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ALABAMA STATE BOARD OF PHARMACY

BOARD MEETING

Wednesday, July 20, 2016

9:16 a.m.

LOCATION: Alabama State Board of Pharmacy
111 Village Street
Hoover, Alabama 35242

REPORTER: Sheri G. Connelly, RPR

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ATTENDEES

BOARD MEMBERS:

- Tim Martin, President
- Buddy Bunch, Vice President
- David Darby, Treasurer
- Donna Yeatman, Member
- Ralph E. Sorrell, Member

ALSO PRESENT:

- Susan Alverson, Ph.D., Executive Secretary
- Cristal Anderson, Director of Compliance
- Mitzi Ellenburg, Director of Operations
- Dan McConaghy, Board of Pharmacy
- Edward R. Braden, Chief Drug Inspector
- Mark Delk, Drug Inspector
- Glenn Wells, Drug Inspector
- Peyton Zarzour, Drug Inspector
- Rhonda Coker, Licensing Manager
- Terry Lawrence, Information Systems
- Anne Thibodeaux, Board of Pharmacy
- Becky Sorrell
- Kaleb Smith

- 1 Leah Reeve
- 2 Charlie Cook
- 3 Brenda Denson
- 4 Hannah Coulson
- 5 Bart Bamberg
- 6 David Medvedeff
- 7 Ini Akpabio
- 8 Thomas Pang
- 9 Philip Boyd
- 10 Kellsey Bishop
- 11 Angie Marcela
- 12 Jim Gaither
- 13 Chris Burgess
- 14 Jennifer Broome
- 15 Lee Ann Cain
- 16 Joey Sturgeon
- 17 Louise Jones
- 18 Roger Bates
- 19 Lisa Johnston
- 20 Ronda Lacey
- 21 Bruce Harris
- 22 Jake Thompson
- 23 Raymond Stewart

1 Linda Adams

2 Lydia Esty

3 Tammi Foshee

4 Lauren Sellers

5 Clemice Hurst

6 Kelli Newman

7 Julie Hunter

8 Carter English

9 Scott Clark

10

11 *****

12

13 DR. MARTIN: This is the July meeting
14 of the Alabama State Board of Pharmacy and the
15 first order of business, we need to establish a
16 quorum and I notice that all members are
17 present.

18 And the second order of business will
19 be that I will entertain a motion to adopt the
20 agenda for the meeting.

21 MR. DARBY: I make a motion we adopt
22 the agenda as presented.

23 MS. YEATMAN: Second.

1 DR. MARTIN: Any discussion?

2 (No response.)

3 DR. MARTIN: Seeing none, all in
4 favor, say aye.

5 MR. SORRELL: Aye.

6 MR. DARBY: Aye.

7 MS. YEATMAN: Aye.

8 MR. BUNCH: Aye.

9 DR. MARTIN: Any opposed by the same
10 sign.

11 (No response.)

12 DR. MARTIN: The agenda is adopted.
13 Now, we would like for you to let us know who
14 you are for the record and starting on the front
15 and working our way to the back, if you would,
16 stand up, speak clearly, succinctly to this
17 young lady so she can get your name accurately
18 in the record and then we'll move on and
19 let's -- Becky, can we start with you?

20 MS. SORRELL: I'm Becky Sorrell,
21 Ritch's Pharmacy, Mountain Brook.

22 MR. SMITH: Kaleb Smith, McWhorter
23 School of Pharmacy.

1 MS. REEVE: Leah Reeve, Harrison
2 School of Pharmacy.

3 MR. COOK: Charlie Cook, ALSHP.

4 MS. DENSON: Brenda Denson, Children's
5 of Alabama and ALSHP.

6 MS. COULSON: Hannah Coulson, I'm a
7 pharmacy resident at Children's of Alabama.

8 MR. BAMBERG: Bart Bamberg, Publix
9 Supermarkets.

10 MR. MEDVEDEFF: David Medvedeff, VUCA
11 Health.

12 MR. AKPABIO: My name is Ini Akpabio.
13 I can spell the last name for you. It's spelled
14 A-K-P-A-B-I-O. I am here with Medistar.

15 MR. PANG: Thomas Pang from Medistar.

16 MR. BOYD: Philip Boyd, Southern
17 Pharmaceutical.

18 MS. BISHOP: Kellsey Bishop, Harrison
19 School of Pharmacy.

20 MS. MARCELA: Angie Marcela, McWhorter
21 School of Pharmacy.

22 MR. GAITHER: Jim Gaither, Wellness
23 Pharmacy.

1 MR. BURGESS: Chris Burgess, Heritage
2 Compounding Pharmacy.

3 MS. BROOME: Jennifer Broome, Thomas
4 Hospital.

5 MS. CAIN: Lee Ann Cain, Infirmary
6 Health.

7 MR. STURGEON: Joey Sturgeon,
8 Silvergate Pharmaceuticals.

9 MS. JONES: Louise Jones, Alabama
10 Pharmacy Association.

11 MR. BATES: Roger Bates, Alabama
12 Pharmacy Association.

13 MS. JOHNSON: Leisa Johnson, Alabama
14 Pharmacy Association.

15 MS. LACEY: Ronda Lacey, Alabama
16 Pharmacy Association.

17 MR. HARRIS: Bruce Harris, APCI.

18 MR. THOMPSON: Jake Thompson, APCI.

19 MR. STEWART: Raymond Stewart,
20 St. Vincent's St. Clair.

21 MS. ADAMS: Linda Adams, St. Vincent's
22 East.

23 MS. ESTY: Lydia Esty, St. Vincent's

1 Birmingham.

2 MS. FOSHEE: Tammi Foshee, Senior Care
3 Pharmacy.

4 MS. SELLERS: Lauren Sellers, Harrison
5 School of Pharmacy.

6 MS. HURST: Clemice Hurst, Alabama
7 Medicaid.

8 MS. NEWMAN: Kelli Newman, Alabama
9 Medicaid.

10 MS. HUNTER: Julie Hunter, Omnicare.

11 MR. ENGLISH: Carter English,
12 Department of Mental Health.

13 MR. DELK: Mark Delk, State Board of
14 Pharmacy.

15 MR. WELLS: Glenn Wells, State Board
16 of Pharmacy.

17 MS. THIBODEAUX: Anne Thibodeaux,
18 State Board of Pharmacy.

19 MR. CLARK: Scott Clark, Humana
20 Pharmacy.

21 DR. MARTIN: Okay. Could we have our
22 other Board staff introduce themselves?

23 MR. LAWRENCE: Terry Lawrence, State

1 Board of Pharmacy.

2 MS. COKER: Rhonda Coker, Board of
3 Pharmacy.

4 MS. ELLENBURG: Mitzi Ellenburg, Board
5 of Pharmacy.

6 DR. MARTIN: Thank you very much. The
7 next order of business, we have four
8 presentations scheduled this morning and the
9 first presentation is by Medistar Pharmacy
10 Services. Please come up to the front and the
11 floor is yours.

12 MR. AKPABIO: Good morning, members of
13 the Board. My name is Ini Akpabio, as I
14 previously said, and we are here from Medistar
15 and we are seeking after-hour pharmacy services
16 in order to provide remote order entry and order
17 review for hospitals in the State of Alabama.

18 I can tell you a little bit about how
19 we do it. Essentially, we've been doing this
20 since 2004. We are licensed in numerous states
21 and have been doing business with lots of
22 hospitals in those states. Most of our clients
23 are essentially community hospitals, mainly in

1 the rural area who do not have 24-hour type
2 pharmacy coverage, and so that where we come in.

3 Now, whether we've been doing this
4 for -- for these years, when we sign a contract
5 with any of the hospitals, we will get our IT
6 department to get along with the IT department
7 of the hospital and then they will come up with
8 a secure digital compliance network so we can
9 download to their pharmacy system directly and
10 perform orders for them. And before the
11 commencement of any contractual services for the
12 hospital, we do pay an on-site visit to the
13 hospital pharmacy just so that we can get to
14 know how they do things because when we take
15 over after they're gone, it will go as seamless
16 as possible.

17 At the on-site visit, our pharmacists
18 will go back with the pharmacy's actual policy
19 and procedure, the hospital formulary, and the
20 therapeutic interchange, their P and T
21 committee, and we also will get other pertinent
22 information like the phone numbers and the fax
23 numbers of the nursing stations so that we can

1 have a line of communication with them. If
2 available, we will request for dosing guidelines
3 under that particular hospital so that when
4 they're gone, we do things just exactly the way
5 they do things. And Medistar processes orders
6 for -- most of the orders are probably sent by
7 faxes or from the scanner or from the
8 computerized physician order entry.

9 We only employ pharmacists to do our
10 work, which is simple because it just work that
11 way as a potential turnaround time for those
12 hospitals. So when we look at the orders, we'll
13 look at the doses. If they need to be
14 clarified, we will. We look at the allergies,
15 therapeutic applications, and other things. And
16 we will always do dosing for the patients in
17 those hospitals in the areas of vancomycin or
18 aminoglycoside or Lovenox or those type of
19 things and we are also available for drug
20 information to the nurses and to the physicians
21 while we are covering them and whatever
22 intervention we do throughout the night, we
23 would document that on our clinical intervention

1 forms. We will send those to the nursing
2 station.

3 In the morning at the conclusion of
4 our shifts, we will also send all of that to the
5 pharmacy department so that they see that the
6 first thing when they're coming in in the
7 morning and if they have any questions, they can
8 always call us. So that is essentially what we
9 do and --

10 DR. MARTIN: So just to clarify a
11 couple of points, you're actually seeking a
12 pharmacy services permit?

13 MR. AKPABIO: Yes.

14 DR. MARTIN: That means you can't
15 stock any drugs on site at this location where
16 you perform this function.

17 MR. AKPABIO: I can clarify that.
18 We -- although we are licensed as a pharmacy, we
19 do not have any inventory.

20 MR. WARD: Don't have any what?

21 MR. DARBY: Inventory.

22 MS. YEATMAN: Inventory.

23 MR. WARD: Inventory?

1 MR. AKPABIO: Yes, right, no drugs,
2 and so other than that, we do just enter the
3 order into the hospital pharmacy system, verify
4 the CPOE orders, and then they -- that's the
5 extent of it. Then the information gets
6 transferred to the hospital computer system and
7 then eventually to the dispensing machines at
8 the hospital.

9 DR. MARTIN: Right, okay.

10 MR. WARD: I have one.

11 DR. MARTIN: Go ahead, Mr. Ward.

12 MR. WARD: Is Eugene --

13 MR. AKPABIO: Eugene Okonkow?

14 MR. WARD: Is he still with your
15 company?

16 MR. AKPABIO: Yes, he is.

17 MR. WARD: We're going to have to -- I
18 think we'll need to have a discussion about this
19 outside of this forum.

20 DR. MARTIN: Okay. So there's some --

21 MR. WARD: Because there's history
22 here that you have not shared, and I don't know
23 if you're going to share it or not, but out of

1 respect for you, I don't think I should be
2 sharing publicly at this time.

3 MR. AKPABIO: Yeah, I can -- I'm not
4 exactly sure what it is but --

5 MR. WARD: Well, you're copied on some
6 of it, sir.

7 MR. AKPABIO: What I think it might
8 be --

9 MR. WARD: I would -- if you want to
10 talk about it in front of everybody, that's fine
11 but.

12 MR. AKPABIO: Okay.

13 DR. MARTIN: Mr. Ward, do these
14 gentlemen need to participate in the discussion
15 that you're referring to?

16 MR. WARD: Yeah, I think they should.
17 I think it needs to include Dr. Alverson as
18 well. There's some history here.

19 MR. DARBY: Do we need to do it in
20 executive session?

21 DR. MARTIN: Okay. So let's do this:
22 We will continue with the remainder of the
23 presentation only from a information-gathering

1 standpoint but we will not make a decision. We
2 will take the issue into executive session and
3 you will be the first topic in executive
4 session.

5 MR. WARD: Where's their application
6 at?

7 DR. MARTIN: And so with that said,
8 Board members, do you have other -- well, first
9 off, let me lay a little more precedent and then
10 ask the Board members if they have additional
11 questions in the public forum. So the Board
12 will not grant at this point a relationship
13 between Medistar and a hospital in Alabama.
14 That would be the burden of the hospital in
15 Alabama to come before the Board or petition the
16 Board for that remote processing. Does that
17 make sense?

18 MR. AKPABIO: Yes.

19 DR. MARTIN: So instead of coming from
20 your direction, it has to come from the
21 direction of the provider in the State.

