

NEW HAMPSHIRE BOARD OF PHARMACY

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PUBLIC MEETING MINUTES 2-21-18

The Board of Pharmacy meeting convened at 8:30 a.m. with the following Commissioners present; Commissioner Merchant, Commissioner Pervanas, Commissioner Fanaras, Commissioner Genovese, Commissioner Bouchard, Commissioner Rochefort, Commissioner Laliberte, all in attendance.

Agenda Review:

1. Move Cheshire Medical Center, Keene to Public agenda item #24
2. Add an additional item X to Non-Public
3. Add an item #25 to the Public agenda – Board Report, new inspection processes.
4. Add an item #26 to the Public agenda – NH Hospital Pic Change application.
5. Move item #22 to 11:00
6. Move item #4 to 11:00
7. Item T in Non-Public there is additional information received.
8. In your folders you have; a PIC change checklist, Pending Legislative Update, Annual Department of Justice Law review that all Board members should attend on March 23, 2018, and a form that is currently being used in some pharmacies that needs review and discussion.

New Business:

1. Meeting Minutes for December 11, 2017 on motion from Commissioner Genovese to approve the meeting minutes with a second from Commissioner Pervanas. Vote 7-0-1 Commissioner Laliberte Abstained.
2. Meeting Minutes for January 11, 2018 on motion from Commissioner Pervanas with a second from Commissioner Laliberte. Vote 7-0-1 Commissioner Genovese Abstained.
3. Consent Agenda; on Motion from Commissioner Genovese and a second from Commissioner Laliberte to approve the consent agenda as amended. Vote 7-0-0.

The remaining consent agenda items are all PIC changes:

- a. WalMart Pharmacy 10-1907 Hinsdale. Joshua Varieur, R.Ph
- b. Rite Aid #04155 Plymouth. Prafull Kore, R.Ph
- c. Huggins Hospital Wolfeboro. Dustin Butler, R.Ph
- d. Rite Aid #10269 Milford. Christopher Beavers, R.Ph
- e. Walgreens #09613 Nashua. Lindsey Cashell, R.Ph
- f. Walgreens #02566 Salem. Robert Bozek, R.Ph
- g. CVS #17558 Greenland. Hoai Luciano, R.Ph
- h. Lakes Region General Hospital Laconia. Margaret Kearns, R.Ph
- i. Osco Pharmacy #7484 Londonderry. Kaitlyn Simoneau, R.Ph

