

MINUTES

UTAH PHARMACY BOARD MEETING

August 28, 2012

Room 210 – 2nd Floor – 8:30 a.m.
Heber Wells Building
Salt Lake City, UT 84111

CONVENED: 8:32 a.m.

ADJOURNED: 3:55 p.m.

Bureau Manager:
Board Secretary:

Debra Hobbins, DNP, APRN, LSAC
Shirlene Kimball

Conducting:

David Young, Pharm D, Chair

Board Members Present:

Kelly Lundberg, PhD, public member
Dominic DeRose, R.Ph
Jan Bird, CPhT, pharmacy technician
Derek Garn, R.Ph
David Young, Pharm D
Andrea Kemper, Pharm D

Board Members Excused:

Greg Jones, R.Ph

DOPL Staff Present:

Mark Steinagel, Division Director
Ray Walker, Division Enforcement Counsel
Connie Call, Compliance Specialist
Jared Memmott, Investigator
Brittney Butsch, Investigator
Jake Corsi, Investigator

Guests:

Sydney Corbett, U of U Pharmacy student
Dave Cheney, Associated Food Stores
Roger Fitzpatrick, Midtown Pharmacy
Linsey Johnson, Roseman University
Jamie Petersen, Walgreens
Bob McLutz, Walgreens
Al Carter, Walgreens
Trip Hoffman, University Pharmacy
Larry Durrant, Larry's Smithfield Pharmacy
Chris Cox, Smith Rexall Drug
Rebecca Petersen, Pharmacy Intern
Christine Jacobson, Wasatch Pharmacy

Timothy Johnsen, U of U Pharmacy student
Dean Jolley, Jolley's Compounding Pharmacy
Evan Vickers, Utah State Representative
Linda Sandberg, Omnicare
Greg Jensen, Target
Josh Bolin, NABP
Dave Davis URMA/UFIA
Beth Young, U of U College of Pharmacy
Rich Buch, Intermountain Health Care
Kami Roake, U of U Pharmacy student
Kort Delost, Medicine Shoppe
Kavish Choudhary, U of U/USHP
Erin Johanson, Roseman College of Pharmacy
Chris Cantwell, Med Quest Pharmacy
Reid Barker, Utah Pharmacists Association
B. Jensen, with Redge Don Jensen

TOPICS FOR DISCUSSION

Representative Evan Vickers:

DECISIONS AND RECOMMENDATIONS

Rep. Vickers reported there is a moratorium agreement for Legislative consideration of additional physician specialties requesting authority to dispense medications out of their offices. Rep. Vickers reported the moratorium would allow Dr. Munger time to initiate his study and provide a preliminary report to the Health and Human Services Interim Committee in November. Dr. Munger's study will not be completed until the middle of the session. Rep. Vickers stated he sees no rush to add additional specialties and Senator Bramble agrees. At the suggestion of the Board, Dr. Munger has expanded the study to include stakeholders. A conference call will be conducted Thursday, August 30, 2012 to touch base with interested stakeholders.

Rep. Vickers stated he spoke with Michelle McOmber, Utah Medical Association, who indicated another issue being discussed is that of the physician buying a bottle of a medication and then sampling it to a patient. Rep. Vickers stated this is a future item for discussion.

"Extensive" Compounding discussion:

Dr. Young reported the Board and the Division have received numerous inquiries regarding a definition of "extensive" compounding. Board members discussed the issue at a previous Board meeting

and made a suggestion to adopt the USP Chapter 35 non-sterile compounding definition of moderate and complex compounding. Dr. Young stated the Board also determined that the word “extensive” would be eliminated from section R156-17b-614a (3) which currently reads: Facilities engaged in extensive compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility.

Dr. Young stated Board members also discussed addressing USP Chapters 795 and 797 separately in Rule.

