by the board of pharmacy of the Constitution and Bylaws of NABP and a continuing commitment to permit the transfer of pharmaceutical licensure as provided under the terms and conditions of the Bylaws in conformance with the statues and regulations of such active member state.

Failure to pay membership dues to NABP within thirty (30) days from the date of invoice will jeopardize the good standing of the Board and will nullify an Active Member Board's right to vote at the Annual Meeting (Article III, Section 3(a), NABP Constitution above).

TO: NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

FROM: _____ BOARD OF PHARMACY

This is to certify that (name of official voting delegate) _____ has been duly appointed as a delegate and is hereby authorized and empowered to act for the _____ Board of Pharmacy at the Annual Meeting of the National Association of Boards of Pharmacy, to be held at the Hyatt Regency Denver at Colorado Convention Center in Denver, CO, May 5-8, 2018.

This is to certify that (name of alternate delegate(s)) 1)_____,
2)_____, 3)_____ are authorized to act and vote for the official delegate (in his/her absence) if authorized by him/her and official recognition of this fact is conveyed to the Chair and recognized officials.

Attest:

_____
Chief Executive Officer/Secretary *Seal*

_____
Date

FOUNDATION

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TO: EXECUTIVE OFFICERS – ACTIVE MEMBER STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: January 4, 2018

RE: APhA Institute on Alcoholism and Drug Dependencies

As you are probably aware, the University of Utah School of Medicine ended its University of Utah School on Alcoholism and Other Drug Dependencies program in 2014. Since then, the American Pharmacists Association (APhA) decided to continue this important program by conducting the APhA Institute on Alcoholism and Drug Dependencies (APhA Institute). The APhA Institute sessions offer attendees educational information on how to work with pharmacists who are in recovery.

In support of APhA's efforts, the National Association of Boards of Pharmacy Foundation Board of Directors approved working with APhA to offer board of pharmacy members and staff travel grants to help underwrite some of the costs associated with attending the APhA Institute. In 2018, 10 grants will be available to qualified board of pharmacy members and staff on a first-come, first-served basis. Each grant will be eligible for up to $1,500 in funding.

Held in Salt Lake City, Utah, the APhA Institute aims to assist individuals in finding treatment, support them in ongoing recovery, and facilitate their reentry into pharmacy practice. Attendees will gain insight on the latest methods and techniques for working towards this goal. In addition, attendees may earn continuing pharmacy education credit through participation in this program. The next session is scheduled to take place May 30-June 3, 2018.

Additional information about the APhA Institute is available at *http://aphainstitute.pharmacist.com/.*

If you, a pharmacy board staff member, or a pharmacy board member from your state is interested in attending this training, please complete the attached document, and return via email to ExecOffice@nabp.pharmacy no later than **February 15, 2018**. Once grants are awarded, more information regarding eligible reimbursement expenses will be provided.

Attachment