22 MR. AKPABIO: Okay, all right.

23 DR. MARTIN: Having said that, Board

1 members do you have additional questions at this
2 point?

3 MR. SORRELL: Not at this point, no.

4 MR. DARBY: No.

5 DR. MARTIN: Because we can bring up
6 some others in executive session if we need to.
7 Okay. Any other comments -- any general type
8 comments at this point?

9 MR. AKPABIO: No, what I was going to
10 say was when we first started our business, we
11 did a lot of different parts of pharmacy, except
12 for a permit, so nobody really knew how to
13 handle this issue.

14 DR. MARTIN: Sure.

15 MR. AKPABIO: And in fact, the State
16 of Alabama did grant us an out-of-state license
17 and then thereon we found out that our remote
18 order entry was not permitted in this state, so
19 we never had to renew our license.

20 MR. WARD: One of the issues was, sir,
21 like I pointed out to you four years ago or five
22 years ago, so if you had read the rules you
23 would have known all of that, so let's just wait

1 until executive session.

2 MR. AKPABIO: Okay.

3 MR. WARD: I'm not sure you're going
4 to want everybody to hear what I'm going to
5 say.

6 MR. AKPABIO: Okay.

7 DR. MARTIN: Okay. Hearing no further
8 discussion, we'll table this for executive
9 session and thank you for your presentation.

10 MR. AKPABIO: All right.

11 DR. MARTIN: We look forward to
12 discussing with you in just a little while.

13 MR. AKPABIO: Okay.

14 DR. MARTIN: Thank you. MedsOnCue.

15 MR. MEDVEDEFF: Dr. Martin, I have a
16 plug-in to the computer. Is it okay if I stand
17 to present this?

18 DR. MARTIN: Yes, yes.

19 MR. MEDVEDEFF: Thank you. I do have
20 hard copies of the presentation if you'd like.

21 DR. MARTIN: If you can do both, that
22 would be wonderful. Terry, are you available to
23 help?

1 MR. LAWRENCE: Yes, sir.

2 DR. MARTIN: Thank you.

3 MR. MEDVEDEFF: Thank you.

4 DR. MARTIN: So I know that you
5 introduced yourself earlier but for the record
6 and for the Board members, if you don't mind,
7 just introduce yourself.

8 MR. MEDVEDEFF: Absolutely. Good
9 morning, Board. My name is David Medvedeff.
10 I'm a pharmacist. I am the founder and CEO of
11 VUCA Health. I thank you for your time this
12 morning as I describe to you a paperless
13 medication information service that we've
14 created to assist pharmacists in how they
15 communicate drug information to their patients.

16 What I'd like to do first is just give
17 you a brief background on myself and my team.
18 So we have a very deep bench of experience, if
19 you will, as it relates to drug information
20 development. If you're familiar with Clinical
21 Pharmacology by Elsevier or Gold Standard. So I
22 was the president of Gold Standard for a number
23 of years and my team was the senior leadership

1 team that developed Clinical Pharmacology from
2 day one and then brought that to market.

3 We've been recognized by our peers in
4 the industry and humbled by some of the awards.
5 Last year I was named the Next Generation
6 Pharmacist of the Year for Technology. We've
7 also been recognized with the Pinnacle award and
8 numerous other accolades and our clinical
9 content is developed and really directed by a
10 board-certified pharmacist who serves as our
11 chief clinical officer.

12 So what we've created is really in our
13 vision enhancing the way we communicate drug
14 information to patients and so nothing has
15 really changed in the last 26 years in the
16 information that we provide in an enduring way
17 to patients. So stapling paper to bags, putting
18 six or eight pages of a med guide in a bag or a
19 box has been the accepted standard of practice
20 and what we've envisioned is a new and more
21 robust way to share information to patients and
22 families.

23 Specifically, it's not just our

1 thinking around this but eight years ago, the
2 assistant director of safety at the FDA said as
3 an industry and a profession, we are grossly
4 missing the mark in how we provide information
5 to patients and their families on how to
6 effectively use their medication and we all have
7 stories.

8 This is my father. He's a vet. He
9 actually served his last two years in the Air
10 Force at Craig Air Force base in Selma. He
11 receives three medications and every 90 days in
12 that box, he has seven feet of paper. If you
13 look closely, that's about six point font. It
14 goes from floor to ceiling and he gets this
15 every three months in his medication. It adds
16 very little value to his experience and when you
17 really break it down and start thinking about
18 it, we could go from this room to the moon six
19 times with all of the paper that we dispense
20 just in the retail pharmacy setting.

21 The average pharmacist is printing
22 about 35 miles of paper a year and we really
23 have not seen any additional benefit around all

1 of this paper that's added. So when we stop to
2 think about the next generation of drug
3 information to patients, you really have to put
4 it in the context of how consumers are using
5 information today and that by and large is in
6 the form of video.

7 So about 70 percent of all of the
8 Internet traffic will be consumed by video.
9 That is not two hours of Netflix streaming.
10 Those are 60- to 90-second clips of video that
11 are being shared between people every single
12 day. In the Wall Street Journal about two
13 months ago, they published that just on Facebook
14 alone, there are 100 million hours of video
15 viewed every single day. That's 11,500 years of
16 video in 60-second clips that are viewed every
17 single day on Facebook and Forrester Research,
18 who is probably the premier company that knows
19 how consumers think, says one minute of video is
20 worth 1.8 million words.

21 So what we've created at VUCA Health
22 really is in the spirit of how people are
23 consuming information today and understanding

1 the ubiquitous nature of technology -- of the
2 mobile technology in particular. So we've
3 created a vast medication video library. This
4 video library has over 3,000 videos. The videos
5 on average are about 60 to 90 seconds long and
6 they're available in English and Spanish. We
7 tell the patient what they're taking, why
8 they're taking it, what are the common side
9 effects, don't give up on therapy, supporting
10 adherence, what are the important things to look
11 out for, contraindication, a significant side
12 effect, when to call their doctor or pharmacist,
13 and how to get best results from their
14 medication.

15 The medication is also, for example,
16 like an insulin pen, an inhaler, a patch, we not
17 only give them information on the medication
18 itself but we have a companion video in a very
19 similar looking field that explains to the
20 patient how to administer the medication. So
21 literally, an Advair Diskus prescription will
22 have a video on how to administer Advair Diskus
23 tied to that exact NDC and that prescription.

1 We not only have the video but we have
2 all of the electronic information, so that piece
3 of paper that we're printing and stapling to
4 bags, we also have that available electronically
5 and we connect to the exact publisher of that
6 information and we can connect to the FDA and
7 pull the electronic FDA med guide down and we
8 can form it on a phone, on a tablet, or on the
9 big screen. It really doesn't matter to us.

10 All of that information is wrapped in
11 the brand of the pharmacy so it doesn't come
12 from VUCA Health. It comes from the pharmacy.
13 We also have all of this information and
14 whenever the patient has a question, they simply
15 hit a button on that website and they call the
16 pharmacy that filled the prescription. So
17 they're talking back to their pharmacy, not to
18 anyone else. As I mentioned, this is a
19 responsive design site so it works on any
20 technology platform and we've developed it to
21 support that relationship between the pharmacist
22 and the patient.

23 So, you know, how does it work? A

1 pharmacy subscribes to our service. We've
2 integrated with a large number of dispensing
3 systems, the pharmacy management systems.
4 There's absolutely no change in pharmacy
5 workflow. The pharmacy signs up, within a
6 couple of days, their next prescription label
7 will print with the QR code on the label, a
8 patient or a family member can scan that QR code
9 and they are taken right to that website that I
10 just described to you. It's that simple. It's
11 no cost for the patient. It's a subscription
12 between the pharmacy and VUCA Health or with
13 their pharmacy management system as an
14 enhancement.

15 Now, I can play you a quick demo of a
16 video and show you the experience if that's
17 helpful. I could do that now or I can go right
18 into the ask, so.

19 DR. MARTIN: How long is your video?

20 MR. MEDVEDEFF: The video is about 70
21 seconds long.

22 DR. MARTIN: That's all right. We can
23 play it.

1 MR. MEDVEDEFF: This is the exact
2 experience. It would be branded VUCA Pharmacy in
3 this state, so this is just a general demo site
4 that we have but if this was Hobbs Pharmacy in
5 Merritt Island, Florida, then it would play as
6 Hobbs Pharmacy. Let me make sure I am connected
7 online here. All right. So here we go.

8
9 (The following is transcription of the
10 audio played.)

11 Let's take a minute to talk about your
12 medication. This is metoprolol and you should
13 take it with food. It is an extended-release
14 tablet, so make sure you don't crush or chew it.
15 Metoprolol is used to treat high blood pressure,
16 to reduce chest pain, and to help treat patients
17 after a heart attack.

18 When you start metoprolol or if your
19 doctor increases your dose, it can make you
20 tired, so you need to be careful doing activity
21 that require you to be alert, like driving,
22 until you know how it will affect you. At
23 first, some people might get light-headed or

1 have sleeping problems. This is normal and
2 should go away. If these or other side effects
3 become reasons you want to stop taking
4 metoprolol, please talk to your doctor or
5 pharmacist. Just make sure you don't suddenly
6 stop taking it unless your doctor says it's
7 okay.

8 In rare cases, some patients could
9 have trouble breathing, swelling in their legs
10 or feet, chest pain, or feel faint. If you do,
11 contact your doctor right away.

12 For best results, continue taking
13 metoprolol because it may reduce your risk of
14 having a heart attack or a stroke. Also, make
15 sure to follow your doctor's advice about diet,
16 exercise, and checking your own blood pressure
17 and heart rate.

18 If you have any additional questions
19 about this medication and would like to speak
20 with someone, press the connect me button at the
21 end of this video. If you would like for us to
22 send you reminders when it's time to take your
23 medication or get it refilled, press the remind

1 me button. And finally, if you'd like to read
2 more about this medication and how you can more
3 effectively manage your condition, press the
4 inform me button.

5 Your care is our primary goal and we
6 thank you for your trust.

7 (End of transcription of audio.)

8
9 MR. MEDVEDEFF: That is a perfect
10 example of a typical video. You can see we also
11 link the drug images, so if we put the image,
12 we've linked to the NDC and so all the way down
13 to the specific generic that was dispensed, we
14 show the patient the high-resolution picture
15 that perhaps the pharmacy team may have used in
16 their final verification of the medication and
17 if we wanted to talk to the pharmacist, we just
18 click connect me. The pharmacy tells us what
19 telephone number they want their patients to
20 call and we can link to it and then all of the
21 drug information that I mentioned as far as the
22 printed patient ed sheet is available and so
23 this quickly we've gone out to the actual

1 publisher of that. We're on their server and
2 you can see this is Gold Standard/Elsevier's
3 patient ed sheet that would have been printed
4 and stapled to the bag and we did the same thing
5 for the FDA med guide.

6 MR. WARD: Can I ask you --

7 MR. MEDVEDEFF: Please.

8 MR. WARD: It says if you have any
9 questions, you press a button?

10 MR. MEDVEDEFF: Yes, sir.

11 MR. WARD: Who do you talk to?

12 MR. MEDVEDEFF: It goes back to the
13 pharmacy.

14 MR. WARD: To the pharmacy.

15 MR. MEDVEDEFF: So every time we set
16 this up, we put the pharmacy's logo, their
17 preferred color scheme. We put all of their
18 contact information in and in some instances, if
19 there is perhaps a local pharmacy and a
20 centralized call center, we could have multiple
21 numbers. So if you want to speak to the local
22 pharmacy, click here. If you want to speak to
23 somebody about your payment assistance or the

1 central call desk, we can actually put multiple
2 contact points.

3 MR. WARD: Okay. And how many of
4 those guys do you have? Is that the same guy
5 for every drug?

6 MR. MEDVEDEFF: No, sir. So we have
7 about eight different people. We have male,
8 female, African-American, Caucasian. We cover
9 the full spectrum from a demographic perspective
10 and everything is also bilingual.

11 So if we can go back and I can show
12 you how quickly the entire site changes. So if
13 the label printed in Spanish, the entire site
14 would actually be delivered in Spanish and you
15 can see the video is now a woman who is
16 providing it and if you want it in English, you
17 just go back to English.