Dr. Young reported compounding is a hot topic of discussion nationally. He indicated NABP could provide the Board with information from other states and that he will be attending an NABP Interactive Forum in September. Dr. Young reported the FDA focus is on those pharmacies filling a prescription in anticipation of an order, versus having the order in hand. The focus is also on whether or not the compounded drug is stable and valid and whether or not the compounding pharmacy has the ability to access patient information and track the compounded product. Mr. Garn stated that the compounding pharmacy should be able to anticipate an amount based on a routine order, but should not be making a large batch if it is not a routine order. Dr. Young stated that the terms: simple, moderate, and complex are already defined in the USP. Guests attending the meeting suggested it should be compounded based on individual patient needs. A guest indicated that another issue is the active ingredients, the raw chemicals and the additional associated risks. It was suggested that the USP guidelines be followed and the ingredients be obtained from an FDA-approved manufacturer, an FDA-registered facility and use an FDA-approved compounding drug. A Pharmacy Board guest stated the FDA-approved drug list is very small. Rep. Vickers stated he is not sure that this is pertinent to this discussion regarding extensive compounding. Dr. Young indicated that would be a discussion for the next Board meeting. Dr. Young suggested Board members review the FDA sections

regarding professional judgment, storing and receiving from a quality source for discussion next month. Dr. Young suggested that USP and FDA representatives be invited to join the discussion.

Mr. Steinagel stated the Division should have had a discussion with the Board prior to sending out the compounding letter. The Division received a number of calls indicating that compounding with non-FDA approved drugs is a widespread standard. Mr. Steinagel stated the Division will not be shutting down business; however, the issue needs to be addressed and corrected in Rule. This is a law that should be enforced, but the Division will not take any action until Rule changes have been made and issues have been addressed.

Al Carter,
Walgreens presentation:

Mr. Carter met with the Board to present the new pharmacy model that Walgreens is moving toward. Mr. Carter indicated the model moves the pharmacist from behind the counter out to the front area, more accessible to the patient. Mr. Carter indicated a patient survey found that most patients felt intimidated by the pharmacist. Patients also indicated they felt more comfortable going to the Internet to find their answers. Mr. Carter stated Walgreens has removed that barrier and the pharmacist is completely accessible to the patient. Mr. Carter explained that telephone calls are routed to a central processing pharmacy in Arizona for Utah stores. Once the information is entered, it is sent back to the pharmacy in Utah. The Utah pharmacy technician fills the prescription. The pharmacist in the front area has access to six or eight cameras to view what the pharmacy technician is doing at all times. The patient consultation room is next to the pharmacy and this room is also used for vaccination administration. Mr. Carter stated they have twenty-two states that are using this model and they plan on having all new stores designed in this manner. All remodels will also be redesigned. Mr. Carter reported Walgreens recently opened a store in Utah that has this physical design; however, they will not implement the process until Board approval has been received. Mr. Carter reported there are currently two central fill centers, one in Florida and the other in Arizona. Mr. Carter

presented a video to explain the process in more detail: 1). The prescription is delivered to the pharmacy. 2). The prescription is then sent to the central fill pharmacy and the pharmacist or pharmacy technician in Arizona inputs data and sends the prescription back to the Utah store. 3). The Utah pharmacist reviews and approves the accuracy of data and the label is printed. 4). The pharmacy technician fills the prescription. 5). As the pharmacy technician fills the prescription, pictures are taken of the process, the filling, the labeling, etc. 6). The pharmacist performs the final check. 7). The patient then picks up the prescription. The patient in the store is served first before those who called in requesting a refill. Dr. Young questioned how they ensure that the pharmacist/pharmacy technician understands Utah law? Mr. Carter stated that is the Utah pharmacist's responsibility. The pharmacy technicians at the central fill pharmacy would be licensed in Arizona or Florida, but would not be licensed in Utah. Mr. DeRose questioned what happens if there is something wrong with the prescription, does the whole process start over? Mr. Carter stated the pharmacist can make the correction or can send it back to the technician who entered the entry in Arizona. If there is a question, there is a pharmacist on duty at the central fill location. Counseling depends on the pharmacist's decision and judgment.

Mr. Fitzpatrick questioned whether or not the pharmacist is now doing more work? Mr. Carter stated no, this process has freed up to 45% to 50% of the pharmacist's time. Mr. Fitzpatrick questioned if there had been complaints of the pharmacist having more to do? Mr. Carter stated no, but if there is a need for an additional pharmacist, one would be added. Mr. Fitzpatrick also questioned how long the wait time was for receiving a prescription? Mr. Carter stated Walgreens ceased measuring the wait time about two years ago. He stated the process was developed to offer more client services. Dr. Young questioned the process of patient counseling. Mr. Carter stated, depending on state law, the patient purchases the product and the pharmacist then provides the counseling, or the offer for counseling is made and the pharmacist provides the counseling

