

MINUTES

**UTAH
PHARMACY BOARD
MEETING**

February 26, 2013

**Room 474 (fourth floor)– 8:30 a.m.
Heber Wells Building
Salt Lake City, UT 84111**

CONVENED: 8:34 a.m.

ADJOURNED: 5:23 p.m.

**Bureau Manager:
Board Secretary:**

Debra Hobbins, DNP, APRN
Shirlene Kimball

Conducting:

David Young, Pharm D, Chair

Board Members Present:

Kelly Lundberg, PhD, public member
Jan Bird, CPhT, pharmacy technician
Derek Garn, R.Ph
David Young, Pharm D
Andrea Kemper, Pharm D
Greg Jones, R.Ph
Carl “Trip” Hoffman, Pharm D

DOPL Staff Present:

Mark Steinagel, Division Director
Ray Walker, Division Enforcement Counsel
Richard J. Oborn, Bureau Manager
Connie Call, Compliance Specialist

Guests:

Ryan McTish, University of Utah Hospital
Randy Bushell, 4 Care Pharmacy
Wayne Jones, Utah Pharmacists Association
Greg Jensen, Target Pharmacy
Robert Pratt, 4 Care Pharmacy
Jacob Blackham, Intermountain
Kavish Choudhary, University of Utah
John Sisto, ESI
Kort Delost, Medicine Shoppe
Dean Moncur, Omnicare
Jeannie Brennan, R.Ph, J.D.
Dallas Moore, Intermountain
Dave Cheney, AFS
Linda Sandberg, R.Ph
Scott Mitchell, AFS

Adam Romney, Coram
Camie Brinkerhoff, Walgreens
Betty Yamashita, Intermountain
Tyson Rockwell, Univ. of Utah College of Pharmacy
Brittany Bryan, IHC
Matt Brown, University of Utah
Christian Clark, University of Utah student
Missy Duke, Pharm.D, USHP
Tracy Hellem, U of U College of Nursing

TOPICS FOR DISCUSSION

January 22, 2013 Minutes:

Introduction of Richard J. Oborn,
Bureau Manager, Bureau 3:

Dr. Young report on NABP Item Writing
Session:

DECISIONS AND RECOMMENDATIONS

Dr. Kemper made a motion to approve the minutes with corrections. Ms. Bird seconded the motion. All Board members voted in favor of the motion.

Dr. Hobbins indicated the Division has made changes in the professions assigned to each Bureau Manager. Dr. Hobbins indicated the Pharmacy profession has been reassigned to Richard J. Oborn, Bureau 3. Mr. Oborn was introduced and Board members welcomed Mr. Oborn.

Dr. Hobbins indicated the Division is planning on a major remodel, depending on funding from the Legislature. Dr. Hobbins reported if the remodel takes place, the June and July Board meetings may be canceled. The Hearing Room will not be affected by the move; therefore, a formal Hearing could be scheduled. Dr. Young questioned whether the Board meeting could be scheduled at an alternative site. Mr. Oborn stated he would speak with Mr. Steinagel to see if an alternative site would be an option. Dr. Young indicated that June and July would be optimal times for hosting stakeholders' meetings related to practitioner dispensing.

Dr. Young indicated the NABP item writing session will be held March 21-22, 2013; however, he will not be able to attend the meeting. Dr. Hobbins questioned whether other Board members would be able to attend. Dr. Young indicated if a member of the Board can not attend the meeting, he will speak with NABP to see if an arrangement could be made to have a review in Utah.

Dr. Mark Munger presentation,
“Research Series on Healthcare Practitioner
Dispensing 2012”:

Mr. Steinagel indicated that the Pharmacy Practice Act changes required a study regarding practitioner dispensing. He indicated the study was awarded to the University of Utah and Dr. Munger.

Dr. Munger stated the researchers first looked at web sites from all 50 states to review that the states’ laws regarding practitioner prescribing. The second part of the study included a national survey of healthcare practitioners who dispensed medications allowed by Utah law, and was then expanded to include additional medications. The third part of the study included contacting the consumer.