4. PDMP Report – Dr. Strang and Michelle Ricco-Jonas provided a PDMP Audit update. The PDMP meets the 3rd Monday of the month. They have broken down the Advisory Council into groups that could work on specific categories to accomplish more in a shorter time. There were 26 action items from the audit. Goals have been established. There are meetings for the strategic planning. There are other states that are watching how New Hampshire integrates procedures and creates laws and rules. We have established a primary committee and a secondary committee to make sure all of the items are covered. We have approval from OPLC to have a full time analyst, so we are hoping it will all come together in July. The Board reviewed a letter from Michelle that she will be sending out to all practitioners informing them they are now allowed to print and place the New Hampshire PDMP data report into the medical record. They cannot use data from other states. Dr. Strang would like to work towards getting all PDMP data into the medical record.
5. Legislative Update – Mike has offered to send emails to the Board members to inform them when hearings will be held in regards to items that affect the Board of Pharmacy. Commissioner Merchant asked if Commissioner Bouchard would also be willing to head a subcommittee, because things happens so fast in the Legislature and would she be willing to help in dispersing information as to what is coming and to work with Chief of Compliance/Administrator Michael Bullek with this process. If an OPLC employee attends a Legislative event and they wish to speak in regards to certain legislation, they have to be very clear who they are representing with regards to that legislation. OPLC is getting more involved with legislation and they want to be certain when an employee of OPLC goes over, they have to be very clear with what role they are taking when going to speak on behalf of legislation, whether they are speaking on a personal level, or as a representative of the Board, or as a representative of OPLC. Transparency is key with this new directive.
6. Justin Knowles – requesting the restrictions be lifted as he moves forward in his life, he would like to show progress in the workforce and if another opportunity ever came forward, he would like to have the opportunity to show this progress.
7. Performix Technician Training Program Approval. Courtney Parker is the PIC and she is looking for guidance with regards on how to get this training approved. Commissioner Pervanas, the Board was looking for more application based vs knowledge based training. There are some training videos, visual assessments to work with the components of the prescription process. There is a written exam. It takes a technician about 5-6 hours to read through all the material and complete the online videos of this training. Commissioner Rochefort, one of the things we are looking for is practice specific information. You come from a unique practice, which is different from a retail pharmacy, so when we look at a program to evaluate it, we want to see that your program is relevant to your practice. A technician taking a program in a hospital is not going to pertain to your practice. I would rather see more relevant information based on your practice. You are on the right track, but make it your program and make it so that when they complete this, the technician will be able to get this in-depth knowledge that they can use on a day to day basis. For example, they are going to see how you calculate a cream or use a drop of something; make it your program. The global picture is you are creating this teaching tool for uncertified technicians, which is a class that they can do on a year to year basis for your practice. If they can show competency in that, then I think you've got. Commissioner Bouchard, How much are you going to be charging for this program? There is no fee for this. The Board asked Ms. Parker, when your program is completed, please provide the information to Chief of Compliance/Administrator Michael Bullek to be put on the agenda for next month.
8. Imperial Rx – New Pharmacy Application. Ralph Brutus, Owner and James Tomacchio, RPh Pharmacist. They are currently interviewing for another pharmacist and technicians. Mr. Tomacchio still needs to take the PIC exam and will schedule it as soon as possible. On motion from Commissioner Rochefort to approve the application contingent upon passing the PIC exam with a second from Commissioner Genovese. Vote 7-0-0.
9. Rite Aid #10270 Nashua PIC application. Brendon Rock, District Manager and Ashley Rembis, R.Ph Ms. Rembis has had discipline in the past. Ms. Rembis' states the employer does provide relief coverage when needed. Commissioner Fanaras, to Mr. Rock, you are aware of the situation here and you have to take part of the responsibility to be certain that she will be able to succeed at her new position, overseeing the pharmacy department, compliance with the pharmacy and all it entails. Ms. Rembis, stated that time period was a one-time mistake and all I can say is that this will never happen again, and I would like to just have the opportunity to prove this to you. In the last year, I have been trained from the current PIC as to how to be a

PIC and the new things coming down the road and he would take a time off and I had to step into those roles the last couple of months and being put in that position for those times, it has given me confidence that I can do this. My supervisor and my staff are a great support team and I really feel I am ready for this. On motion from Commissioner Rochefort to grant the PIC change with a second from Commissioner Fanaras. Vote 7-1-0. Commissioner Laliberte opposed.