prior to purchasing the prescription. Mr. DeRose questioned whether or not the same process is used for all prescriptions, controlled substances or not. Mr. Carter stated the process is the same. Board members questioned the error rate. Mr. Carter indicated they have only had two stores open for a year with this model, but there does not appear to be an increase in error rates. He reported the pharmacy technician is focusing on only one prescription at a time. Ms. Bird questioned whether or not they were looking at decreasing the number of pharmacists. Mr. Carter stated no, if anything there will be an increase in the number of pharmacists. Mr. Cheney, guest, stated that human error happens and he would be concerned that the pharmacist is not opening the bottle for the final check. Mr. Carter stated the pharmacist still does the final check and the visual image can be reviewed close up. Mr. Dave Davis stated that central fill is not a new concept and feels this is a better model than the mail order pharmacy. Dr. Young stated Utah doesn't have a current rule on central fill, but is working on adding central fill to the Pharmacy Practice Act Rules. Mr. Garn stated he does not see a problem with this model. Mr. Carter questioned whether or not he needs Board approval to start this process in Utah. Board members indicated current rule does not prevent this type of model and he does not need Board approval.

MPJE Item Development Committee:

Dr. Young reported Mr. Garn, Dr. Kemper, Mr. Jones, Betty Yamashita, and Roger Fitzpatrick will review the MPJE items for Utah. There are approximately 600 items for each individual to review.

Intern Hours:

Dr. Young indicated 2/3 of states do not require as many intern hours as our Rule requires. Dr. Young also indicated there are no guidelines for the intern hours obtained outside the pharmacy education program. He reported pharmacy students are now receiving 2200 hours in their educational program and the reduction will not make a less competent student. Dr. Hobbins indicated that those individuals coming in from another state do not need to document additional hours putting Utah students at a disadvantage. Mr. Garn stated he feels graduates of our programs should be able to receive equal treatment, and if an

individual wants to work additional hours, they can do so. Erin Johansen, Roseman University, stated they are seeing a lot of graduates going out of state and then transferring back. Dr. Kemper stated she feels additional hours aren't necessary. Dr. Young indicated that Mr. Jones expressed concern last month that the intern needed more experience. Dr. Young stated he feels the employer will hire based on competency, not on additional hours.

Mr. Fitzpatrick suggested referencing standards, then if the educational standards change, the Rule does not need to be changed each time a standard changes. He suggested adopting ACPE experiential training. Mr. Walker stated we have to incorporate the standard in rule and reference the specific standard by date. Mr. Walker indicated the Division can not adopt an entity standard. Dr. Young made a motion to amend Rule R156-17b-306 and adopt the ACPE Accreditation Standards and Guidelines for the Professional Program in Pharmacy leading to the Doctor of Pharmacy Degree adopted January 15, 2006 Guidelines 2.0: January 23, 2011 effective: February 14, 2011. Mr. DeRose seconded the motion. All Board members voted in favor of the motion. The ACPE standard will be e-mailed to Board members for review.

Discussion regarding Class B Pharmacies:
H2RX, Scott Robinson and Steven Hutchins;
E-Pharmacy, Joshua Haywood

Mr. Haywood of E-Pharmacy was not present for the discussion. Mr. Robinson and Mr. Hutchins met with the Board to explain the pharmacy model of H2Rx Pharmacy. Mr. Robinson stated they applied as a Class B closed door pharmacy located in Beaver. Dr. Hobbins stated after an inspection was completed, there were questions regarding whether or not the pharmacy should have applied as a Class A pharmacy because they do not meet the definition of a Class B pharmacy. Mr. Robinson reported their model has the client paying a membership fee to belong to H2Rx Pharmacy. The prescription is filled in Beaver and then mailed to the patient. There is an 800 number for counseling and questions. Mr. Robinson stated their services are open to the public; however, the client pays a membership fee. Board members questioned what happens if an individual walks in off the street and requests a prescription be filled. Mr. Robinson

stated if the individual paid the membership fee, the prescription would be filled. Board members indicated the intent of the closed door pharmacy is for a specific population, not because a fee is charged. Board members indicated this would be a Class A pharmacy.