Dr. Munger reported they found forty-four states allowed non-pharmacist dispensing. Six states allowed dispensing on a restricted basis (Montana, Utah, Texas, Massachusetts, New Jersey and New York). Twenty-eight states required registration in order to dispense. Thirty-four states did not require compliance with pharmacy requirements, seventeen states required some compliance and five states required the practitioner to follow pharmacy requirements. Dr. Munger stated 620 practitioners across the country were contacted, including nurse practitioners, optometrists, dermatologists, plastic surgeons, medical oncologists, psychiatrists, internal medicine physicians and primary care practitioners. He indicated that of those contacted, 75% of dermatologists dispensed, 72% of plastic surgeons dispensed, 68% of hematologists dispensed, 65% of medical oncologists dispensed and 59% of internal medicine practitioners dispensed. Dr. Munger reported, of those practitioners who dispensed, they dispensed almost daily and it was a common part of their practice. The medications dispensed most were for OTC pain, OTC first aid and skin care. The dispensing practitioners felt practitioner dispensing improved patient adherence and reduced the cost of healthcare. Dr. Munger stated the study found 87% of dispensing practitioners provided patient counseling and 85% followed proper drug storage procedures. The study found the most purchased medications are pain medications, antibiotics and heart medications. Consumers were questioned about whom they would contact if they experienced side effects. Respondents

indicated if they had a side effect, and if they received medication from a pharmacist, they would contact the health care practitioner first, the pharmacist second, and urgent care last. If they received the medication from a practitioner, they would contact the healthcare practitioner first, a pharmacist second, and then urgent care. Dr. Munger reported the percentage of patients who would seek treatment in the emergency room for a medication side effect decreased by almost half if the practitioner dispensed the medication.

Summary: The dispensing of legend and OTC medications by a healthcare practitioner is firmly entrenched in the US. Dr. Munger reported healthcare practitioner dispensing will continue to expand and there is no direct sign of adverse safety issues. Patient adherence, lowered costs, and convenience to both the consumer and practitioner are driving the practice. Dr. Munger indicated full dispensing from the practitioners is on the horizon, maybe within one or two years, and stated he feels pharmacists need to start the discussion now. Mr. Dave Davis stated he agrees with Dr. Munger, the pharmacists need to be leading the discussion and the idea of just saying no to practitioner dispensing and being entrenched in old traditions is not a very good place to be. Pharmacists can choose to be part of the process or be run over along the way. Pharmacists need to focus on the things they do well and deliver healthcare more efficiently and in the most cost-effective way.

Compounding Task Force report:

Dr. Hoffman reported that the task force has had two meetings since the last Pharmacy Board meeting. He indicated there are 12 pharmacists currently on the task force, including members from USHP, UPhA, institutional pharmacies and independent pharmacies. Dr. Hoffman stated task force members want to improve patient safety and services provided by the compounding pharmacy. He reported the task force came up with the following recommendations:

1. Initiate a moratorium on inspections actions for 12-18 months.
2. Provide and ensure adequate routine investigator training, including training and competency evaluations.

3. Encourage the investigator to educate and follow-up on inspections.
4. Revise the compounding self-inspection report.
5. Create self-inspection reports for Class B and C pharmacies.
6. Revise the Pharmacy Practice Act.
7. Identify issues related to the transference of compounded medications within institutional settings in the same organization.
8. Create clear language regarding the definitions of manufacturing and traditional versus non-traditional compounding, and where “for office use” medications come into play.
9. Send an advisory letter to all compounding pharmacies to ensure that everyone is on the same page.
10. Provide education and networking opportunities to enable compliance with USP standards.

Dr. Hoffman stated that USP 795 and 797 regulations are not black and white and full compliance is difficult. He indicated these standards are often misinterpreted by pharmacists and pharmacy investigators. Dr. Hoffman urged the Division to give a 12-18 month moratorium on inspections to allow the compounding pharmacies to come into full compliance. He stated the task force is not asking the Division to cut back on inspections, but to provide a peer review type of inspection. Dr. Hoffman stated they would like the investigators to educate rather than issue citations within this 12-18 month period. This would allow all compounding pharmacies to receive additional education and implement all sections of USP 795 and 797. He stated the pharmacies could perform a GAP analysis to determine what they need to do. Dr. Hoffman suggested sending out an advisory letter to pharmacies. Dr. Hoffman stated they are looking forward to working with the Board, DOPL and investigators. He also suggested the investigators attend a task force meeting. Mr. Steinagel stated he had specifically told the investigators not to attend the meetings in order to allow task force members to come up with recommendations. Mr. Steinagel stated the Division is sending the investigators to the Critical Point Training (training on USP 795 and 797) in May. Mr. Steinagel stated he is willing to fund an expert,

such as an NABP inspector, to meet with the investigators. Mr. Steinagel stated the Division would not issue a moratorium on inspections or citations because there may be a critical situation that needs to be investigated. He stated he understands the need to focus on education but he cannot promise a moratorium.