18 MR. WARD: What states -- where are
19 these people licensed in?

20 MR. MEDVEDEFF: So we have pharmacies
21 using this in 47 states.

22 MR. WARD: No, the people who are
23 giving the drug information.

1 MR. MEDVEDEFF: So our content is
2 developed all by pharmacists licensed in
3 Florida.

4 MR. WARD: Florida, these are all
5 Florida licensed --

6 MR. MEDVEDEFF: Yes, correct.

7 MR. WARD: -- pharmacists?

8 MR. MEDVEDEFF: Board-certified
9 pharmacist at the top and then all of the
10 content is developed underneath and much of the
11 content as far as the specialty pharmacy space
12 goes, we actually developed in collaboration
13 with our specialty pharmacy partners, our
14 customers. So we may write the initial script
15 and then we actually speak to clinicians on the
16 front line about how they're counseling around
17 medications like Bossalift (phonetic) or Xeloda
18 or other specialty medications.

19 MR. BUNCH: So what you're asking is
20 in Alabama, can a pharmacist use this as opposed
21 to the paper because it's a -- do you guys do it
22 for Rx30?

23 MR. MEDVEDEFF: We do, yes, sir.

1 MR. BUNCH: Yeah, so Rx30 already has
2 that.

3 MR. MEDVEDEFF: We do and all we're
4 asking is it's about patient choice, much like
5 we give patients choice about a child safety cap
6 or a regular cap or a nonsafety cap. We'd like
7 to ask if Alabama's comfortable with pharmacies
8 allowing patients to choose do they want
9 electronic information or paper information. In
10 no way do we see this as a wholesale move to
11 electronic, but in every other consumer
12 experience, if you go to a department store or a
13 hardware store, the last question you're asked
14 is do you want a paper receipt or an electronic
15 receipt. We see this as an alternative for
16 patients.

17 Many times, and I met with Carmen
18 Catizone a couple of years ago with this, and he
19 said one of the things that drives him crazy is
20 he goes to a pharmacy, he looks in the trash can
21 outside. There are a bunch of empty bags and
22 drug information tossed in the garbage can out
23 front and the patient is on their way.

1 Some patients would prefer electronic.
2 When they make that selection, it also helps on
3 the pharmacy side from a workflow and cost
4 perspective, but ultimately it should be about
5 patient choice and that's all we're asking.

6 MR. DARBY: What percent of your
7 patients actually click on the QR code?

8 MR. MEDVEDEFF: That's a number we
9 don't know because we don't see any patient
10 information. We are actually embedded in the
11 code of the pharmacy management system. So we
12 see the visitors but we don't know what the
13 denominator is if you will.

14 MR. DARBY: Yeah.

15 MR. MEDVEDEFF: In the specialty
16 pharmacy setting, we are closer to it and in
17 some therapeutic areas like inflammatory
18 conditions, MS, we see up to 25 percent scan
19 rate. So a patient receives an MS medication in
20 the mail, we see about 25 percent of those
21 patients who actually come and visit the
22 content, about 10 percent of those will --

23 MR. WARD: So you don't know the name

1 of the patient you're talking to or anything
2 about the patient?

3 MR. MEDVEDEFF: That is correct. The
4 only thing that we would get, an example from
5 RX30, is the prescription number, which means
6 nothing to us. But for example, if a pharmacy
7 was ever called into question whether they
8 provided information to a patient, for the first
9 time in history, a pharmacy could actually
10 request prescription 12345 in my store, actually
11 watch a video, review a med guide, is there any
12 evidence of that and we would be able to provide
13 that evidence and in the paper form in today's
14 world, there is no evidence of that at all.

15 MS. YEATMAN: So no one in your
16 facility or your company is actually having
17 conversations with the patients. The patients
18 are going back to the pharmacy.

19 MR. MEDVEDEFF: We are here to
20 facilitate the relationship. In no way are we
21 ever trying to intervene with the pharmacist,
22 offer to counsel, or pharmacy counseling. What
23 we're trying to replace is this outdated process

1 of dispensing paper and putting nine pages of a
2 med guide in a bag. We are trying to replace
3 that enduring experience in a 21st century way
4 but it's all about pharmacists should be
5 counseling. They should be offering to counsel
6 and if a patient at home, ten o'clock at night,
7 watched the video on how to administer Lantus
8 and has a question, they should be directing
9 that question back to their pharmacy, not to
10 us.

11 DR. MARTIN: So even if a patient opts
12 to take the written material, you're still going
13 to have the QR code on the product?

14 MR. MEDVEDEFF: That is correct. So
15 in the example of my father, he may still want
16 that paper.

17 DR. MARTIN: Right.

18 MR. MEDVEDEFF: But if I am there as a
19 caregiver to my father, if that paper is long
20 gone, I would still be able to access the
21 information provided by my pharmacy -- by his
22 pharmacy.

23 MR. BUNCH: Yeah, we've had it on ours

1 for a while from Rx30. I think it's a good
2 addition.

3 MR. SORRELL: As a supplement it's
4 fantastic. I'm not sure we're ready for it as a
5 replacement because a lot of our older clients
6 don't use smart phones.

7 MR. MEDVEDEFF: Absolutely.

8 MR. BUNCH: It's kind of like -- it's
9 just like the techs sending original refills in,
10 some of them like to call them in. It's a
11 choice.

12 MR. MEDVEDEFF: Exactly, it should be
13 about choice.

14 MR. BUNCH: Give them the choice.

15 MR. MEDVEDEFF: That's right.

16 DR. MARTIN: Go ahead, Susan.

17 MR. MEDVEDEFF: Yes, ma'am.

18 DR. ALVERSON: I have a question. Are
19 you able to collect all the prescription
20 products that a given patient receives? Do you
21 know everything that Ms. Jones gets?

22 MR. MEDVEDEFF: First of all, we never
23 know it's Ms. Jones.

1 DR. ALVERSON: Okay.

2 MR. MEDVEDEFF: And in most instances,
3 it's tied specifically to the prescription vial
4 so we only know one at a time and we don't know
5 who it is. We know maybe where they were at,
6 what kind of phone they used or tablet, how much
7 of the video they watched but we never know the
8 person.

9 Now, there are some pharmacy
10 management systems who are working with us where
11 they would actually again in a blinded way say,
12 we just dispensed five medications, can you send
13 us one link. So we could send a playlist back
14 to the patient so they get one link and the
15 pharmacy management system on behalf of the
16 pharmacy may send a text or an email to the
17 patient that says, we just filled these five
18 scripts, here's your drug information, and you
19 can click on the link, but we don't do any of
20 that. The only thing we know is there were five
21 medications requested. We don't know anything
22 else about it.

23 DR. ALVERSON: I have a very specific

1 reason for asking.

2 MR. MEDVEDEFF: Sure.

3 DR. ALVERSON: There's so much trouble
4 between -- for patients going into the hospital,
5 then they don't remember what medications
6 they're on, they don't remember the dosing, and
7 we've seen it in this state and I'm guessing in
8 other states. It takes a long time to get all
9 of that back and the patient gets referred to
10 another pharmacy, not back to their own
11 pharmacy, and I'm of the opinion that if
12 patients had something that they could carry
13 with them that says, these are all the things
14 that I take and I go to John Smith's Pharmacy,
15 then we might have better coordination.

16 MR. MEDVEDEFF: Right, absolutely. I
17 couldn't agree with you more. That's not the
18 focus of our solution. I think, you know, what
19 is -- what we're starting to see is more and
20 more apps are being used on behalf of the
21 pharmacy and within those apps you would have a
22 comprehensive list and many times we connect to
23 that -- to those lists with our content. That's

1 not what our solution is targeted at but
2 absolutely needed.

3 DR. ALVERSON: I was hoping you were
4 going to be my answer.

5 DR. MARTIN: Board members, do you
6 have any additional questions?

7 MR. WARD: You may have answered this.
8 Does the pharmacy know whether the patient has
9 used it?

10 MR. MEDVEDEFF: So that is actually
11 something we're starting to talk to the pharmacy
12 management system about, can we close the loop
13 in realtime. So if we know that prescription
14 12345 was viewed in Hobbs Pharmacy, can we send
15 that message back. We don't do that today but
16 we're in discussions in being able to close that
17 loop and send it back to the pharmacy and that's
18 what makes me excited about this is for the
19 first time around drug information, it's
20 actually a data point. How we use it today, I'm
21 not sure, but it could start to inform how we
22 re-engage with patients when they're back in the
23 pharmacy or we would know the patient has some

1 baseline level of knowledge and we can start to
2 build on that.

3 DR. MARTIN: Any other questions? You
4 may be wondering what we were doing over here in
5 the sidebar. We're always concerned when we're
6 making a change if we're making that change in a
7 way that's compatible with existing law or
8 existing regulatory code and our initial cursory
9 review here shows that we don't see any
10 incompatibilities. So I believe at this time
11 that we would be in order taking a motion to
12 allow this -- to allow patients to receive
13 information related to their medications through
14 means other than paper printed copies.

15 MR. SORRELL: Or in addition to
16 paper.

17 DR. MARTIN: Or in addition to paper.

18 MS. YEATMAN: As long as they're
19 offered to counsel.

20 MR. DARBY: Right.

21 DR. MARTIN: So if someone who can
22 state that more eloquently than I just did would
23 like to make a motion, we would entertain that.

1 MR. DARBY: Go ahead.

2 MS. YEATMAN: I was looking for you to
3 do it. I'm the second -- I'm the second.

4 So I move that we approve MedsOnCue's
5 request to market --

6 MR. DARBY: Before you get there, I
7 don't think you need to approve it for MedsOnCue
8 to do it.

9 MS. YEATMAN: Just in general?

10 MR. DARBY: Just in general.

11 MR. WARD: Just say it will be
12 consistent -- it doesn't -- it doesn't implicate
13 anything to act on the rules of pharmacy to do
14 it.

15 MS. YEATMAN: That's fine.

16 MR. DARBY: Does it even need a
17 motion?

18 MS. YEATMAN: Can't we just say --
19 can't we just agree?

20 MR. DARBY: Yeah, I think -- I just
21 think that in our opinion, you can -- you're
22 free to market it to pharmacies in Alabama.

23 MS. YEATMAN: That is in compliance

1 with our --

2 MR. DARBY: Yeah.

3 MR. WARD: Based on what has been
4 presented, it is.

5 MR. SORRELL: Not as a complete
6 substitute but as an enhancement to what we're
7 already doing.

8 MR. DARBY: Yeah.

9 MR. SORRELL: I think it's a great
10 idea.

11 MR. BUNCH: Yeah, I think what you're
12 asking for -- you're not asking for a
13 substitute, you're asking for --

14 MS. YEATMAN: You're asking for an
15 option.

16 MR. MEDVEDEFF: It can be an option.

17 MR. DARBY: If somebody opts out of
18 the paper.

19 MR. MEDVEDEFF: Correct.

20 MR. DARBY: Yeah.

21 MR. MEDVEDEFF: Explicitly if a
22 patient says, electronic information is good
23 with me, I don't need the paper.

1 MR. DARBY: What percent of people --
2 I would think a high percentage.

3 MR. SORRELL: Yeah.

4 MR. DARBY: And it probably depends on
5 where and --

6 MR. MEDVEDEFF: It does. It does,
7 yes, sir.

8 MR. DARBY: Yeah.

9 MR. WARD: It's on there.

10 DR. MARTIN: I think we're going to
11 proceed with something along the order of all of
12 those in favor approving MedsOnCue's request.

13 MR. WARD: Well, here's what they
14 asked. Is it okay for pharmacists in Alabama to
15 offer patients the choice of either MedsOnCue or
16 traditional paper handouts. The answer is
17 yes.

18 MR. DARBY: Yes.

19 MS. YEATMAN: Yes.

20 MR. WARD: Why don't you -- do you
21 want to make some money? Why don't you teach
22 people who present from now on to do something
23 like you've done at some point?

1 MR. MEDVEDEFF: Thank you, sir. Thank
2 you. If you notice on your hard copies, there's
3 a copy of that green piece of paper there, so
4 that is actually what we give to pharmacies in
5 states that have also acknowledged this and on
6 the back side of that is a how-to step-by-step
7 for patients that have never used a QR code. We
8 have the features and benefits of the service
9 and then we have a how-to, how to go to the app
10 store and download the app, so that is an exact
11 example of the types of support we give to
12 pharmacies once they sign on, so.

13 MR. WARD: And if there's a dispute
14 about whether or not someone used this -- was
15 given the option, then push the button. I'm a
16 paper guy. I'm sorry, okay.