Dr. Hobbins reported that Joshua Haywood, E-Pharmacy contacted her also regarding being issued a Class B Pharmacy license. Dr. Hobbins indicated they wanted to offer ED drugs, primarily over the Internet. However, he did not meet the requirements as a Class B or Internet pharmacy. Board members indicated Mr. Haywood would need a Class A pharmacy license. Mr. Perry stated he believed that a Class A pharmacy required a walk-up counter. Mr. Stillings stated that he could not find the requirement for a walk-up counter in the operating standards for a Class A pharmacy.

There was a question regarding a virtual Class A pharmacy versus an Internet pharmacy. Mr. Walker stated the Governor has made it clear that we do not want to discourage the business model, but we do need to protect the public while encouraging economic development. Mr. Walker stated that if they are physically located in Utah and mailing to Utah residents, he doesn't see anything wrong with the Rule as it now written, but operating standards could be clarified if the Board feels it is necessary to protect the public. Mr. Garn stated the current Class A pharmacy operating standards do not require that an 800 number be provided. Mr. Stillings stated the Board would not need to change the standards, just add that an 800 number would be sufficient for counseling, or if there are walk up patients, the pharmacy provide an area for counseling. Board members agreed that H2Rx would be a Class A pharmacy and would have to provide an 800 number. Board members suggested the license type be switched to a Class A without having to reapply for licensure.

Break at 10:47 a.m.
Reconvened at 11:00 a.m.

Joshua Bolin, NABP:

Mr. Bolin met with the Board to provide an overview

of NABP. Mr. Bolin reported on the following:

- 1). Prescription Monitoring Program. Mr. Bolin reported the PMP InterConnect collects dispensing data for Schedule II-V controlled substances that is tied into a central statewide database for use in preventing diversion and abuse by individuals who are doctor and pharmacy shopping. Each state determines the drugs that must be reported, the frequency that pharmacies must report and who can access the database. He reported that the InterConnect system creates a hub system where physicians and pharmacists log into the State PMP and can check boxes for other participating states from which they want data. The hub routes the requests to the various states and the information is returned to the physician or pharmacy in one report. Mr. Bolin reported the program processes a request in 5.5 seconds. He reported nine states are already connected and fifteen additional states have either signed MOUs or are in some stage of reviewing the MOU to participate. Utah has executed an MOU to begin and is in the testing phase now.

- 2). The Pharmacist Assessment for Remediation Evaluation (PARE) is an assessment tool Boards of Pharmacy can use when making a decision regarding pharmacist practice deficiencies that are due to noncompliance with pharmacy practice standards, laws or regulations that result in compromises to public safety. The three areas of the examination include medication safety and the practice of pharmacy (50%); professional ethics/pharmacist judgment (25%); and clinical pharmacy practice (25%). Mr. Bolin indicated the examination is not proctored by Prometric and is not a test center based examination. It will be given four times per year.

- 3). CPE Monitor provides an electronic system for pharmacists and pharmacy technicians to track their completed continuing pharmacy education credits. It accepts ACPE approved continuing education and can be used for tracking and auditing of continuing education.

- 4). Government Affairs: Reviews emerging pharmacy practice, legal, and regulatory issues, unique approaches to regulation and the needs and challenges of the Boards of Pharmacy.

Mark Steinagel, update on the Controlled Substance Handler License:

Mr. Steinagel reported in 2003 several changes were made to the Controlled Substance Act. The Statute no longer authorized the Division to issue a controlled substance license unless there was a primary license attached. However, the Division continued to issue a Controlled Substance Handler license for those individuals who were involved in research and animal control. Approximately a year ago the Division decided to no longer issue the Controlled Substance Handler license because there was no statutory authority allowing the license. Mr. Steinagel indicated this caused several major issues, especially for the research facilities at the University of Utah and for local police departments. Mr. Steinagel indicated due to the problems this decision caused, the Division will issue the Controlled Substance Handler license with an expiration date of May 31, 2013. Mr. Steinagel indicated several groups from these agencies will move forward with Legislation during the 2013 session. He indicated if the bill fails to pass and the problem is not resolved, the issue will be revisited by the Division.

Preceptor Definition:

Dr. Hobbins indicated that the preceptor definition in the Pharmacy Practice Act reads the pharmacist must be licensed in good standing with one or more years of licensed experience. The Pharmacy Practice Act Rule reads the preceptor must be a licensed pharmacist for not less than two years. Since the Statute overrides the Rule Board members suggested eliminating the section R156-17b-606(1)b.