Kurtney Stirland, discussion regarding rural pharmacy issues:

Mr. Stirland could not attend the meeting and will contact the Division to be rescheduled.

Dr. Dru Allen,
Utah Veterinary Medical Association:

Dr. Allen met with the Board as a follow-up to his July 2012 discussion regarding pharmacists stocking and dispensing veterinary medications. Dr. Allen stated members of the Veterinary Medical Association feel that a pharmacist who chooses to dispense veterinary medications must have the proper training. Dr. Allen indicated he met with the Board in July. He stated it was his understanding there was a general agreement that pharmacists should have adequate training to answer questions regarding medications dispensed for animals. He stated at this time he would like to discuss with the Board what a reasonable training requirement would be and what a pharmacist needs to do to stock veterinary medications. Dr. Young responded that if the Board made requirements for every subspecialty, the laws and rules would increase dramatically. Mr. Walker indicated other professions do not make requirements for each specialty and it is unprofessional conduct to exceed one's scope of training and competency. Dr. Young stated he feels the pharmacist needs to determine if they have adequate training. Mr. Jones questioned what other states have in place. Dr. Young stated he does not think most states have a requirement for dispensing veterinary medications. Dr. Allen indicated pharmacists need to understand the differences between species when medications are involved. Dr. Young stated on the flip side, what specialized knowledge do veterinarians have regarding the storage and dispensing of medications, and should we require certification for the veterinarian? Dr. Allen stated his concern is that more and more pharmacies are selling veterinary specific medications and he is concerned that the patient would be harmed if the pharmacist does not know the correct answer to a

question. Dr. Young stated that the pharmacist would treat it like any other prescription. The pharmacist would use professional judgment and call the veterinarian if there was a question regarding the prescription. Mr. Garn stated that if a big chain store carries the medications, the pharmacist would become familiar with the medications and would receive additional education. Dr. Lundberg stated there are checks and balances in the Statute. Ms. Sandberg, guest, stated she would be more concerned with the ranch stores selling these medications. Dr. Allen stated they do not have any oversight of these stores.

Break at 10:20 a.m.
Reconvened at 10:35 a.m.

Review Division of Occupational and Professional Licensing Audit:

Dr. Hobbins reported on the Division's Legislative audit. She indicated there was concern that not all probationers are treated the same. Dr. Hobbins thanked the Board for their consistency in dealing with probationers. Dr. Hobbins indicated the Division has implemented several changes such as issuing fines for non-compliance and has put in place an Informal Agency Action or informal proceedings that allow for a faster resolution to issues as compared to formal hearings.

Discussion regarding prescription for non-prescription items:

Dr. Hobbins indicated there is some disagreement about whether it is the practice of pharmacy when dispensing medications or devices that do not require prescriptions. Dr. Hobbins stated if a practitioner writes a prescription; the pharmacist dispenses, labels, and offers to counsel, it would be the practice of pharmacy. Mr. Garn stated he agrees. Mr. Walker stated if the pharmacy is selling over the counter medications and there is no prescription, it is not the practice of pharmacy. However, if the pharmacist provides any of the practices identified in the Pharmacy Practice Act, it would be the practice of pharmacy. Ms. Brennen, guest, questioned whether a pharmacist could practice without a physical location. Mr. Walker indicated they could practice, such as a consulting pharmacist, but could not dispense medications without being in a pharmacy.

Self-inspection reports:

Board members were provided with the Class A self-

inspection report instead of the compounding self-inspection form. Dr. Hoffman will review the correct form with members of the task force and report back to the Board.