17 MR. MEDVEDEFF: Uh-huh.

18 MR. WARD: You'll know -- you don't
19 know that?

20 MR. MEDVEDEFF: Yes, sir.

21 MR. WARD: So if the pharmacist -- if
22 they come in and say I -- you'll be able to
23 check whether that particular prescription

1 number was accessed.

2 MR. MEDVEDEFF: Yes, sir, we can.

3 DR. MARTIN: Any last questions for
4 Dr. Medvedeff?

5 (No response.)

6 DR. MARTIN: All of those in favor of
7 approving the request, say aye.

8 MR. SORRELL: Aye.

9 MR. DARBY: Aye.

10 MS. YEATMAN: Aye.

11 MR. BUNCH: Aye.

12 DR. MARTIN: Any opposed?

13 (No response.)

14 DR. MARTIN: None opposed. The
15 request is approved.

16 MR. MEDVEDEFF: Thank you.

17 DR. MARTIN: Thank you very much.

18 MR. DARBY: Have you got a card?

19 DR. MARTIN: Next order of business,
20 St. Vincent's Hospital.

21 MS. ESTY: Good morning.

22 DR. MARTIN: Good morning.

23 MS. ESTY: I'm Lydia Esty. I'm the

1 director of pharmacy from St. Vincent's
2 Birmingham and we are here to request an
3 expansion of our remote order entry process that
4 we currently have.

5 At this time, there are four
6 institutional pharmacies that are registered
7 with the Board. We have one in Birmingham, one
8 at East in the Trussville area, St. Clair over
9 in Pell City, and then Blount out in Oneonta,
10 and we will be opening St. Vincent's Chilton in
11 October of '16, so we will need to register
12 another pharmacy in the very near future.

13 Currently Birmingham has 409 beds. We
14 are a 24-hour hospital and we have approximately
15 24 full-time pharmacists.

16 St. Vincent's East is 380 beds, 282 of
17 those are acute. Eighty of those are psych
18 beds. They have approximately 17 full-time
19 pharmacists and they, too, are open 24 hours a
20 day.

21 St. Clair, one of our rural hospitals
22 in Pell City, is licensed for 40 beds and they
23 have 1.5 full-time pharmacists plus several prns

1 and they operate Monday through Friday from 7:00
2 a.m. to 7:00 p.m. and then again on Saturday and
3 Sunday from 7:00 to 2:00.

4 Blount in Oneonta, they have 25 beds.
5 They are a critical access hospital. They one
6 full-time pharmacist plus several prns and
7 they're open from 7:00 to 5:00 Monday through
8 Friday and they're also open on Saturday and
9 Sunday from 7:00 to 3:00.

10 Chilton is going to be licensed for 30
11 beds and we will have 1.5 full-time pharmacists
12 on staff there and their expected hours of
13 operation are from 7:00 to 4:00 Monday through
14 Friday and then Sunday from 7:00 to noon.

15 Currently, we -- we had received
16 approval from the Board to do remote order entry
17 between Birmingham and the Pell City facility
18 for overnight. Pell City is not open overnight
19 any night of the week and so Birmingham provides
20 that coverage for them and we got that approval
21 in February of 2012. We are requesting
22 expansion of the approval to include East,
23 Blount, and Chilton. We feel that this is an

1 added benefit to our patients that we do have
2 pharmacist oversight and review of their orders
3 24/7 across all of our facilities. It does mean
4 that we have no night cabinets. We do have
5 Pyxis stations in all of our facilities, which
6 allows the nurses to have access to meds, and
7 then if there is something that they don't have
8 in that Pyxis station, we have on-call
9 pharmacists in those three rural facilities that
10 can actually make a visit directly there and can
11 access the pharmacy to get what that patient
12 needs.

13 If there are clarification of orders,
14 say there's some type of problem with the
15 prescription after hours, our pharmacists do
16 have access to either physicians that are in
17 house or on call. They have the nursing unit.
18 All the physician phone numbers are readily
19 available and there's no long distance code for
20 dialing for outside of the facilities. We're
21 all interconnected and no long distance codes
22 are needed.

23 I've provided for you about two years

1 of off-site order entry stats from Birmingham
2 and Pell City there so you can see we're
3 somewhere in the neighborhood of 5,500
4 prescriptions a quarter that Birmingham is
5 processing for the Pell City facility.

6 According to the Board, there are
7 multiple items here that you would like to know
8 about our facility, so I'll review those. All
9 pharmacies are licensed here in Alabama and we
10 are all part of the same integrated health
11 system. We do share a common formulary. We
12 have consistent competency and training
13 standards for all of our pharmacists. We have
14 common online references, Lexicomp online
15 journals as well as Lexi through our Pyxis
16 stations.

17 We have common therapeutic
18 substitutions and we share our policies and
19 procedures. Along with the formulary and the
20 therapeutic substitutions, we have a system P
21 and T committee, so they are making all of the
22 approvals for all five facilities at the same
23 time. We have a common order entry system. We

1 all share McKesson's HMM and we'll all convert
2 to Cerner sometime in the middle of next year.
3 We all -- like I stated before, we all have
4 Pyxis cabinets and we all have the scanning
5 software to be able to scan and fax our orders
6 and be able to look at those orders overnight by
7 our pharmacists and all of that is secure and
8 confidential on a VPN.

9 As part of the remote order entry, the
10 pharmacist has the following information
11 immediately available to them: the allergies,
12 the demographics, height, weight, labs. They
13 can get into the portal, see the physicians'
14 dictation notes, and our patient identifiers are
15 Joint Commission and ISMP compliant.

16 Each of the pharmacies under
17 consideration is licensed by the Alabama Board
18 of Pharmacy with the exception of Chilton and we
19 will be asking for that registration sometime in
20 the next week or so and all pharmacy staff are
21 licensed or registered with the Alabama Board of
22 Pharmacy and we're all located within the same
23 state. We do have a notification that we do

1 post for our patients stating to patients that
2 all or portions of your prescriptions may be
3 interviewed or prepared at another facility
4 and we tell them don't hesitate to ask any
5 questions.

6 So thank you for the opportunity to
7 present this request to you and I'll take any
8 questions.

9 MR. WARD: What will Chilton's hours
10 be?

11 MS. ESTY: Chilton's hours right now
12 are 7:00 to 4:00 Monday through Friday and at
13 least 7:00 to noon on Saturday and Sunday.
14 That's -- as we open, those hours obviously can
15 be extended.

16 MR. WARD: What do you anticipate your
17 staff to be for the big house hospital?

18 MS. ESTY: The big house hospital,
19 we -- like I said, we currently run about 24
20 full-time pharmacists. During the day shift,
21 I'll have --

22 MR. WARD: Do you have to add anybody
23 to do all of this?

1 MS. ESTY: No, sir, no, sir, just the
2 staff that -- for the new facility to open but
3 yes, we should be able to handle this within our
4 own confines.

5 MR. SORRELL: So what are we asking to
6 add on? We're already doing remote order entry.
7 I'm sorry, I missed the request.

8 MS. ESTY: Our initial request was
9 just between Birmingham and Pell City.

10 MR. SORRELL: I see.

11 DR. MARTIN: And so now we would like
12 to expand that throughout our health system.

13 MR. SORRELL: And Birmingham will be
14 the hub that will be doing all the remote order
15 entry or are you going to have work share where
16 other hospitals can --

17 DR. MARTIN: Work share, yes, work
18 share, uh-huh.

19 MR. SORRELL: Work share. During the
20 day or just overnight and weekends?

21 MS. ESTY: We would like to do it
22 during the day as well as overnight and
23 weekends.

1 DR. MARTIN: So for the audience, the
2 Board does try to distinguish between after
3 hours -- after-hours coverage for remote
4 processing versus a work sharing or a work
5 balancing, so it sounds like you're seeking work
6 balancing. I understood, Lydia, that the
7 Birmingham site has been covering the St. Clair
8 site for some time and you mentioned expanding
9 that to East and to Chilton. You didn't mention
10 Oneonta.

11 MS. ESTY: I'm sorry, Blount.

12 DR. MARTIN: That's --

13 MS. ESTY: Blount is our facility
14 that's in Oneonta. My apologies.

15 DR. MARTIN: Okay. So -- so you're
16 seeking -- right now you're Birmingham and
17 St. Clair?

18 MS. ESTY: Uh-huh.

19 DR. MARTIN: And you're seeking to add
20 East, Blount, and Chilton?

21 MS. ESTY: Yes, Sir.

22 MR. SORRELL: But you're not currently
23 doing work sharing, you're just doing overnight?

1 MS. ESTY: Right now we are just doing
2 overnight with Pell City.

3 MR. SORRELL: So what we're really
4 asking for is work sharing during the day?

5 MS. ESTY: As well, yes.

6 DR. MARTIN: Board members, do you
7 have any questions for Lydia?

8 MR. SORRELL: I've got a little bit,
9 just in follow-up. Let's talk about the
10 machines and emergency rooms. Let's say I
11 present in the middle of the day even if we're
12 talking about that or the middle of the night
13 and I've got, I don't know, kidney failure and
14 C. diff and they need to order a bag that
15 contains a couple of amps of bicarb and they
16 need to get a piggyback of metronidazole going
17 and they scan the Pyxis machine there in the ER,
18 pops out, nurse mixes them all together, hangs
19 them.

20 At what point does a pharmacist
21 intervene and say, we need to flush lines, we
22 have compatibility issues, we have interactions
23 going on here? At what point does the

1 pharmacist get to review this record and say,
2 let's -- let's open Trissel or let's go to
3 Epocrates on our phone, let's do something and
4 check these interactions? How does the
5 pharmacist intervene in these remote situations?

6 DR. MARTIN: Art, can you speak to
7 that?

8 MR. STEWART: Yeah. Well, if it were
9 during the daytime, we would make the bag right
10 there, you know, for the ED because we already
11 do that in the ED at St. Clair but as you said
12 at night, the Birmingham pharmacist would review
13 that before that bag was made but the nurse
14 would have to make it unless it was something
15 that was unavailable, then we would have us on
16 call to come and make it real quick.

17 MR. SORRELL: I just experienced that
18 in St. Vincent's personally. I saw it done and
19 no pharmacist was asked to intervene. Of
20 course, I was standing there and I was on my
21 phone and I intervened.

22 MS. ESTY: Thank you.

23 MR. STEWART: Thanks.

1 MR. SORRELL: But I was curious about,
2 you know, the overall system. The further we
3 get away from the patient's bedside, the
4 further -- the more potential there is for
5 detriment to the public health. Technology is a
6 great help and I'm all for this. I mean, I
7 would like to be able to remote order entry
8 sometimes from my house back to my patients and
9 get things done. I believe in remote order
10 entry but I just don't want to do anything that
11 diminishes staffing and decreases the number of
12 pharmacists --

13 MS. ESTY: Oh, no.

14 MR. SORRELL: -- or the relationship
15 of the pharmacist to the patient and getting
16 that pharmacist to that patient.

17 MR. STEWART: Well, that's our goal
18 too.

19 DR. MARTIN: Any other questions for
20 Art or Lydia? Are you ready to act on this?

21 Board members, all those in favor of
22 approving the request from St. Vincent's, please
23 say aye.

1 MR. SORRELL: Aye.

2 MS. YEATMAN: Aye.

3 MR. DARBY: Aye.

4 MR. BUNCH: Aye.

5 DR. MARTIN: Any opposed, same sign.

6 (No response.)

7 DR. MARTIN: The request is approved.

8 MR. STEWART: Thank you very much.

9 DR. MARTIN: Thank you for being here.

10 Thomas Hospital.

11 MS. BROOME: So I'm Jennifer Broome
12 with Thomas Hospital, pharmacy manager. Our
13 request is very similar to St. Vincent's.

14 We are a 150-bed hospital that
15 Mobile -- part of the Infirmary Health System
16 that is currently performing remote order
17 verification for us right now. We have six
18 pharmacists that do that. We are requesting to
19 slide two of those guys over to Thomas to staff
20 us 24/7 and continue to do remote order
21 verification for the system.

22 MS. CAIN: If you guys remember when
23 you approved for Mobile Infirmary to do Thomas'

1 orders, you did request we add two FTEs to
2 provide good coverage for those patients. Like
3 you said, you worry about the staffing. We did
4 add those folks and we're really just wanting to
5 put them at their home facility but we still
6 want to make sure they're productive so our hope
7 is to allow them to do order verification with
8 the other facilities as well.