Discussion regarding the Inventory Rule:

Dr. Hobbins reported she received an e-mail from a PIC at Target Pharmacy requesting clarification regarding pharmacy inventory. He indicated he completed an opening inventory, but Target rules require an annual inventory be completed July 4 of each year. The Rule reads that an inventory must be completed every year within 4 days of the specified inventory date and questioned if they would be out of compliance with this rule if they complete the annual inventory in July rather than the opening inventory date. Board members indicated the pharmacy can choose the date of the annual inventory as long as it is within the year, but can not go over a year after the initial opening inventory.

Review wording for future Stipulations:

Dr. Hobbins stated she requested Mitchell Jones to add a statement to future stipulations and orders regarding additional training and to include a thinking errors class if the evaluation does not indicate a substance abuse disorder. Mr. Jones provided the statement which was reviewed by Board members. The statement includes in part “successfully complete a thinking errors class or any other continuing education class or training.” Dr. Young suggested adding an examination as a potential tool to use to evaluate the individual. Dr. Lundberg suggested the word “training” be changed to “intervention.” Eliminate continuing education because the intervention could include continuing education, an examination or a thinking errors course. Dr. Hobbins indicated she will report back to Mr. Jones with the suggested changes.

Discussion on clarification request regarding the Boards discussion on sending medications such as inhalers, creams, and ointments home with patients when they are discharged from the hospital:

Dr. Young indicated that Missy Duke submitted a request for clarification regarding the Boards discussion on sending medications such as inhalers, creams, and ointments home with patients when they are discharged from the hospital. Ms. Duke stated that the minutes regarding this issue do not fully reflect the discussion. Dr. Young stated that the general feeling of the Board was that this be allowed as long as the labeling and counseling issues were addressed. Dr. Hobbins indicated it makes sense to allow the patient to take these types of medications home with them because the hospital would destroy the medications and the patient would have to pay for them again to have them dispensed from the outpatient pharmacy. Dr. Kemper stated at her facility the medication or a prescription is written and the patient fills the prescription at the outpatient or preferred pharmacy. Dr. Kemper indicated hospital staff can also send the medications down to the pharmacy, have the physician write a prescription and re-label the medications with no additional charge. However, some physicians have a problem with having to write the prescription and not all hospitals would allow this process. Dr. Young stated that inpatient labels don’t give all the specific information. It makes sense to re-label the medication, but how would the counseling be provided? Facilities worry

about inspections, letter of the law, and want to be safe. Could we add in operating standards that would allow sending the patient medications home if specific circumstances were addressed? Mr. Memmott stated he does not see this as a problem with topical creams, eye drops or inhalers. Mr. Walker stated they could be exempt in the operating standards, or be relabeled thru the hospital pharmacy, but it does need to be clarified. Mr. Stillings stated these medications are given in a quantity which doesn't allow for separation and suggested there should be a definition of quantity and that it can not be broken down (such as topical creams). Mr. Walker agreed and stated the operating standards could allow by the ability to break down or not as long as the patient has been counseled on how to take the medication.

Review E-Mail:

Dr. Hobbins reported she received an e-mail regarding repackaging medications received from the VA for Veterans in long term care facilities. Nurses are currently repackaging the medications in the nursing home. The nurse does not place a label on the medications and he/she does not verify that the medication is the correct medication. Mr. Fitzpatrick stated if the pharmacist accepts the medications, he/she has no idea where the medications came from. Board members stated there are other issues such as the integrity of the medications. There is concern whether counseling has been provided. Board members indicated there are safety issues that need to be addressed. Dr. Hobbins questioned whether or not convenience packaging requires a label? Board members indicated that if the medication is brought into the pharmacy, an order would be required as well as a label. Rule needs to be developed to clarify the issues. Board members also stated the FDA requires a license for repackaging.

Break for Lunch at 12:13 p.m.
Reconvened at 12:42 p.m.

Connie Call,
Compliance report:

Ms. Call reported Colton Dale is out of compliance with the terms and conditions of his Order. He failed to submit his reports and he will be requested to meet with the Board next month.