Rules discussion:

Dr. Hobbins discussed the pharmacy technician-in-training time-line. Dr. Hobbins stated there are so many technicians-in-training who miss the one year date and questioned if allowing 18 months would be better. Another suggestion was to allow two years to become licensed and if they are not licensed in that period, they would have to start over and complete the whole program. Mr. Jones stated he would be concerned that the individual would be in continuous training and there would be no incentive to complete the process. Mr. Garn stated if they have not completed the program in two years, they would not be allowed to work. Mr. Jones questioned what about the individuals who have completed the didactic portion of the program and have passed the certification examination but did not obtain the 180 hours. Do we give them the authority to obtain the hours if they pass the examination? Dr. Hobbins indicated we would be back to where we are with the current rules. If the measure of competency is passing the exam, just say pass the exam and forget the 180 hours. Ms. Bird stated the technician-in-training needs to complete practice hours. Mr. Walker stated we leave it up to the responsibility of the employer. Mr. Garn stated he agrees because the pharmacy will put them through their own training program anyway. Ms. Bird stated not all pharmacies would do additional training. It was determined that the rule would read: "An individual who has completed an approved program, but did not seek licensure within the two-year time frame is no longer eligible for employment as a technician-in-training and shall work in the pharmacy only as supportive personnel and shall repeat an approved pharmacy technician training program in its entirety."

R156-17b-303b has been reworded and moved to section R156-17b-306(1). This section reads: for graduates of all pharmacy schools, including foreign pharmacy schools (a) at least 1740 hours of practice supervised by a pharmacy preceptor. The ACPE

standards for IPPE and APPE have been added.

R156-17-310 Exemption from Licensure. Accepted.

R156-17b-605 Operating standards – Inventory Requirements. Mr. Jones indicated we need to add: (2)(d) when combining two pharmacies, each pharmacy shall conduct a separate closing pharmacy inventory of controlled substances on the date of closure and conduct a combined opening inventory of controlled substances for the new pharmacy prior to opening.

R156-17b-605(4) requirements for change of ownership: Board members indicated in section (4)(a) take out “legend drugs.” Eliminate section (4)(b). Move section (7) regarding out of date legend drugs and controlled substances and add (k) to R156-17b-605(1).

R156-17b-614e. Mr. Walker stated he continues to have a question regarding the authority for the Hospital Pharmacy and Emergency Department Treatment Guidelines. He indicated the guideline creates an exemption from the Pharmacy Practice Act by Rule and exemptions need to be in Statute. Mr. Jones suggested making the changes for the title to read “Dispensing Drugs from an Emergency Department and upon discharge from a Rural Hospital Pharmacy.” He suggested we make the change and then have the Statute addressed next year since this document has been in place since 1999.

Dr. Lundberg made a motion to accept the amendments to the Rule. Ms. Bird seconded the motion. All Board members voted in favor of the motion.

Break for lunch 12:00
Reconvened at 12:35 p.m.

Senator Vickers,
Legislative Update:

Senator Vickers met with the Board to provide a Legislative update.
-SB 194 Pharmacy Practice Act changes. Senator Vickers indicated this bill implements the changes suggested by the Board, specifically, deletes extern

from Pharmacy Practice Act definitions; amends the definition of "pharmaceutical wholesaler or distributor"; amends the definition of "practice as a licensed pharmacy technician," amends pharmacy intern licensure qualifications; amends pharmacy technician licensure qualifications; authorizes, under certain circumstances, the dispensing of one or more refills at the time a legend drug prescription is dispensed; clarifies that funds paid for certain refills dispensed at the time a prescription is dispensed may not be recouped as the result of a pharmacy audit.

Senator Vickers questioned if it is allowable for a pharmacy to prepare medications for another pharmacy with a different license classification, within the same organization. Dr. Young and Board members indicated there should be no problem as long as the pharmacies are within one organization with common ownership and the prescription is patient-specific.

Senator Vickers stated he opened a bill file to address the situation wherein a pharmacist receives a prescription from a practitioner for a 30-day supply with eleven refills. If the pharmacist fills a 90-day supply and is audited by a PBM, the PBM's practice has been to ask the pharmacy to repay the money for the prescription because the PBM feels the pharmacist does not have the appropriate documentation to fill a 90-day supply. Senator Vickers stated the PBM is not averse to the bill language, yet has indicated that Utah law does not allow the pharmacy to fill for 90 days. Senator Vickers spoke with Dr. Young and Mr. Memmott, who noted the rules are not clear. Senator Vickers indicated the proposed language allowed refills to be included with the 30-day supply, but not to exceed a 180-day supply. His question was whether to set the 180-day limit or leave it open-ended. Mr. Garn pointed out there are patients who have received a prescription from the practitioner and approval from the insurance company for a one-year supply, and he suggested it should be open-ended. Dr. Duke stated her only concern would be for those patients, especially the elderly; whose condition may change yet the pharmacist dispensed a six-month supply of medications. Mr. Garn stated he feels it is the pharmacist's professional judgment. Senator