10. Laura M Sargent – Collaborative Practice Application. I have been an ambulatory pharmacist for 2 years in this position. We are trying to improve diabetes care for our patients and efficiency for our patients. The diabetic clinic is a portion of my position, I see patients for other types of diagnosis. We will be reviewing patient's outcome over time and work with the patient care coordinators and other team members to provide a better patient outcome. We offer medication management, teaching and helping them with their medications, and a support service. Commissioner Rochefort, this is a very comprehensive collaborative practice agreement, great job writing it. This is the future of pharmacy. Maybe as we have more collaborative practice agreements we can find a forum where you folks could come together collectively and offer data and find successful tools for the patients clinically and financially. All agreed it would be great. On motion from Commissioner Genovese to approve with a second from Commissioner Rochefort. Vote 7-0-0.
11. Lindsey Banister – Collaborative Practice Application. Inpatient pharmacist at the Coumadin Clinic at Lakes Region General Hospital. The application and rules do not ask for continuing education copies. (The Board's office to update this application and put it on our website). Commissioner Rochefort, this is a very comprehensive collaborative practice agreement, it was well written, great job. We do point of care testing and seeing patients. In a typical day I see between 20-30 patients. We have 4 different pharmacists and then there are a few who fill in. I also rotate to the inpatient pharmacy as well. When I am doing working in this capacity, I am dedicated to this practice. Commissioner Merchant, would you also be willing to come together and have an open discussion as spoken of with the previous applicant. Ms. Banister agrees. On motion from Commissioner Rochefort with a second from Commissioner Genovese to approve the application. Vote 7-0-0.
12. Foundation Hematology/Oncology requests for a Certified Pharmacy Technician to do sterile compounding. Commissioner Merchant, I see 2 issues here, the compounding itself and then, the drug preparation for immediate administration issue? The facility is putting a containment unit in and also putting in a hood. Commissioner Genovese states our rules state "under the direct supervision of a pharmacist" we have to look at that. Right now they are mixing it at Foundation Hematology/Oncology and then the technician takes it to the office. Moved to Non-Public.
13. Ph 300 for review by all Board members and submit all suggested changes to Traci on or before March 7th.
14. Ph 1900 for review by all Board members and submit all suggested changes to Traci on or before March 7th. Traci will send out word documents so that everyone can track changes and send back to Traci to keep track of all changes and suggestions. The goal is to have the approval in March and have final approval after the April meeting for both 300's and also 1900's.
15. Ph1800 rules. These are past the time allotment with JLCAR so we have to start the process over. So Mike needs a motion to send these to fiscal impact statement. On motion from Commissioner Fanaras to approve Ph1800 and send to JLCAR for fiscal impact statement with a second from Commissioner Bouchard. Vote 7-0-0.
16. Ph 700 Standards of Practice. For discussion today. Ph702.01 B, 4 states designated area for 'adequate' size. Commissioner Merchant does not feel this word will get past JLCAR. We need to define 'adequate size' and we also need to consider if we are going to 'grandfather' and if we are not going to grandfather, then we need to have a timeframe in order to allow people to change their areas. "Private enclosed consultation area designed to comply with HIPPA regulations" will be the wording agreed upon. Ph702.05 (d) take out the word sole and replace with control. Moving onto Ph702.05 limitations on access. We have been putting some of this in place already, we have putting both the permit holder and the pic on the permits. Next Ph704.04 (k) and (1) contradict each other. We need to eliminate (K). For patient care, it would be nice to transfer all of them. So take out electronic and change 1 to k. Ph703.03 (a) take this policy and put into the rules here. Then 703.04 (g) relates to documentation to refill order needs to be entered into the computer each time a .. 3, 4, 5, so you can eliminate 1 as well and get rid of the log book as well. Take out H then

references the computerized system, which is great. Next, K, Do we really need to be told where to put the sticker? Chief of Compliance/Administrator Bullek will review the federal regulations to see if we can take it out of our rules. Commissioner Rochefort, 704.03 this is an issue I brought up to Chief of Compliance/Administrator Bullek and Inspector James Queenan, they say this form has not broken any of our laws or rules. So I put a form and a piece of paper with rule language in your packets. These order forms are something I see every day. This is faxed to the doctor to complete but, they have no idea what the patient is actually going to be receiving. This form is made up of formularies. There is a box, if the insurance company does not accept this medication then the pharmacist can choose a different medicine. Cash paying patients, there is a different medication to receive. You could actually receive 30 different medications with this form? Is this true?. This gives an opportunity for the pharmacist or pharmacy to regulate what the patient actually gets. There is another box where the doctor has to actually opt-in to receive an update. We need to address this in our rules. Commissioner Rochefort has proposed the following wording *“Unless a generic substitution or actions within a collaborative practice agreement, a prescription order must not give the pharmacist authority to change, alter, or manipulate the order without first contacting the prescriber; subsequent to the communication the pharmacist must document the change and who authorized it.”* This will be discussed as part of ph700’s review.