9 DR. MARTIN: So the -- and if I
10 remember right, the initial request was for work
11 sharing.

12 MS. CAIN: It was.

13 DR. MARTIN: Yeah, so you've been
14 approved for that and you're currently -- plan
15 to move two FTEs from Infirmary over to Thomas.

16 MS. BROOME: Uh-huh.

17 DR. MARTIN: And currently Mobile
18 Infirmary is already covering Thomas, North
19 Baldwin, and Atmore?

20 MS. BROOME: That's correct.

21 THE COURT: And now it would be
22 possible for Thomas to cover those also.

23 MS. CAIN: Yes, sir.

1 DR. MARTIN: Do I have that right?

2 MS. BROOME: And that would allow us
3 to be open 24/7 as well.

4 DR. MARTIN: So that's part of the
5 deal is move two FTEs from the Infirmary over to
6 Thomas and one of the things they would do is
7 pick up most, perhaps, of the work processing
8 for North Baldwin and Atmore.

9 MS. CAIN: I think that would still be
10 shared amongst the two facilities because that's
11 just a priority of the orders coming in but
12 definitely to keep them busy and where there's
13 an upward --

14 DR. MARTIN: Yeah, makes sense. I see
15 you have a lot of information here and I don't
16 want to, you know, cut you off from presenting
17 your information but I'm going to ask the Board
18 members do you want to take a second to look at
19 this.

20 MS. BROOME: I think we feel like
21 we've given you this information so many times,
22 y'all may know it by heart by now but we could
23 certainly read it to you if you'd like.

1 DR. MARTIN: Give the Board members
2 just a minute to flip through. (Pause.) Board
3 members, do you have any additional questions
4 for Lee Ann or Jennifer?

5 MR. BUNCH: I don't.

6 DR. MARTIN: Are you ready to take
7 action on the request? All those in favor of
8 approving the request from Thomas Hospital/
9 Mobile Infirmary, please say aye.

10 MR. BUNCH: Aye.

11 MS. YEATMAN: Aye.

12 MR. SORRELL: Aye.

13 MR. DARBY: Aye.

14 DR. MARTIN: Any opposed by the same
15 sign.

16 (No response.)

17 DR. MARTIN: I believe that passes.

18 MS. CAIN: Thank you.

19 MS. BROOME: Thank you.

20 DR. MARTIN: Thank you, ladies.

21 Thanks for being here.

22 DR. MARTIN: Mr. Darby, do you have a
23 treasurer's report for us today?

1 submitted, please say aye.

2 MR. BUNCH: Aye.

3 MS. YEATMAN: Aye.

4 MR. SORRELL: Aye.

5 MR. DARBY: Aye.

6 DR. MARTIN: Any opposed, same sign.

7 (No response.)

8 DR. MARTIN: Treasurer's report is
9 received. Thank you very much, Mr. Darby.

10 Last month -- you may recall that last
11 month we did postpone the Board Wellness report
12 if I remember correctly and we'll be receiving
13 two months of Wellness report today and Madam
14 Executive Secretary, are you the one presenting
15 that?

16 DR. ALVERSON: I am, so -- and I will
17 start with last month's. Gentlemen and Ladies,
18 there are presently 148 people in our screening
19 program with signed contract orders. This
20 number includes any individuals on a diagnostic
21 monitoring contract but does not include any of
22 the professionals listed below.

23 There are two, although parentheses

1 says three, pharmacists in inpatient, three
2 techs in treatment, two techs going for an
3 evaluation, and one student in treatment. The
4 total number of pharmacy professionals
5 identified and worked with in 2016 is 21: 11
6 pharmacists; eight technicians; and two
7 students. Total number of pharmacy health
8 professionals identified during this time period
9 was 13. All of these individuals are in
10 treatment or in evaluation or undecided are
11 presently out of the workplace and without
12 license.

13 There are about nine others working
14 their way through halfway house, Time Out for
15 Recovery, or who are in the process of being
16 investigated or scheduled for hearings and
17 includes those who cannot make up their minds.
18 There are 72 individuals in facility-driven
19 aftercare.

20 We have met personally with all
21 licensees returning to work to sign contracts
22 and explain how monitoring works. All returning
23 licensees have been placed in a caduceus, either

1 pharmacy or health professional.

2 Thank you for allowing me to serve.

3 For the June and July report, Ladies
4 and Gentlemen, there are presently 150 people in
5 our screening program with signed contract
6 orders. This includes individuals on a
7 diagnostic monitoring contract but does not
8 include the following professionals.

9 There are three pharmacists in
10 inpatient treatment, three technicians in
11 treatment, one technician going for evaluation,
12 and one student in treatment. The total number
13 of professionals identified and worked with in
14 2016 is 27: 13 pharmacists; eight, although
15 parentheses 12, technicians; and two students.
16 Total number of pharmacy health professionals
17 identified during this time period was 15. All
18 of these are in treatment or evaluation or
19 undecided but out of the workplace.

20 There are about seven others who are
21 working their way through halfway house, Time
22 Out for Recovery, or are in the process of being
23 investigated or scheduled for hearings and

1 includes those who cannot make up their mind.
2 There are 74 individuals in facility-driven
3 aftercare.

4 We have personally met with all
5 licensees returning to work to sign contracts
6 and explain monitoring. All returning licensees
7 have been placed in a caduceus, either pharmacy
8 or health professional, and again for this
9 month, thank you for letting me serve recovering
10 health professionals.

11 DR. MARTIN: Thank you, Susan. Please
12 convey our appreciation to Dr. Garver.

13 DR. ALVERSON: I shall.

14 DR. MARTIN: Next item on the agenda
15 will be the approval of Board minutes. We have
16 two sets of Board minutes we need to approve and
17 we'll take those in order as they appear on the
18 agenda if you wish.

19 MR. DARBY: I would make a motion we
20 approve the Board business meeting minutes from
21 May 25, 2016.

22 MS. YEATMAN: Second.

23 DR. MARTIN: There's a motion and a

1 second to approve minutes from May 25. All
2 those in favor, say aye.

3 MR. BUNCH: Aye.

4 MR. DARBY: Aye.

5 MS. YEATMAN: Aye.

6 MR. SORRELL: Aye.

7 DR. MARTIN: Any opposed?

8 (No response.)

9 DR. MARTIN: The minutes are approved.

10 MR. DARBY: I make a motion we approve
11 the business meeting minutes from June 22, 2016.

12 MS. YEATMAN: Second.

13 DR. MARTIN: We have a motion and a
14 second to approve the June 22 Board minutes.
15 All those in favor, say aye.

16 MR. SORRELL: Aye.

17 MR. BUNCH: Aye.

18 MS. YEATMAN: Aye.

19 DR. MARTIN: Any opposed?

20 (No response.)

21 DR. MARTIN: Those are approved.

22 Thank you very much.

23 Mr. Braden, do you have an inspector's

1 report for us today?

2 MR. BRADEN: Yes, sir, I do.

3 DR. ALVERSON: Sir, may I -- I also
4 gave Mr. Darby the interview minutes from last
5 month, if we could get those approved.

6 MR. DARBY: I make a motion we approve
7 the pharmacist licensure interview minutes from
8 June 22, 2016.

9 MS. YEATMAN: Second.

10 DR. MARTIN: We have a motion and a
11 second to approve the minutes from June of 2016
12 for licensure candidates. All those in favor,
13 say aye.

14 MR. BUNCH: Aye.

15 MS. YEATMAN: Aye.

16 MR. DARBY: Aye.

17 MR. SORRELL: Aye.

18 DR. MARTIN: Any opposed?

19 (No response.)

20 DR. MARTIN: Those minutes are now
21 approved. Mr. Braden.

22 MR. BRADEN: Yes, sir, thank you

23 Mr. President and members of the Board. As you

1 can see on the Dropbox, the statistics for June,
2 the inspections that we -- that we completed,
3 the complaints that we have completed
4 investigations and new inspection --
5 investigations that we have conducted presently
6 in addition to ones that are ongoing.

7 In addition to the inspections and
8 investigations, the additional activities that
9 we -- that we were able to do involving hearings
10 and additionally on behalf of myself and on
11 behalf of the other inspectors that work for the
12 Board, we appreciate the opportunity to go to
13 the Alabama Society of Health System Pharmacy
14 conference and the Alabama Pharmacy Association
15 conference. We feel like it's beneficial to
16 meet with pharmacists outside the pharmacy
17 setting. We are able to build relationships and
18 they are very educational for us also, so we
19 appreciate that.

20 DR. MARTIN: Thank you. Any questions
21 for Mr. Braden? Will you have a report in
22 executive session?

23 MR. BRADEN: Yes, sir, Cristal and I

1 have additional reports in the executive
2 session.

3 DR. MARTIN: Thank you very much.
4 Susan, do you have a secretary's report for us
5 today?

6 DR. ALVERSON: I do and you should
7 also have a paper copy in front of you.

8 The staff has been working diligently
9 to say the least on rewriting all our
10 applications and all applications are at some
11 point in the process. So I've given you a table
12 to show you the pharmacist-related licensing
13 that we are changing. We are creating one
14 system now that we would be able to trace a
15 person from the time they register as a
16 technician through registering as an intern,
17 applying to take a licensing exam, and then
18 applying to be a pharmacist. We have to
19 sometimes pull those separately or look at those
20 separately, so that is all being integrated.

21 All various types of pharmacy,
22 community, and hospital have been finished.
23 Manufacturing, wholesale, 3PLs, repackagers,

1 virtuals, medical oxygen, both -- both of those
2 applications, reverse distributor and precursor.
3 All of those are finished or close to finished,
4 all right. So I will -- I will bring that up
5 again later.

6 The second thing that I wanted to
7 mention, Eddie has already mentioned going to
8 the hospital and EPA meetings. Cristal and I
9 attended the Department of Education -- I
10 believe it was their annual meeting in Mobile
11 about a week ago -- and spoke to 300 school
12 nurses or people who are conducting or in the
13 role of school nurses and we spoke about new
14 medications that are coming out, the different
15 dosage forms such as nasal medication for
16 seizures, and I would say the best part that
17 came out of it is they were all very interested
18 in having pharmacy input and we suggested to
19 them that if they have pharmacy questions,
20 contact a community pharmacist.

21 There has to be someone in their
22 community most certainly who would be glad to be
23 a backup for them to answer questions, someone

1 that they could create a relationship with and
2 someone they could go to rather than just
3 guessing about things and knowing our
4 pharmacists in this state, I'm sure they would
5 accommodate their school nurse. So we both came
6 away agreeing that we are better off talking to
7 each other and working together.

8 The third thing that was momentous
9 this month, and I'm guessing that the Board is
10 going to speak to it, was that our Board met
11 with the representative group from the Medical
12 Board to discuss collaborative practice, at
13 which point I think we were all very happy that
14 that was ongoing.

15 We've been getting ready for District
16 III. I have that schedule and everything for
17 you and I'll give it to you before you leave
18 today so you will have all of that.

19 And there are a few things that I
20 would like to propose and I need a vote on if
21 you wish to vote on it today.

22 First of all, with the computer system
23 changing all the applications, in meeting

1 federal guidelines, there are a lot of things
2 that are going to have to be uploaded with the
3 application. So particularly for manufacturing
4 wholesalers, all the businesses that are
5 required now to register with the FDA. So by
6 law, we are required to collect information on
7 owners, investors, officers, and major managers
8 within the organization. We -- every
9 organization has to have a designated
10 representative that the inspectors can go to.
11 We need to collect background information on
12 that person.

13 We are required to have them register
14 every state in which they are listed and part of
15 track and trace is that every business must be
16 able to produce a document showing every
17 business from whom they receive product and
18 every business to whom they send product. We
19 are also going to be required to collect
20 fingerprints and do background checks on all of
21 these people. We will not be able this year to
22 do background checks or collect fingerprints but
23 we will be able to collect all of the other

1 information.

2 My reason for saying all of this is
3 with all of that we -- although we have a lot
4 confidence in our system, we don't know if it's
5 going to slow the system down because we'll have
6 to collect it fresh for everybody -- renewals
7 and new applicants. So we would like to present
8 to you a plan we have which would be to renew
9 all pharmacists on time ending December 31,
10 renew all pharmacies on time ending December 31,
11 because we feel that's -- that's critical that
12 we do that.

13 But we're asking permission to
14 register manufacturers, wholesalers, and so
15 those FDA registered businesses in January and
16 February. Our system can automatically change
17 in the system the fact that their license would
18 expire February 28 of 2017. We would have to
19 contact all of them in writing, explain what
20 we're doing. We plan to send them a copy of the
21 application, a list of everything that will have
22 to be uploaded, and a temporary license that
23 they would have to say, you remain licensed with

1 us in January and February. We will have to
2 check with Montgomery to see whether or not we
3 can do that but we're asking for your input
4 today to see if that's potentially possible.