Vickers stated the bill may receive some opposition if we leave it at 180 days or open-ended. He indicated he did add, if the practitioner feels it is medically necessary. Mr. Garn indicated he would like to see it left up to the professional judgment of the practitioner. He suggested adding dispense as written and strike the 180 days. Dr. Hoffman indicated 90 days is reasonable and if it affects the ability for the bill to pass, leave it at 90 days. Mr. Garn then suggested changing to 100 days instead of 90 days.

S.B. 78: This bill amends the Pharmacy Practice Act to allow the pharmacist or pharmacy intern dispensing a prescription to substitute a biosimilar product in the place of a prescribed biological product under certain conditions. The prescribing practitioner has to be notified of the changes but the notification does not have to occur prior to the change, but within 72 hours by either phone, written, fax or email. Senator Vickers indicated there is concern that this will happen with all generic medications. He indicated he will lobby to have it removed.

H.B. 120: The bill is related to commercial and academic detailing for prescription drugs. Senator Vickers reported the bill attempts to say that academic detailing is held to the same standards as commercial detailing. It is intended to be restrictive for pharmacists and physicians. It exempts teaching a student or a patient. Dr. Duke stated that academic detailing is good thing and saves money. If this bill goes into effect, she feels academic detailers would not be able to have medication discussions with patients.

S.B. 189: This bill amends the Insurance Code and provides that if a health insurer covers both oral chemotherapy and intravenous chemotherapy, the insurer shall apply the same cost-sharing requirements to both oral chemotherapy and intravenous chemotherapy, and prohibits a health insurer from increasing the cost-sharing for oral or intravenous chemotherapy.

S.B. 203: This bill directs the Division to offer information on the pharmacy website encouraging prescribers, pharmacists, and pharmacy interns to

include information relating to the condition the prescription is meant to treat on certain prescription drug labels; and directs prescribers to encourage pharmacists and pharmacy interns to include information relating to the condition the prescription is meant to treat on certain prescription drug labels.

H.B. 323: This bill amends the Insurance Code related to health insurance and prior authorization forms for prescription drugs. Senator Vickers stated this bill would simplify the prior-authorization process.

Senator Vickers stated he is trying to draft a bill that would create a licensure classification of dispensing medical practitioner, list out the qualified types of practitioners, determine whether it is the practitioner or the clinic that is the licensee, and determine requirements. Senator Vickers stated he would like input on this issue in the coming year.

Mr. Garn made a motion to change proposed language regarding the prescription fill to allow for a 100-day supply and add, "quantity as written" to the language. Dr. Hoffman seconded the motion. All Board members voted in favor of the motion.

Dr. Young, report on the Controlled Substance Advisory Committee:

Dr. Young reported the Controlled Substance Advisory Committee has recommended that Tramadol be classified as a Schedule V. If it becomes a Schedule V, it would have to be reported to the controlled substance database. Dr. Young also indicated the FDA has recommended that hydrocodone be classified as a Schedule II. Dr. Young stated there will be huge impact if hydrocodone becomes a schedule II drug.

Break at 1:45 p.m.
Reconvened at 2:10 p.m.:

Connie Call,
Compliance report:

Ms. Call reported the following individuals are out of compliance with the terms and conditions of their Orders:

- Colton Dale is late submitting his paperwork and has never been in compliance with his Order.
- Jessica Keady is not calling Affinity, has not submitted any paperwork and is currently in jail.

-4 Care Pharmacy was requested to schedule a meeting with Ms. Call prior to meeting with the Board, but has not done so. 4 Care Pharmacy will be scheduled for next month.

- Kirt Wray submitted his 12-Step paperwork late and only attended one meeting.