17. CEAC update – Commissioner Merchant’s question, is 10% audited enough for the Board. Should we up that to be 15 or 20%? Commissioner Pervanas, the CEAC committee has updated the audit letter to ask for specific documentation, so this should assist us in getting their documentation back as we need it. The audit is automatically calculated by the computer to generate 10% of the active pharmacist and then it generates a letter to be emailed out. These letters were emailed February 20, 2018 and due back in the Board’s office no later than March 31, 2018. Commissioner Pervanas will review some of the continuing education and see if we need to better align the continuing education to be more specific. Commissioner Pervanas states that a lot of the continuing education out there does not designate for a specific topic. An application requesting approval to issue continuing education was received February 5, 2018 for the NH Immunization Conference scheduled on March 21, 2018. It came to CEAC committee and was voted to approve by the CEAC committee for 5.25 CE’S, so if the Board could ratify this; on motion from Commissioner Fanaras and seconded by Commissioner Genovese. Vote 7-0-0 to approve.
18. Board Notice on Controlled Drug Loss Changes – Chief of Compliance/Administrator Bullek, The drug loss forms that come in to the Board’s office are inconsistent. We have put a form on our website, the **NH Controlled Drug Loss Form** and that is the only form that we will accept from now on. These forms are being tracked on a daily basis in the office and there is a new formulary from compliance. Anything greater than the amount listed on our report forms, it gets a follow up from compliance. If there is more than one loss in a month, it gets followed up by compliance. If there is a consistent loss, will be written up as a violation. In your packet, you will see the inspections listed. There is a risk based inspection formulary, and we originally found we have 53 high risk inspections. Now, **High risk** pharmacies will get inspected twice a year, **medium risk** will get a physical inspection plus a self-inspection form on the odd year, and the **low risk** will be a physical inspection and on the off year they will get a self-inspection. Our rules attorney, Bob Lamberti has the inspection rules and he is putting them into the rule writing format. We have found they will be extensive. You should be getting the rules in a month or two. We have to designate a place in our rules for these. These inspections do take longer now, so we have come up with a pre-inspection letter of what the inspector will be looking for, and this should eliminate some of the time spent at the inspection. These letters will go out quarterly. Commissioner Rochefort would like to have this letter within a week of the inspection. Chief of Compliance/Administrator Bullek states that because of staffing, we are not sure we could do that at this time. Compliance is meeting on a weekly basis to update our forms and propose/create any changes to submit to Attorney Lamberti to put into the rules. This week we are updating the PIC applications. Jason is processing a lot of this work. It is all a work in progress. Commissioner Laliberte states in Ph700’s it states that it is the responsibility of the policy holder to make sure that the pharmacy is staffed for the inspection, and it is hard to do this if the inspection is unannounced. Chief of Compliance/Administrator Bullek states, that has been in there quite a while and we have never been able to enforce that, but we may be moving to that point with these inspections, you have all seen the forms. On

motion from Commissioner Genovese with a second from Commissioner Rochefort to approve the NH Drug Controlled Drug Loss Form and procedures. Vote 7-0-1. Commissioner Merchant abstained he left the meeting at 11:50. Commissioner Pervanas presiding.