5 MR. WARD: We can't do all of that. I
6 mean, we can't do that.

7 DR. ALVERSON: All right.

8 MR. WARD: The law doesn't allow that.
9 The law is very specific on licensing. We can't
10 change the laws.

11 DR. ALVERSON: Okay. Thank you. The
12 second point is licensing of virtuals and I know
13 there's been a lot of discussion about what is a
14 virtual. I've given you a diagram, so a virtual
15 is, and believe me, we've put a lot of work into
16 defining a virtual. A virtual manufacturer is
17 somebody who never lays hands on a drug product.
18 You would expect if you went into the office
19 that you would not see a single drug in that
20 office but all the records should be there, all
21 right. They would contract with someone to do
22 research and development for them. That
23 information would be sent to a contract

1 manufacturer who would produce the drug. They
2 might send that on then to a labeler, send it to
3 a 3PL for warehousing and shipment and actual
4 delivery to the customer. The virtual would
5 bill the customer for that product because the
6 virtual owns that product.

7 The FDA has been dragging its feet
8 about whether or not they must register with the
9 FDA. They can register with the FDA but the
10 must word has not been put into federal
11 legislation yet. States are allowed to require
12 that they do register with the state. We're
13 asking that we do that because if there's a
14 problem with the drug, it's the virtual who's
15 responsible for it. If there's an interaction,
16 if there has to be a recall, anything that we
17 could think of that we would go to a
18 manufacturer for, we're going to have to go to
19 the virtual. They should be manned at least
20 eight hours a day every day and the records
21 should be there and we're seeing too many people
22 that are just doing it out of their house and
23 think they can skip the responsibility part.

1 So for that reason -- and we have --
2 under what we have as manufacturers, we have
3 licensed those businesses to this point just
4 with a different title. So we are asking to be
5 able to continue to require virtuals that wish
6 to ship into our state to be permitted in our
7 state.

8 DR. MARTIN: So do you expect we need
9 a new category?

10 MR. DARBY: Why would they not just
11 qualify as a wholesaler?

12 DR. ALVERSON: Because the federal law
13 says we absolutely may not do that. We must
14 separate manufacturers from wholesalers from
15 3PLs from virtuals.

16 MR. WARD: I don't think it says
17 that -- I don't think it says exactly that
18 but.

19 MR. SORRELL: Well, my concern --

20 DR. ALVERSON: We can license them as
21 manufacturers. If you would like to license
22 them as manufacturers, I'm perfectly fine with
23 doing that.

1 MR. WARD: You can't license them as
2 wholesalers. That's what the federal law says.

3 DR. ALVERSON: Right, we cannot. If
4 you want to license them as manufacturers,
5 that's fine with me, but a number of them are
6 saying we don't want to be licensed as
7 anything.

8 MR. WARD: Well --

9 MR. SORRELL: Well, my concern, of
10 course, is that some of this chain of
11 distribution and manufacturing occurs outside
12 the country and so we've got to have someone in
13 the country that we can hold responsible for the
14 health and safety of the citizens of Alabama and
15 whatever we call them, they've got to be
16 permitted.

17 MR. WARD: Well, here's one of the
18 problems there. We asked this question and went
19 to Washington. The laws say that the Board
20 can't do anything that's going to be
21 inconsistent with, related to what the FDA is
22 going to do. They haven't passed a rule yet.

23 MR. SORRELL: But they differentiate

1 it and then separate it.

2 MR. WARD: They've defined them.

3 That's all they've done. They've defined them.

4 3PLs are defined and a virtual is defined and

5 they don't -- and they say, wait a minute, you

6 can still -- you can still regulate them but

7 when we pass our rules about it, if it's

8 different, what you've done is different or is

9 inconsistent or even says related to, then they

10 trump.

11 MR. SORRELL: So do you suggest we

12 just keep them under the umbrella of

13 manufacturer until --

14 MR. WARD: No, I think Susan -- Susan

15 raises a good point about the end information

16 that we get. Just we've got to figure out the

17 best way to do it. That's been the dilemma for

18 me is that we don't -- I think we can make

19 subcategories. I don't want us to do a lot of

20 stuff and then find out that we can't use it

21 because it's not -- it isn't consistent.

22 DR. MARTIN: Susan, are you

23 comfortable moving forward keeping these as

1 manufacturers until we get some -- something
2 more definitive from the FDA so we don't have a
3 false start here?

4 MR. WARD: And to further confuse --
5 tell them what the DEA says, Susan, about the
6 virtual.

7 DR. ALVERSON: The DEA does not
8 require a virtual to have a controlled substance
9 permit.

10 MR. WARD: Right.

11 DR. ALVERSON: Even though they own
12 controlled substances.

13 DR. MARTIN: They don't require it
14 because they don't take possession.

15 DR. ALVERSON: They don't have
16 possession. What I'm asking particularly is we
17 cannot in my opinion not have some category of
18 license for this group of businesses. As Ralph
19 said, they're -- things are coming in from out
20 of the country. It's being seen right now as a
21 loophole. I'm rather stunned that the FDA
22 hasn't said something, done something to
23 categorize this but I think we have to do

1 something.

2 MR. WARD: Well, I think you can -- I
3 think you can but -- I think you can ask them
4 what they're going to be. You can have them --
5 for the time being, you can have it be a generic
6 heading where you can check and give them the
7 option of what they are if they qualify under
8 that, they're going to have to show us how they
9 are, then you can go from there. I think put
10 the burden on them to tell the Board what they
11 are.

12 DR. ALVERSON: Well, and if they say
13 they're a virtual, then what?

14 MR. WARD: Then we get the
15 information, how -- what the arrangements are,
16 who they have contracts with. That's what we
17 were doing before.

18 DR. ALVERSON: Right. And then give
19 them a permit as a manufacturer, right. We can
20 with the computer system identify what type of
21 manufacturer they are.

22 MS. YEATMAN: Right. You can do that
23 until --

1 DR. ALVERSON: We can do that.

2 MS. YEATMAN: -- we get more direction
3 from the FDA and then we can make whatever
4 adjustments would coincide.

5 DR. MARTIN: So Jim, I think, maybe
6 what you're suggesting is on the application for
7 initial renewal, we request that information
8 from the applicant and I think what Ms. Yeatman
9 was saying, it pretty much reflects the comments
10 I've heard that at this time to take action to
11 establish a new permit is premature.

12 MR. WARD: We need to establish the
13 category, Susan is right about that.

14 DR. MARTIN: Yeah.

15 MR. WARD: But to get all of these
16 details, we have got to know what the FDA is
17 going to do and we should do what we think and
18 informally do it once until we know what's going
19 on.

20 MS. YEATMAN: Right.

21 DR. MARTIN: I think we're all in
22 agreement.

23 MR. WARD: But I think we need to

1 identify each one of them.

2 DR. ALVERSON: For this year, we
3 need -- we have renewals coming up and we are
4 just looking to separate our licenses in
5 compliance with FDA requirement. We're going to
6 have to go back and write the statute.

7 DR. MARTIN: So can there be virtuals
8 functioning out there that we don't know about?

9 MS. YEATMAN: Yes, there could.

10 DR. MARTIN: How do we know -- how do
11 we know the ones we don't know about? It's kind
12 of like how do we know --

13 MR. WARD: How do you know what you
14 don't know. I don't know.

15 DR. MARTIN: How do you know what you
16 don't know.

17 MR. WARD: That's a God question.

18 DR. MARTIN: Yeah, well, that's -- I
19 mean, we could be seeing, you know, 20 percent
20 of these people come forth and saying we want to
21 play right and the other --

22 MR. WARD: And what we're starting to
23 see, we have layers of, right, we have layers

1 of --

2 MR. BRADEN: Yes.

3 DR. ALVERSON: Yes.

4 MR. WARD: We have an LLC that is
5 owned and another LLC and the members of those
6 LLCs are LLCs. It's always to try to hide the
7 truth and owning and everything. So it's a lot
8 more front end stuff that we have to do now that
9 we didn't have to do and what Eddie and Susan
10 and the investigators have figured out that some
11 of these folks will have -- set up shop
12 somewhere or get closed down for whatever
13 reason, they go somewhere else and just form a
14 new LLC.

15 So there's a lot more effort being
16 placed on the front end for that that takes more
17 work for the staff and more time and we're
18 trying to do all of that in combination with all
19 of these new licensure categories and it's naive
20 to think to wait for the FDA. I mean, who knows
21 when that will be. Put on my tombstone, he was
22 waiting for the FDA.

23 DR. MARTIN: Probably all of ours.

1 DR. ALVERSON: I really don't think
2 the FDA is going to be going into a state and be
3 critical as long as the state is moving forward
4 with track and trace but who -- who knows.

5 Do you want me to bring up mail order
6 permits now or do you think that --

7 DR. MARTIN: Well, I think we need to
8 get -- we need for the record to reflect that we
9 have some decision on these virtuals, whether
10 it's to hold or go forward. So I'm hearing
11 conflicting information. I'm hearing on one
12 hand don't go forward --

13 MS. YEATMAN: No.

14 DR. MARTIN: -- because the FDA will
15 be coming out with some additional guidance and
16 we don't want to have to redo what we've done
17 but on the other hand, I'm also hearing we may
18 be waiting on the FDA a long time.

19 MS. YEATMAN: I think what we --

20 DR. ALVERSON: Well, there's -- if I
21 may.

22 MS. YEATMAN: Go ahead.

23 DR. ALVERSON: There's nothing that

1 says we can't license them as manufacturers.

2 MS. YEATMAN: Right. And I think
3 that's what we're saying, go ahead with that,
4 have them tell us they're a virtual, get what
5 you need there and then at a later point, if the
6 FDA does say specifically, this is what we want,
7 we can go in and make those changes at that
8 time. So you're right but we're kind of in the
9 middle of it.

10 DR. ALVERSON: I feel I need a vote on
11 that.

12 DR. MARTIN: Okay. We're about to
13 have one.

14 DR. ALVERSON: Okay.

15 DR. MARTIN: In the meantime, change
16 whatever you want to go on the application to
17 capture that information that you feel you
18 need -- if you feel you need that.

19 All those in favor of continuing the
20 current practice of licensing virtuals as
21 manufacturers, say aye.

22 MS. YEATMAN: Aye.

23 MR. BUNCH: Aye.

1 MR. DARBY: Aye.

2 MR. SORRELL: Aye.

3 DR. MARTIN: Any opposed?

4 (No response.)

5 DR. MARTIN: We'll continue to license
6 virtuals as manufacturers.

7 DR. ALVERSON: The next item on here
8 is, and I'm just going to present it and allow
9 you to think about it, read it, and we can bring
10 it up the next meeting.

11 There's a section in our law about
12 mail order permits. Right now, anytime someone
13 out of state requests a license or permit, we
14 automatically send them at no cost a mail order
15 permit and if someone in state is going to be
16 shipping out, we provide them with a mail order
17 permit and that's included with all renewals.

18 When I read that regulation on mail
19 order, as I read it, it sounds to me as though
20 the law says, nobody can ship into this state
21 without being permitted. As I read it, it
22 doesn't say they have to have a mail order
23 permit and I think that's going to be a

1 discussion and I'm only asking you to look at it
2 and decide is that what it says or not simply to
3 keep us from doing the paperwork of sending out
4 an additional license permit.

5 MR. WARD: I never understood why
6 there's two license numbers for a mail order for
7 an out-of-state pharmacy.

8 DR. ALVERSON: I think in the past the
9 only -- the only way to decide how many mail
10 orders you have or how many of this do you have
11 or how many of that do you have was to give them
12 a different number because we didn't have
13 computer systems that would allow you to collect
14 all of that information and run a report, so I
15 think --

16 MR. WARD: Well, is there any
17 nonresident pharmacies that aren't mail order?

18 DR. MARTIN: I mean, how did they get
19 it here?

20 DR. ALVERSON: How did you get it
21 here?

22 MR. WARD: Right. So it's a
23 nonresident pharmacy.

1 DR. MARTIN: I think we can do away
2 with that but it will have to be a legislative
3 thing.

4 DR. ALVERSON: But I just want to be
5 sure -- I think it's an interpretation, so I'm
6 asking you to read it over the next month and we
7 can do it quickly the following month, yes or
8 no.