- James Ammon was late in submitting his paperwork. Mr. Ammon has submitted a request to amend his hours and be allowed to work 80 hours in a two week period, working 60 hours one week and 20 hours the next week. Ms. Call spoke with the supervisor who verified the hours. Dr. Hobbins indicated he signed the Order, then went ahead and worked without notifying the Division. He has not completed the Thinking Errors course. Dr. Lundberg stated she would recommend his request to work more hours be denied due to his non-compliance. Mr. Garn indicated Mr. Ammon is working on the Reservation in Arizona and would be working 7 days on and 7 days off. He indicated he would be fine with approving the request. Mr. Garn made a motion to allow him to work the 80 hours spread out over the two-week period. Ms. Bird seconded the motion. All Board members voted in favor of the motion.

David Barrow still owes \$210.00 on his fine. The Division is recommending that he be allowed to pay a minimum of \$10.00 per month to keep him in compliance with his Order. Mr. Jones made a motion to allow Mr. Barrow to pay a minimum of \$10.00 per month until the fine is paid. Dr. Kemper seconded the motion. All Board members voted in favor of the motion.

Heather Palmer is requesting early termination of probation. Ms. Call reported Ms. Palmer has always been in compliance with her Order. Dr. Lundberg made a motion to approve the request pending checking with Investigations. Ms. Bird seconded the motion. Mr. Jones abstained. All other Board members voted in favor of the motion.

Roger Allen has completed the terms of his public reprimand. He did not need to meet with the Board.

Colton Dale,
Probation interview:

Mr. Dale stated he is in school and working full time. Dr. Lundberg questioned how he thinks he is doing on

probation. Mr. Dale stated he feels he has been doing well. He stated he will be off criminal probation next month and will submit the documentation of completion. His court-ordered urine screen testing ends once he is off criminal probation and he will need to start the Division's drug screen testing. He stated he feels his probation with the Board is good, but he knows he is late submitting paperwork at times. Mr. Jones informed Mr. Dale that being late on his paperwork places him out of compliance. He did not submit a self-assessment report for February and since he has never been in compliance, he needs to continue to submit monthly reports. He is also missing the October, November and December reports. Mr. Dale stated he feels he is doing the right steps. He indicated he has not had alcohol since July 2011. Mr. Dale stated he forgets to give his employer the employer reports to submit. Dr. Lundberg stated it is a big deal to get the paperwork in and on time. Mr. Jones stated the Board can consider issuing a fine for non-compliance. Dr. Lundberg questioned if the Board gives him another chance, can he come into compliance and remain in compliance? Mr. Dale stated it is not that he wants to be out of compliance, he is just not organized. Dr. Lundberg questioned if the Board gives him another chance, can he come into compliance? Mr. Dale stated yes. Mr. Jones stated the Board is not asking that much of him and would recommend no fine at this time. However, if he is out of compliance next month, there will be a \$250.00 fine. Mr. Dale stated he understands and will come into compliance. **Mr. Dale is out of compliance with the terms and conditions of his Order.**

Suresh Boodram,
Probation interview:

Mr. Boodram has written a letter requesting early termination of probation. Dr. Lundberg stated the request was nicely written and it appears he put a lot of thought into the request. Mr. Boodram indicated when he spoke with Mr. Memmott, they originally discussed a two year probation but it was extended to five years with the intent that if the evaluation came back and he did not have a substance abuse problem, the Board and the Division could reduce the probation to two years. Dr. Lundberg requested Mr. Boodram convince her why his probation should be terminated. He stated his employer reports were late at the

beginning, and he discussed the concerns of late paperwork with the employer. He stated looking back, he now understands the practice of pharmacy better, knows what is right and what is proper. He stated he completed the Thinking Errors course and has applied the things he learned. Board members questioned whether he would repeat the actions that brought him before the Board. He stated, no, it was foolish and will not happen again. Dr. Lundberg stated it was good to see him finally take responsibility. Dr. Lundberg made a motion to grant the request for early termination pending information from Investigations. Mr. Jones seconded the motion. All Board members voted in favor of the motion.

Jensen Drug,
Redge Jensen, Owner
Telephone probation interview:

Mr. Jensen reported things are going okay. He stated he is still in the process of trying to sell his pharmacy. Mr. Garn reminded him to remain in compliance with the requirements of closing/selling a pharmacy. **Mr. Jensen and Jensen Drug is in compliance with the terms and conditions of the Order.**

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.

March 26, 2013
Date Approved

(ss) David Young
Chairperson, Pharmacy Licensing Board

March 26, 2013
Date Approved

(ss) Richard J. Oborn
Bureau Manager, Division of Occupational & Professional
Licensing