19. IS Wholesale Inc. – FYI his application is complete and will be processed. This application was previously denied. The inspectors will schedule the primary inspection.
20. NABP convention – whoever attends the conference, the NH Board of Pharmacy as a whole gets a stipend of \$1500.00 and we usually split that for the delegate and the alternate. We need to choose a delegate and an alternate, on motion from Commissioner Merchant to have Commissioner Rochefort be the delegate and Commissioner Laliberte the alternate. Vote 7-0-0.
21. Questions on Combo Vaccines by CVS – Three different chains have asked about this, so it is not just CVS. Right now we are allowed to vaccinate for multiple different medications. If a medication is a combination medication on the list of compatible medications, are they allowed to give that vaccine together with something else? If each individual vaccine is approved and in the same syringe, and on the compatible list, then yes. But if a vaccine comes out that is not on that list, which is a list of compatible medications they are not acceptable. As long as the combo list includes both the vaccines on the approved combo list, then there is no issue on this. They have to be certain they provide both of the VIS sheets with it though.
22. MCPHS in Manchester would like to expand their current pharmacy. Cheryl Abel in attendance. With regards to our current license, we do not know if the whole space is licensed or if just the drug room is licensed, it was so long ago that we were issued a permit. We do order through Cardinal, but no dispensing takes place. We have OTC products. Commissioner Fanaras, are any of the drugs legend drugs? Yes, we do have some, but they are very old and out dated. Our drug closet is locked at all times, except when the students need to go in and fill their prescriptions. Is it alarmed? No. After lab we close and lock the drug room. Well, you cannot have old outdated drugs in the drug closet, no matter what type of permit you have. What happens if an inspector goes in and what happens if you have 20 year old drugs, you cannot just ignore those drugs. Do you need a permit in order to order from Cardinal? Why can't you just order from Wal-Mart or Amazon? Ms. Able will look into this. Obviously these drugs are not being dispensed to anyone, so just get rid of the expired drugs. We are hoping to make the changes to our space so it is ready in April. Commissioner Merchant would like to table it until next month. Also if Ms. Abel could look at why a permit is needed in order to order from Cardinal. That would be helpful.
23. Ph209 - On motion from Commissioner Pervanas to adopt Ph 209 with a second from Commissioner Genovese. Vote 7-0-0. On motion from Commissioner Pervanas to adopt Ph1200 and a second from Commissioner Genovese. Vote 7-0-0.
24. Cheshire Medical – The PIC application was pulled off of the consent agenda because the person applying has not taken and passed the PIC exam yet. Commissioner Genovese has already submitted his notice to step down from being the PIC which was effective February 20, 2018 at 11:59 p.m. Commissioner Genovese recuses himself from having any votes involved with this topic. However, he is willing to rescind his notice and stay on until the new PIC is ready to move into this position. He has officially stepped down as his letter was submitted and received to the Board's office on February 6, 2018. Commissioner Merchant, from a procedural point of view, there needs to be another application in office in order for the PIC (Mr. Genovese) to come back as being the PIC. And there is no way to receive that application and process it today; it would have to go before the next Board meeting even if it was received today. And they cannot get a sudden loss waiver because it was not a sudden loss. So this leaves the hospital without a PIC, so the responsibility falls back on the permit holder (the hospital). On motion from Commissioner Rochefort to deny the PIC change application for lack of a pharmacist in charge with a second from Commissioner Pervanas. Vote 7-0-1 Commissioner Genovese recused.
25. Board Report – 2017 inspections are complete. We have started the process for licensing technicians and working through the issues as they arise. The compliance team has spent the last month working through new inspection processes. We have been meeting regularly to update the forms and develop new policies and procedures on everything from pre-inspection forms to policies on drug loss. The staffing continues to be an issue with data entry for both licensing and compliance. The buprenorphine investigation is ongoing and more documentation has been received. All three inspectors have been working with the Lean program

group that is looking to develop the software needed for this program. The Lean group has been out with our inspector and was impressed with our context of the inspection and the professionalism of the inspector. Legislatively this has been one of the busiest seasons that I have been involved with in all of the 7 years I have been involved with the Board of Pharmacy. HB 1449-contraceptives and issues surrounding PBM's and insurance have dominated the time I have spent at the state house. A new OPLC memo on administrator involvement recently came out that will require Board members to present testimony to the legislative committees. I can testify, but I have to be VERY clear who I am representing when I speak on behalf of something.

26. New Hampshire Hospital Pharmacy – The PIC application was received the day before the Board meeting late in the afternoon. The facility put the previous PIC on administrative leave, so they applied for a 60 day waiver and it was granted. They are past the 60 day mark now. The facility has just gone through a rebuild. They have a new PIC Mary Gelatis, RPh. They put the effective date on the application of February 16, 2018. On motion from Commissioner Rochefort to grant the PIC application to New Hampshire Hospital Commissioner Bouchard seconded. Vote in favor of approving the application 0-0-0. Those in favor of denying the application 7-0-1. Commissioner Merchant abstained. Application denied based on not being in the office in time to be on the Consent Agenda. Also denied for no representation for the PIC change. And the date of the PIC change is incorrect. Past their 60 day waiver. The Board would like them to appear before the Board at the next meeting.

Motion from Commissioner Rochefort and a second from Commissioner Laliberte to move into Non-Public meeting pursuant to RSA 91-A: 3, II(c) *Matters which, if discussed in public, would likely affect adversely the reputation of any person, **other than a member of this board**, unless such person requests an open meeting. This exemption shall extend to include any application for assistance or tax abatement or waiver of a fee, fine or other levy, if based on inability to pay or poverty of the applicant.* Vote 7-0-0.

Motion from Commissioner Rochefort and a second from Commissioner Laliberte to close the Public meeting at 12:10 p.m.

Roll Call: Commissioner Fanaras, Commissioner Bouchard, Commissioner Rochefort, Commissioner Pervanas, Commissioner Genovese, Commissioner Laliberte all in attendance. Commissioner Merchant absent.