Clell Fowles,
New Order:

Mr. Fowles explained the circumstances that brought him before the Board. He reported his sobriety date is December 1997. Mr. Fowles stated he understands the terms and conditions of his Order. Mr. Fowles stated the closest PIR meeting is over one hour away and he is requesting he be allowed to attend four 12-Step meetings in lieu of two 12-Step and two PIR meetings. Mr. Garn made a motion to allow Mr. Fowles to attend four 12-Step meeting per month in lieu of PIR meetings. Dr. Lundberg seconded the motion. All Board members voted in favor of the motion. **Mr. Fowles is in compliance with the terms and conditions of his Order. He will be seen November 2012.**

Redge Don Jensen
Jensen Pharmacy,
New Order:

Mr. Jensen explained the circumstance that brought him before the Board. He indicated he received a citation and his pharmacy was placed on probation for expired medications. Mr. Jensen stated he is considering selling his pharmacy and questioned whether or not the probation would remain on the pharmacy. Board members indicated that the new owners would have to apply for license and a new opening inspection would be done. Mr. Mitchell Jones, Assistant Attorney General, stated that once the new license is issued, the new person may be responsible for the probation. The Division would need to look at the new application and make the determination. **Mr. Jensen is in compliance with the Order and will be seen November 13, 2012.**

James Bee,
Requested meeting with the Board:

Mr. Bee is requesting termination of probation due to extreme financial hardship. He indicated his probation should have been completed February 2012; however, it took him awhile to come up with the money to register for the MPJE examination. Mr. Bee stated that last month he thought his probation would be terminated because he had finally taken and passed the MPJE examination. Mr. Bee reported he was shocked to find out that the Board had recommended his probation be extended for one year. He stated the Board has always been very supportive at his meetings. He stated it had taken him longer to pay his fines; however thought he had things worked out with Ms. Call. Mr. Bee stated he wants to be a productive member of society, however, if the probation is

extended, he will not be able to financially continue the probation and will need to seek state assistance.

Mr. Bee stated he has fulfilled all the terms of the Stipulation. Ms. Bird stated Mr. Bee was unavailable for telephone calls and the Board and the Division could not contact him for his interviews. Mr. Bee stated he has an offer of a position if the probation is lifted, but if the probation is not lifted he will not be hired. Dr. Lundberg stated the Board has been supportive, but he has been out of compliance each quarter for the last year. Mr. Bee stated he has made an extreme effort to meet the requirements; he does not have a substance abuse issue, and has not harmed anyone and feels the probation should be terminated. Mr. Bee stated he feels he only missed one meeting. Dr. Lundberg stated in this case the only measure of successful compliance, is compliance with paperwork. Dr. Young stated his phone number changed three times in the last six months. Mr. Bee stated that was due to financial reasons and he was concerned with other issues and did not think the first thing that he needed to do was notify the Board. Dr. Lundberg stated the Board can't terminate probation at this point and we would like to see compliance for a longer period. Mr. Bee stated he has not signed the extended Stipulation. He stated he understood the probation was up in February and once he passed the MPJE examination the probation would be terminated. Mr. Jones, Assistant Attorney General, stated that according to the Order, if Mr. Bee has always been employed during the probation, has never lived outside of Utah, and passed the examination there is nothing to stop the probation from tolling. Mr. Bee's probation is terminated.

Heather Palmer
Probation interview:

Ms. Palmer reported she is doing well. All of her urine screens have been negative and she is requesting an amendment to her Order to lift the restriction regarding alcohol. Ms. Palmer stated alcohol was not her drug of choice and with the holidays coming up, she would like to be able to have a social glass of wine. Dr. Lundberg made a motion to approve her request and lift the alcohol restriction. Ms. Bird seconded the motion. All Board members voted in favor of the motion. Dr. Lundberg also recommended

she be seen in nine months and if she continues to do well, will consider termination of probation. **Ms. Palmer is in compliance with the terms and conditions of her probation. She will be seen May 2013.**

Michael Wright,
New Order:

Ms. Call reported Mr. Wright signed the Order August 19, 2012; however the Division Director was out of the office and did not sign the Order until yesterday. Mr. Wright will be scheduled in September.

Break at 2:21 p.m.
Reconvened at 2:34 p.m.