9 MR. WARD: All that statute is saying,
10 it gives you authority, it gives you the
11 jurisdictional basis to issue a permit to
12 someone shipping drugs in here. That's what
13 that statute is.

14 DR. MARTIN: It says, we shall obtain
15 a permit.

16 MR. WARD: Yeah.

17 DR. MARTIN: That they shall obtain
18 a --

19 MR. DARBY: It's not a special permit.
20 It's just a permit.

21 DR. MARTIN: So you would like for us
22 to interpret that that permit listed under
23 34-23-31 would be the nonresident permit.

1 MR. WARD: Right.

2 DR. ALVERSON: Correct, the pharmacy
3 permit, the manufacturing permit.

4 DR. MARTIN: Okay. Do we need a month
5 to wait on that?

6 MR. DARBY: No.

7 MS. YEATMAN: No, we can do it now.

8 MR. DARBY: Let's go ahead and get it
9 out of the way.

10 DR. MARTIN: All those interpreting --
11 now I lost my cite. Was it 31?

12 MR. DARBY: Thirty-one.

13 DR. MARTIN: So all those in favor of
14 interpreting 34-23-31, the reference to the
15 permit, that that permit refers to nonresident
16 permit, say aye.

17 MR. DARBY: Aye.

18 MS. YEATMAN: Aye.

19 MR. SORRELL: Aye.

20 MR. BUNCH: Aye.

21 DR. MARTIN: Any opposed?

22 (No response.)

23 DR. ALVERSON: We thank you.

1 DR. MARTIN: The reason I paused there
2 is because I'm trying to think of any of the
3 other consequences of doing that, if it would
4 spin out in some other direction.

5 DR. ALVERSON: Mitzi, do you think --
6 you're the expert and I know I just -- in state
7 also, does that hold for in state?

8 MR. DARBY: Yeah.

9 DR. MARTIN: That's right.

10 MR. DARBY: It holds for in state
11 also.

12 DR. MARTIN: So we want to be clear,
13 in state to in state, that's an in-state
14 pharmacy --

15 DR. ALVERSON: That wants to ship out
16 of state.

17 DR. MARTIN: Right, right, so -- and
18 that is covered under 31 and I said nonresident
19 but it would be resident also.

20 DR. ALVERSON: Wanting to ship out of
21 state.

22 DR. MARTIN: Shipping out of state so
23 do we need to change that in the record to --

1 DR. ALVERSON: Would you, please?

2 DR. MARTIN: Okay.

3 MR. DARBY: Wouldn't it just be easy
4 to say that a mail order pharmacy does not need
5 a separate permit?

6 MR. WARD: They need a permit as a
7 pharmacy.

8 MR. DARBY: Right.

9 MR. WARD: Either an in-state or an
10 out of state.

11 MR. DARBY: Yeah.

12 MS. YEATMAN: It would just be
13 pharmacy permit.

14 DR. MARTIN: We've got -- we've got an
15 action on the record that we need to rescind.
16 Mr. Attorney, do we need to rescind that action
17 we just put on the record?

18 MR. WARD: Yeah, just say that it's
19 a -- we're either a -- we're either a -- every
20 pharmacy has to have a permit and you're either
21 a resident pharmacy or a nonresident pharmacy.

22 DR. MARTIN: Okay.

23 MR. WARD: Is that right? Isn't that

1 what it is?

2 DR. MARTIN: That is right. That's
3 right.

4 MR. WARD: And if you want to keep
5 track of whether we're doing mail order or not,
6 I think you could have a spot to check it.

7 DR. MARTIN: We don't need that.
8 Okay. This action supercedes the previous
9 action listed in the record. It is the
10 interpretation of the Board that 34-23-31 only
11 requires a pharmacy permit, not a mail order
12 permit. All those in support of that
13 interpretation, please say aye.

14 MS. YEATMAN: Aye.

15 MR. BUNCH: Aye.

16 MR. DARBY: Aye.

17 MR. SORRELL: Aye.

18 DR. MARTIN: Any opposed?

19 (No response.)

20 DR. MARTIN: I think that that is what
21 we needed.

22 DR. ALVERSON: The last item, we will
23 need to have wording that goes to the

1 Legislative Review Service to separate these
2 licenses. I did a first draft of that. Mitzi
3 and I -- well, Mitzi was ready, I wasn't, to go
4 over it and kind of proof it and decide this is
5 good, this is bad, but I wanted to at least put
6 it in your hands to see my first crack at that
7 at dividing the licenses. It's in -- it's in
8 the rules as I have mentioned here the number,
9 so you have that and you can give me comments
10 later. You can read it when you're in bed and
11 wish to fall asleep.

12 DR. MARTIN: Do you want us to take
13 action on this next month?

14 DR. ALVERSON: I do.

15 DR. MARTIN: That's your intent?

16 DR. ALVERSON: I'd like to and I'm
17 open and --

18 DR. MARTIN: Through the rulemaking
19 process, it's 680-X-2-.23?

20 DR. ALVERSON: Right.

21 DR. MARTIN: So Board members, you
22 should each have a copy of this and we'd ask
23 that you take it, review it, and consider it for

1 action for next month.

2 DR. ALVERSON: All right.

3 DR. MARTIN: Thank you, Susan. What
4 else do you have for us?

5 DR. ALVERSON: And just to mention it,
6 we had talked about a change in employee
7 insurance benefits and I have some paperwork to
8 give you to show you different options. I just
9 want that on the record that I'm giving it to
10 you. That's it. I'm done.

11 DR. MARTIN: Any questions for Susan?

12 MR. SORRELL: I've got one. Is it my
13 understanding that the practitioner is
14 responsible for assuring that the wholesaler/
15 distributor they're dealing with has an Alabama
16 license or is registered with Alabama?

17 DR. ALVERSON: Yes.

18 MR. SORRELL: Okay. Is -- how about
19 reverse distributors? We -- practitioners get
20 calls often from people wanting to do our
21 returns and destroy our medications and that's
22 where I see is a potential problem for, you
23 know, people that we don't know their reputation

1 obtaining drugs to be destroyed. How do we
2 assure that they're registered with Alabama? Is
3 there a place on our website that would -- I
4 just tried to look up Guaranteed Returns, which
5 I know is a reputable company, on our website.

6 DR. ALVERSON: Right.

7 MR. SORRELL: And it didn't pop up
8 under Guaranteed Returns. I would have had to
9 have had a license number or something maybe.

10 DR. ALVERSON: Well, everything has
11 been grouped together under manufacturer/
12 wholesaler, so all kinds of things are under
13 that category now and that's why we are trying
14 to separate everything out and we have actually
15 begun work on a separate application for reverse
16 distributors.

17 MR. SORRELL: Okay. Will there be a
18 place on our website to obtain that information?

19 DR. ALVERSON: Oh, yes, there will.

20 MS. ELLENBURG: It should now be under
21 license verification. Is that what you went
22 under?

23 MR. SORRELL: I just tried and I typed

1 it in under company, you know, Guaranteed
2 Returns is the biggie and of course, I'm not all
3 that astute at this but it didn't pop up and it
4 really acted like I needed more information like
5 I needed maybe a license number or give it more
6 information, a location. It had several blanks
7 to fill in and I just typed in the one I knew.

8 MS. COKER: The less information you
9 put when you're trying to search something, the
10 better. So like if you just wanted -- if you
11 were looking up Guaranteed --

12 MR. SORRELL: That's what I -- well, I
13 did Guaranteed Returns.

14 MS. COKER: Okay.

15 MS. ELLENBURG: Yeah, we may have a
16 comma in it and there shouldn't be or you know,
17 if you're real specific. So if you put part
18 of -- spell out part of guarantee, it might pull
19 it up better.

20 MR. SORRELL: As long as it's there,
21 that's the important thing. I want to make sure
22 practitioners had access to that.

23 MR. BRADEN: It's in there. I just --

1 I just pulled it up, so it's in our licensing.

2 MR. SORRELL: Good.

3 DR. MARTIN: Do we have any other
4 questions for Susan?

5 (No response.)

6 DR. MARTIN: Mr. Ward, do you have
7 anything for the Board?

8 MR. WARD: In executive session, I
9 do.

10 DR. MARTIN: Thank you, Mr. Ward.

11 I see we have some old business that
12 needs our attention today, 680-X-2-.14 and -.24.
13 Ms. Yeatman, I believe you're prepared to
14 address that.

15 MS. YEATMAN: I am. What I'd like to
16 do is read how the changes to 680-X-2-.14 will
17 be amended and then we'll need to have a final
18 acceptance by the Board.

19 DR. MARTIN: We'll take those each
20 separately.

21 MS. YEATMAN: Okay. For 680-X-2-.14,
22 Section (10), it will read going forward as:

23

1 All pharmacy technicians shall
2 register with the Alabama State
3 Board of Pharmacy. This
4 registration shall expire on
5 December 31 of odd-numbered years.
6 Effective January 1, 2006, the
7 initial registration fee and renewal
8 fee shall be \$60. All pharmacy
9 technicians shall pay the renewal
10 fee biennially with this fee being
11 due on October 31 and delinquent
12 after December 31 of odd-numbered
13 years. All pharmacy technician
14 registrations shall expire on
15 December 31 biennially in odd-
16 numbered years. The payment of the
17 renewal fee shall entitle the
18 registrants to renewal of their
19 registrations at the discretion of
20 the Board. If any pharmacy
21 technicians shall fail to pay a
22 renewal fee on or before December 31
23 of any year, such registration shall

1 become null and void, and the holder
2 of such registration shall be
3 reinstated as a pharmacy technician
4 only upon payment of a penalty of
5 \$10 for each lapsed year and all
6 lapsed fees for each lapsed year,
7 provided the lapsed time of
8 registration shall not exceed five
9 years, in which case reinstatement
10 may be had only upon satisfactory
11 examination by the Board.

12

13 That is the end of those changes.

14 DR. MARTIN: All those in favor of
15 final adoption, please say aye.

16 MR. SORRELL: Aye.

17 MS. YEATMAN: Aye.

18 MR. DARBY: Aye.

19 MR. BUNCH: Aye.

20 DR. MARTIN: Any opposed?

21 (No response.)

22 DR. MARTIN: That rule is adopted and
23 is ready to move on to the next step. The next

1 is .24.

2 MS. YEATMAN: For 680-X-2-.24, Section
3 2(b) will change as follows:

4

5 A biennial license fee in the amount
6 of \$500 shall be paid by all
7 licensees to the Alabama State Board
8 of Pharmacy by December 31 of any
9 even-numbered year. If any holder
10 of such a license fails to pay the
11 renewal fee on or before the due
12 date, the license may be reinstated
13 only upon payment of a penalty of
14 \$10 for each lapsed month as
15 prescribed by the rule of the Board.

16

17 That is the end of those changes.

18 DR. MARTIN: And that related to
19 precursor drugs, so I didn't want you to think
20 that you're going to have to pay another \$500.
21 Okay. I want you to understand that. Yes,
22 ma'am.

23 DR. ALVERSON: Since we are now going

1 to be required to renew all businesses annually,
2 would you see precursors coming under that --
3 that category, manufacturer/wholesaler?

4 DR. MARTIN: I don't think so.

5 MR. WARD: Mitzi, is this the conflict
6 you found?

7 DR. ALVERSON: I don't know, are
8 they --

9 DR. MARTIN: That's a good -- that's a
10 good catch. We appreciate you bringing that up.

11 MR. WARD: Yeah, it should be -- it
12 should be when we -- when we changed everything
13 from one to two years, this was obviously
14 missed. I think it needs to be consistent if
15 that's what you're asking.

16 DR. ALVERSON: Yeah, that's what I'm
17 asking, is it going to have to be annual with --

18 MR. WARD: Right.

19 DR. ALVERSON: -- the manufacturers
20 and wholesalers.

21 MR. WARD: Well, it should be every
22 two years like everybody else.

23 MS. YEATMAN: Well, this is every two.

1 She's asking should it be every year.

2 DR. ALVERSON: Everybody else is
3 having to be changed to every year under the new
4 federal guidelines.

5 DR. MARTIN: Have we -- have we taken
6 any action --

7 MR. WARD: What federal guideline is
8 that?

9 DR. ALVERSON: Track and trace.

10 DR. MARTIN: Are there other
11 categories that would fall under that? There's
12 businesses, manufacturers, wholesalers.