Diann Millikan,
Probation interview:

Ms. Millikan reported her recovery is going well. She stated she feels she is doing better this time due to all the changes she has made. Board members indicated the therapist needs to clarify the number of times Ms. Millikan has seen him in the last quarter. It appears that Ms. Millikan has only seen him once this quarter. Ms. Millikan stated she sees him once or twice a month and will have him submit the letter. Ms. Millikan stated voc rehab has now approved a different counselor and Ms. Call will verify that she is an appropriate counselor. Ms. Millikan's probation will terminate January 2013. Board members reminded her to keep doing what she is doing and remain in compliance. **Ms. Millikan is in compliance with the terms and conditions of her Order and she will be seen again in November 2012.**

Suresh Boodram,
Probation interview:

Mr. Boodram submitted a new essay. Dr. Lundberg stated it was very nicely done. Board members accepted and approved the essay. Mr. Boodram stated he continues to look for a position, but when the employer find out he is on probation, they do not want to hire him. Mr. Boodram questioned when his probation could be terminated. Board members indicated he can request termination of probation at anytime and the Board will take everything into consideration. Board members reminded Mr. Boodram to remain in compliance with the Order. He must submit the reports on time, and if the employer can not submit the report on time, Mr. Boodram should document reminder notices to his employer if the employer continues to be late in submitting

the report. Board members also suggested Mr. Boodram have another pharmacist fill out the form if the supervisor is out of town. **Mr. Boodram is in compliance with the terms and conditions of his Order. He will be seen November 2012. Mr. Boodram stated he may be out of the country at that time because his mother is having surgery.**

Dennis White,
Probation interview:

Mr. White is due to meet with the Board in November and did not need to meet with the Board today.

Kirt Wray,
Requesting re-licensure as a pharmacist:

Mr. Wray met with the Board to request re-licensure as a pharmacist; however, he does not want to hold the controlled substance license. Mr. Wray stated he has been in recovery since November of 2005 and doesn't want to be around controlled substances. He is currently teaching pharmacy technicians at Eagle Gate College. He indicated he would like to work PRN as a pharmacist or teach at a higher level. He indicated he would like to work in a non-traditional setting. Mr. Wray also stated he feels he should not be required to provide urine screens. Dr. Hobbins questioned whether or not he could be issued a pharmacist license without the controlled substance license. Board members indicated he could be licensed without the controlled substance license; however, they would require urine screens if they issue the license on probation. Mr. Wray meets current requirements for licensure with the exception of passing the MPJE examination. Dr. Hobbins indicated the Division will approve him to sit for this examination. A motion was made to issue the license on 5-year probation after Mr. Wray passes the MPJE examination. Board members indicated it would be the standard controlled substance Memorandum of Understanding. The conditions that were in place on the probation at the time he surrendered the license should also be incorporated. Board members indicated he must take the MPJE within 3 months. The motion was seconded. All Board members voted in favor of the motion.

Tom Harper report on the Controlled Substance Database training courses:

Mr. Harper indicated the educational courses offered on the Controlled Substance Database will no longer be scheduled; however, the courses will still be offered on an as needed basis.

Mr. Harper also reported on a situation where a practitioner contacted him regarding a patient who wanted a year's supply of a controlled substance for emergency preparedness. Board members indicated that the physician can not write a controlled substance prescription for a year's supply. The physician could write the prescription and the pharmacy could fill at the 80% rule. However, this may cause a red flag, and they would have to be careful not to commit insurance fraud. Mr. Harper also reported that pharmacy technicians want access to the controlled substance database, however, it is not allowed by current law for the pharmacist to delegate to the pharmacy technician.

Pharmacy Technician Programs:

The following Pharmacy Technician programs were approved: Lenny's Family Pharmacy; PassAssured, and Cache Valley Pharmacy. Ms. Bird will review Lovell Pharmacy Technician program and report back to the Board.

June 26, 2012 Minutes:

Dr. Lundberg made a motion to approve the June 26, 2012 minutes with corrections. The motion was seconded. All Board members voted in favor of the motion.

July 31, 2012 Minutes:

Dr. Lundberg made a motion to approve the July 31, 2012 minutes with corrections. The motion was seconded. All Board members voted in favor of the motion.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

November 15, 2012
Date Approved

(ss) David Young
David Young, chair,
Pharmacy Licensing Board

November 15, 2012
Date Approved

(ss) Debra Hobbins
Debra Hobbins, Bureau Manager,
Division of Occupational & Professional Licensing