13 DR. ALVERSON: Right, all of them.

14 DR. MARTIN: We've not taken any
15 action on those yet, have we?

16 DR. ALVERSON: No. It's in that
17 document I gave you to read for the rules.

18 DR. MARTIN: Okay. So let's -- let's
19 do this.

20 MS. YEATMAN: Let's adopt this as it
21 is.

22 MR. WARD: Right now, all licenses are
23 manufacturers and that's what you decided you're

1 going to call a virtual -- and there's two --

2 DR. MARTIN: Correct.

3 MR. WARD: All right. Well, it has to
4 be every year, we have to change the law, I'm
5 not sure it has to be every year.

6 DR. MARTIN: Okay. Well, if Susan
7 has --

8 MR. WARD: We have to license them but
9 I'm not sure it has to be -- that means we'd
10 have to go up and get the law changed.

11 DR. MARTIN: Now, I believe what Susan
12 is saying -- don't let me put words in your
13 mouth -- is that the Drug Security Quality Act
14 is going to require from a track and trace
15 standpoint that businesses renew annually but we
16 have not taken any action in that direction
17 heretofore and this will be the first one.

18 MR. WARD: I don't know -- I don't
19 know about that -- whether or not -- I don't
20 know what --

21 DR. MARTIN: I'm going to suggest that
22 we go ahead and take action on this proposal
23 since we're right up on -- against a time line

1 on this and if we can have to back and change
2 them, we change them all at the same time.

3 DR. ALVERSON: Which I think will take
4 legislation next spring.

5 MS. YEATMAN: So let's go ahead and --
6 my opinion is let's set this, if you all are in
7 agreement as is, and we will do all of the
8 biennial changes.

9 DR. MARTIN: How do the Board members
10 feel? Are you okay with that?

11 MR. DARBY: Yes.

12 MR. SORRELL: Yes.

13 DR. MARTIN: Okay. Let's go ahead and
14 have a vote on final adoption for .24 at this
15 time. All those in favor of final adoption of
16 608-X-2-.24 as presented by Ms. Yeatman, please
17 say aye.

18 MR. DARBY: Aye.

19 MS. YEATMAN: Aye.

20 MR. SORRELL: Aye.

21 MR. BUNCH: Aye.

22 DR. MARTIN: Any opposed?

23 (No response.)

1 DR. MARTIN: It's adopted at this
2 level and ready to move to the next level.
3 We'll come back and touch that point on annual
4 renewals for businesses, all of those at the
5 same time preferably at some point in the
6 future. Do we have any other old business to
7 come up today before the Board?

8 (No response.)

9 DR. MARTIN: I see we do have some
10 items of -- at least one item of new business.
11 We've identified there is a conflict with the
12 October meeting date. Actually I believe two
13 conflicts, one being NCPA and the other one
14 being Maltagon and that date for the meeting in
15 October needs to be the 25th and the 26th.
16 Anybody have a conflict with those dates --
17 changing the October meeting date to the 25th
18 and the 26th?

19 (No response.)

20 DR. MARTIN: All those in favor of
21 adopting that change, please say aye.

22 MR. SORRELL: Aye.

23 MS. YEATMAN: Aye.

1 MR. BUNCH: Aye.

2 MR. DARBY: Aye.

3 DR. MARTIN: Any opposed?

4 (No response.)

5 DR. MARTIN: Hearing none, we've
6 adopted that change for the October meeting
7 date.

8 Do we have any other business to come
9 before the Board today?

10 (No response.)

11 DR. MARTIN: Before I read the
12 statement into the record related to the
13 executive session, I just want to express my
14 appreciation to those of you who are in
15 attendance because I know you all have jobs and
16 other things to do and you're taking time out of
17 your busy schedule to be a part of this process
18 and we really do value that because we believe
19 your involvement is an investment and it helps
20 us do our job and we hope that it helps you do
21 your job better also. We appreciate you being
22 here.

23 I will at this time entertain a motion

1 for the Board to go into executive session for
2 the purpose of discussing the qualifications and
3 competency of those regulated by this Board.
4 The executive session will begin at 11:15 and
5 end at 11:45. For your information, when the
6 Board returns to the public meeting, the only
7 action we'll be taking will be to vote on the
8 matters discussed during executive session and
9 then we will adjourn without considering any
10 additional business. You are welcome to join us
11 for that. It will be very boring and probably
12 not attribute to your knowledge in any way.

13 Mr. Ward, would you like to make a
14 statement?

15 MR. WARD: As an attorney licensed to
16 practice law in the State of Alabama, I certify
17 that one of the purposes for the executive
18 session is to discuss resolution of pending
19 cases.

20 DR. MARTIN: We'll entertain a motion
21 to adjourn to executive session.

22 MR. DARBY: I make a motion we adjourn
23 to executive session.

1 DR. MARTIN: All those in -- is there
2 a second?

3 MS. YEATMAN: Second.

4 DR. MARTIN: There is a second. We
5 need a voice vote on this. Mr. Sorrell?

6 MR. SORRELL: Aye.

7 DR. MARTIN: Mr. Darby?

8 MR. DARBY: Aye.

9 DR. MARTIN: Ms. Yeatman?

10 MS. YEATMAN: Aye.

11 DR. MARTIN: Mr. Bunch?

12 MR. BUNCH: Aye.

13 DR. MARTIN: I vote aye. We're in
14 executive session. Thank you for being here.

15

16 (Whereupon, a recess was taken for
17 executive session from 11:00 a.m. to
18 1:05 p.m.)

19

20 DR. MARTIN: This is the Alabama State
21 Board of Pharmacy coming out of executive
22 session and we have some additional business at
23 this point to take care of.

1 In the matter concerning Medistar
2 Pharmacy Services seeking a remote -- permission
3 to perform remote processing of orders, do we
4 have a motion?

5 MR. DARBY: I make a motion we grant
6 the permit.

7 DR. MARTIN: Is there a second?

8 MS. YEATMAN: Second.

9 DR. MARTIN: Any discussion?

10 (No response.)

11 DR. MARTIN: All in favor, say aye.

12 MR. DARBY: Aye.

13 MR. BUNCH: Aye.

14 MR. SORRELL: Aye.

15 MS. YEATMAN: Aye.

16 DR. MARTIN: Any opposed?

17 (No response.)

18 DR. MARTIN: The request is granted.

19 We have additional cases to take action on and
20 then do we have a Board member prepared to read
21 those cases for the record?

22 MR. DARBY: I make a motion that on
23 case number 16-0028, we accept the recommended

1 action of a plan of action and a letter of
2 concern.

3 MS. YEATMAN: Second.

4 DR. MARTIN: There is a motion and a
5 second. Any discussion?

6 (No response.)

7 DR. MARTIN: Hearing none, all that's
8 in favor, aye.

9 MR. BUNCH: Aye.

10 MS. YEATMAN: Aye.

11 MR. SORRELL: Aye.

12 MR. DARBY: Aye.

13 DR. MARTIN: Any opposed, same sign.

14 (No response.)

15 DR. MARTIN: Approved.

16 MR. DARBY: Case number 16-0029,
17 16-0035, 16-0042, and 16-0078, I make a motion
18 we accept the recommended action of a permanent
19 surrender.

20 MS. YEATMAN: Second.

21 DR. MARTIN: There is a motion and a
22 second. Any discussion?

23 (No response.)

1 DR. MARTIN: Seeing none, all those in
2 favor, aye.

3 MR. DARBY: Aye.

4 MR. BUNCH: Aye.

5 MR. SORRELL: Aye.

6 MS. YEATMAN: Aye.

7 DR. MARTIN: Any opposed?

8 (No response.)

9 DR. MARTIN: Passes.

10 MR. DARBY: In case number 16-0018, I
11 make a motion we accept the recommended action
12 of a letter of education on pharmacy tech
13 functions.

14 MS. YEATMAN: Second.

15 DR. MARTIN: I have a motion and a
16 second. Any discussion?

17 (No response.)

18 DR. MARTIN: Seeing none, all of those
19 in favor, aye.

20 MR. DARBY: Aye.

21 MR. SORRELL: Aye.

22 MR. BUNCH: Aye.

23 DR. MARTIN: Any opposed?

1 (No response.)

2 DR. MARTIN: Motion passes.

3 MR. DARBY: Case number 16-0010,
4 16-01 -- I'm sorry, 16-0012, 16-0038, 16-0061, I
5 make a motion we accept the recommended action
6 of no violation.

7 MS. YEATMAN: Second.

8 DR. MARTIN: We have a motion and a
9 second. Is there any discussion?

10 (No response.)

11 DR. MARTIN: Hearing none, all those
12 in favor, say aye.

13 MS. YEATMAN: Aye.

14 MR. BUNCH: Aye.

15 MR. DARBY: Aye.

16 DR. MARTIN: Any opposed?

17 (No response.)

18 DR. MARTIN: Motion passes.

19 MR. DARBY: Case number 16-0041, I
20 make a motion we accept the recommended action
21 of a meeting with Carter English from the
22 Department of Public Health to discuss the
23 protocol of state mental health facilities

1 related to pharmacy functions and duties.

2 MS. YEATMAN: Second.

3 DR. MARTIN: There's a motion and a
4 second. Do we have any discussion?

5 (No response.)

6 DR. MARTIN: Seeing none, all those in
7 favor, say aye.

8 MR. BUNCH: Aye.

9 MR. DARBY: Aye.

10 MS. YEATMAN: Aye.

11 DR. MARTIN: Any opposed?

12 (No response.)

13 DR. MARTIN: No opposition, the motion
14 passes.

15 MR. DARBY: On case numbers 16-0043,
16 16-0021, 16-0047, 16-0048, 16-0049, 16-0050,
17 16-0052, 16-0054, 16-0058, 16-0060, I make a
18 motion that we accept the recommended action of
19 a letter of concern.

20 MS. YEATMAN: Second.

21 DR. MARTIN: We have a motion and a
22 second. Is there any discussion?

23 MR. WARD: That's a lot of concern.

1 DR. MARTIN: Hearing no further
2 discussion, all those in favor of the motion,
3 say aye.

4 MR. DARBY: Aye.

5 MR. BUNCH: Aye.

6 MS. YEATMAN: Aye.

7 DR. MARTIN: Any opposed?

8 (No response.)

9 DR. MARTIN: Motion passes.

10 MR. DARBY: Case number 16-0055 and
11 16-0056, I make a motion we take the recommended
12 action of letter of concern and proof of
13 correction in PDMP.

14 MS. YEATMAN: Second.

15 DR. MARTIN: We have a motion and a
16 second. Is there any discussion?

17 (No response.)

18 DR. MARTIN: Hearing none, all those
19 in favor, say aye.

20 MR. DARBY: Aye.

21 MR. BUNCH: Aye.

22 MR. SORRELL: Aye.

23 DR. MARTIN: Any opposed?

1 (No response.)

2 DR. MARTIN: The motion passes.

3 MR. DARBY: That's all.

4 DR. MARTIN: Is there any other
5 business to be brought before the Board at this
6 time?

7 (No response.)

8 DR. MARTIN: Hearing none, we'll
9 entertain a motion to adjourn the July meeting
10 of the Board of Pharmacy.

11 Anybody want to make a motion to
12 adjourn?

13 MR. BUNCH: I make a motion to
14 adjourn.

15 DR. MARTIN: Would anybody like to
16 second that?

17 MS. YEATMAN: I second that.

18 DR. MARTIN: We have a motion and a
19 second. A motion to adjourn does not allow
20 discussion. We do need to take a vote. All
21 those in favor of adjourning, say aye.

22 MR. SORRELL: Aye.

23 MR. DARBY: Aye.

1 MS. YEATMAN: Aye.

2 MR. BUNCH: Aye.

3 DR. MARTIN: All those not in favor,
4 say aye.

5 (No response.)

6 DR. MARTIN: Motion passes.

7 We are adjourned.

8

9 (Whereupon, the meeting was adjourned
10 at 1:11 p.m.)

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CERTIFICATE

STATE OF ALABAMA

SHELBY COUNTY

I, Sheri G. Connelly, RPR, Certified Court Reporter, hereby certify that the above and foregoing meeting was taken down by me in stenotype and the questions, answers, and statements thereto were transcribed by means of computer-aided transcription and that the foregoing represents a true and correct transcript of the said meeting.

I further certify that I am neither of counsel, nor of kin to the parties to the action, nor am I in anywise interested in the result of said cause.

/s/ Sheri G. Connelly

SHERI G. CONNELLY, RPR

ACCR No. 439, Expires 9/30/2016

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